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DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 959

[Docket No. FV98–959–2 FIR]

Onions Grown in South Texas; Removal of Sunday Packing and Loading Prohibitions

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Final rule.

SUMMARY: The Department of Agriculture (Department) is adopting, as a final rule, without change, the provisions of an interim final rule which changed the handling regulation prescribed under the South Texas onion marketing order by removing the Sunday packing and loading prohibitions. 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 allows the South Texas onion industry to compete more effectively with other growing areas, better meet buyer needs, and increase supplies of South Texas onions in the marketplace.

EFFECTIVE DATE: July 6, 1998.

FOR FURTHER INFORMATION CONTACT: Belinda G. Garza, McAllen Marketing Field Office, Marketing Order Administration Branch, F&V, AMS, USDA, 1313 E. Hackberry, McAllen, TX 78501; telephone: (956) 682–2833, Fax: (956) 682–5942; or George Kelhart, Technical Advisor, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, room 2525–S, P.O. Box 96456, Washington, DC 20090–6456; telephone: (202) 720–2491, Fax: (202) 205–6632. Small businesses may request information on compliance with this regulation by contacting Jay Guerber, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, room 2525–S, P.O. Box 96456, Washington, DC 20090–6456; telephone: (202) 720–2491, Fax: (202) 205–6632.

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 marketing agreement and order are effective under the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601–674), hereinafter referred to as the ''Act.''

The Department is issuing this rule in conformance with Executive Order 12866.

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

The Act provides that administrative proceedings must be exhausted before parties may file suit in court. Under section 608c(15)(A) of the Act, any handler subject to an order may file with the Secretary a petition stating that the order, any provision of the order, or any obligation imposed in connection with the order is not in accordance with law and request a modification of the order or to be exempted therefrom. A handler is afforded the opportunity for a hearing on the petition. After the hearing the Secretary would rule on the petition. The Act provides that the district court of the United States in any district in which the handler is an inhabitant, or has his or her principal place of business, has jurisdiction to review the Secretary'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 modifications to language in the order's handling regulation to remove the Sunday packaging and loading prohibitions. It also continues in effect modifications to § 959.322(f)(5) to remove all references to the Sunday packaging and loading prohibitions. This rule will continue to provide handlers with greater flexibility and additional time to prepare onions for market.

Section 959.322 of the order formerly prohibited the packaging or loading of onions on Sunday during the period March 1 through May 20 of each season. This prohibition had been in place for 35 years to foster orderly marketing conditions. Handlers were permitted to move onions that were already inspected and billed, but were not prevented from harvesting onions or taking them to the packing shed for storage or to the dryers. The onions, however, could not be packaged or loaded on Sunday during that time period.

At a Committee meeting on November 6, 1997, producers and handlers expressed the view that the Sunday holiday had outlived its usefulness. In recent seasons, the Sunday packaging and loading prohibition had hindered the movement of South Texas onions by not allowing producers and handlers to harvest and pack each day of the week. Last year, the South Texas area received record amounts of rainfall and producers had difficulty harvesting their onions. The packaging and loading restriction prevented handlers from packaging or loading onions, even when it was dry by Sunday. These heavy periods of rain disrupted the normal pattern of harvesting, packing, and loading.

Due to these severe conditions last season, the Committee unanimously recommended relief from the Sunday packing and loading restriction in April through May 20 of the onion season. The restriction was removed and handlers had the flexibility to package and load onions on Sunday, which helped them to salvage some of their crop. According to the Committee's pre-season estimate, five million fifty-pound bags were expected to be harvested last season. However, due to the inclement weather, only 2.78 million fifty-pound bags were shipped.

At its November 6, 1997, meeting, the Committee unanimously recommended revising the current handling regulation to remove the restriction on packaging and loading onions on Sundays. This recommendation was intended to allow the South Texas onion industry to compete more effectively with other growing areas, better meet buyer needs, and increase supplies of South Texas onions in the marketplace.

Continuing to prohibit the packaging and loading of onions on Sunday could

have prevented the South Texas onion industry from marketing more of their onions. Producers objected to the Sunday restriction because if the shed was full of onions, they were prevented from sending more onions to the sheds. Removing the Sunday restriction allowed handlers to package and load onions on Sunday and salvage the producers' crops if there were a threat of adverse weather conditions.

The Committee noted that competing areas pack and load on Sundays, and that the restrictive Sunday holiday had prevented the South Texas onion industry from competing effectively with other areas that do not restrict packing or loading on Sundays. The South Texas onion industry wanted the same opportunity. Continuing to prohibit the packing and loading of onions on Sunday would have presented an unreasonable and unnecessary hardship on handlers in the production area. If the prohibitions had continued, the Committee believed that Texas markets would have been taken by competing areas, and that the Texas onion industry would not have been able to meet their buyers' needs.

The Committee's recommendation was intended to improve producers' and handlers' returns by allowing them to package and load onions on Sunday when their operations were curtailed for some reason during the previous week. There had been times when handlers had been packing onions on Saturday night, and had to stop at 12:01 a.m. even though the packing had not been completed. This restriction was unacceptable to the South Texas onion industry. The producers and handlers needed the flexibility to pack and ship each day of the week to effectively meet their competition.

This action continues to allow handlers to package and load onions on Sunday, and permits producers to harvest and deliver their onions to packing sheds each day of the week. This provides producers and handlers more flexibility in meeting buyer needs and additional time for preparing onions for market.

Removing the Sunday packing and loading prohibitions also required that all references to the Sunday restrictions be removed from § 959.322(f)(5). Prior to the issuance of the interim final rule, the prohibition against packing or loading onions on Sunday could have been modified or suspended to permit the handling of onions for export provided that such handling complied with safeguard procedures. In addition, whenever the handler graded, packaged, and shipped onions for export on any Sunday, such handler was required to cease all grading, packaging, and shipping on the first weekday following shipment for the same length of time as the handler operated on Sunday. The Committee recommended the removal of such references. Thus, § 959.322(f)(5) was revised to remove all references to the Sunday prohibition.

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

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

There are approximately 38 handlers of South Texas onions who are subject to regulation under the order and approximately 70 onion producers in the regulated area. Small agricultural service firms have been defined by the Small Business Administration (SBA) (13 CFR 121.601) as those having annual receipts of less than $5,000,000, and small agricultural producers are defined as those having annual receipts of less than $500,000.

Most of the handlers are vertically integrated corporations involved in producing, shipping, and marketing onions. For the 1996–97 marketing year, onions produced on 12,175 acres were shipped by the industry's 38 handlers; with the average acreage and median acreage handled being 310 acres and 177 acres, respectively. In terms of production value, total revenues for the 38 handlers were estimated to be $23.6 million; with average and median revenue being $620,000 and $146,000, respectively. The industry is highly concentrated as the largest 8 handlers (largest 25 percent) controlled 62 percent of the acreage and 77 percent of onion production.

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 the 38 handlers regulated by the order would be considered small entities if only their spring onion revenues are considered. However, revenues from other productive enterprises would likely push a large number of these handlers above the $5,000,000 annual receipt threshold. All of the 70 producers may be classified as small entities based on the SBA definition if only their revenue from spring onions is considered. When revenue from all sources is considered, a majority of the producers would not be considered small entities because many of the producers would exceed the $500,000 figure.

This rule continues to relieve the Sunday ban on packing and loading onions from South Texas allowing individual firms the flexibility to modify operations to effectively compete with production areas not bound by such restrictions, to fill customer orders, and to take advantage of available transportation.

The Committee recommended this rule change for the purpose of ensuring a timely flow of available supplies, and thus help to maintain stability in the onion market. Being reasonably assured of a stable price and market provides South Texas onion producers and handlers with added flexibility to maintain proper cash flow and to meet annual expenses. The market and price stability provided by the order potentially benefits the smaller handlers more than such provisions benefit large handlers. Smaller producers and handlers are more dependent upon stable prices. Larger handlers are more diversified and not as dependent upon price stability. Therefore, the relief of packing and loading restrictions on Sundays has small entity orientation.

While the level of benefits of removing the Sunday packing and loading prohibitions are difficult to quantify, this action continues to allow the South Texas onion industry to compete more effectively with other growing areas, better meet buyer needs, and increase supplies of South Texas onions in the marketplace. Last season, the South Texas onion industry expected to ship 5 million 50-pound bags of onions with a production value of $45.6 million. However, inclement weather during a substantial part of the shipping season limited shipments. Late in the season, the packing and loading restrictions were removed to help producers and handlers salvage their

crops. Industry shipments totaled 2.8 million bags with a production value of $25.4 million. The suspension for last season provided producers and handlers more flexibility in meeting the needs of their buyers.

The Committee believes that providing handlers the ability to pack and load on Sundays will continue to benefit the industry. Removal of the prohibitions provided producers with an additional window of opportunity to harvest and deliver their onions to handlers for sorting, grading, packaging, and loading. The continued use of this self-imposed restriction could have caused the South Texas area to lose its markets to other competing areas, because these areas can package and load onions on Sunday. Removing the Sunday packaging and loading prohibitions positively impacted both small and large handlers by helping them maintain markets.

This action is intended to improve producers' and handlers' returns by allowing them to package and load onions on Sunday if their operations were curtailed for some reason during the previous week. The ability to pack and load on Sunday has helped handlers fill unexpected rush orders made at the end of the normal packing week. There have been times when handlers were packing onions on Saturday night, and at 12:01 a.m. had to stop even though the packing had not yet been completed. This hindered handler operations and unduly delayed the packing and shipping of onions to meet buyer needs.

The Committee considered not removing the Sunday packing and loading prohibitions. However, not relaxing the regulation could have resulted in significant crop losses, as occurred last season, prior to the emergency suspension of the prohibition. Also, the cessation in harvesting activity last season resulted in increased unemployment among onion field workers and employees at handlers' facilities. In addition, reduced supplies could result in consumers paying higher prices for onions. The opportunity to pack and load onions seven days a week gives producers and handlers more time to harvest and prepare onions for market. This increased flexibility enables the industry to better meet buyer needs and compete more effectively with its competition.

This rule will not impose any additional reporting or recordkeeping requirements on either small or large South Texas onion handlers. As with all Federal marketing order programs, reports and forms are periodically reviewed to reduce information collection requirements and duplication by industry and public sectors. In addition, the Department has not identified any relevant Federal rules that duplicate, overlap, or conflict with this rule.

Further, 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 November 6, 1997, meeting was a public meeting and all entities, both large and small, were able to express their views on this issue. Finally, 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 February 24, 1998 (63 FR 9128). The interim final rule was made available through the Internet by the Office of the Federal Register. A 60-day comment period was provided for interested persons to respond to the interim final rule. The comment period ended on April 27, 1998, and no comments were received.

After consideration of all relevant material presented, including the information and recommendation submitted by the Committee and other available information, it is hereby found that finalizing the interim final rule, without change, as published in the **Federal Register** (63 FR 9128, February 24, 1998), will tend to effectuate the declared policy of the Act.

List of Subjects in 7 CFR Part 959

Marketing agreements, Onions, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, 7 CFR part 959 is amended as follows:

PART 959—ONIONS GROWN IN SOUTH TEXAS

Accordingly, the interim final rule amending 7 CFR part 959 which was published at 63 FR 9128 on February 24, 1998, is adopted as a final rule without change.

Dated: June 1, 1998.

Sharon Bomer Lauritsen,

Acting Deputy Administrator, Fruit and Vegetable Programs.

[FR Doc. 98–15016 Filed 6–4–98; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 985

[Docket No. FV98–985–2 FIR]

Marketing Order Regulating the Handling of Spearmint Oil Produced in the Far West; Revision of the Salable Quantity and Allotment Percentage for Class 3 (Native) Spearmint Oil for the 1997–98 Marketing Year

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Final rule.

SUMMARY: The Department of Agriculture (Department) is adopting as a final rule, without change, the provisions of an interim final rule increasing the quantity of Class 3 (Native) spearmint oil produced in the Far West that handlers may purchase from, or handle for, producers during the 1997–98 marketing year. This rule was recommended by the Spearmint Oil Administrative Committee (Committee), the agency responsible for local administration of the marketing order for spearmint oil produced in the Far West. The Committee recommended this rule to avoid extreme fluctuations in supplies and prices and thus help to maintain stability in the Far West spearmint oil market.

EFFECTIVE DATE: June 8, 1998.

FOR FURTHER INFORMATION CONTACT: Robert J. Curry, Northwest Marketing Field Office, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, 1220 SW Third Avenue, room 369, Portland, Oregon 97204–2807; telephone: (503) 326–2724; Fax: (503) 326–7440; or Anne M. Dec, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, room 2525, South Building, P.O. Box 96456, Washington, DC 20090–6456; telephone: (202) 720–2491; Fax: (202) 205–6632. Small businesses may request information on compliance with this regulation by contacting: Jay Guerber, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, room 2525, South Building, P.O. Box 96456, Washington, DC 20090–6456; telephone (202) 720–2491; Fax: (202) 205–6632.

SUPPLEMENTARY INFORMATION: This rule is issued under Marketing Order No. 985 (7 CFR Part 985), regulating the handling of spearmint oil produced in the Far West (Washington, Idaho, Oregon, and designated parts of Nevada, and Utah), hereinafter referred to as the

''order.'' This 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 (Department) is issuing this rule in conformance with Executive Order 12866.

This rule has been reviewed under Executive Order 12988, Civil Justice Reform. Under the provisions of the marketing order now in effect, salable quantities and allotment percentages may be established for classes of spearmint oil produced in the Far West. This rule continues an increase in the quantity of Native spearmint oil produced in the Far West that may be purchased from or handled for producers by handlers during the 1997–98 marketing year, which ends on May 31, 1998. This rule will not preempt any State or local laws, regulations, or policies, unless they present an irreconcilable conflict with this rule.

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

The Far West spearmint oil industry is characterized by producers whose farming operations generally involve more than one commodity and whose income from farming operations is not exclusively dependent on the production of spearmint oil. The U.S. production of spearmint oil is concentrated in the Far West, primarily Washington, Idaho, and Oregon (part of the area covered by the order). Spearmint oil is also produced in the Midwest. The production area covered by the order normally accounts for approximately 75 percent of the annual U.S. production of spearmint oil.

This rule finalizes an interim final rule that increased the quantity of Native spearmint oil that handlers may purchase from, or handle for, producers during the 1997–98 marketing year, which ends on May 31, 1998. Thus, this rule finalizes the increase in the salable quantity from 1,125,351 pounds to 1,185,550 pounds and the allotment percentage from 56 percent to 59 percent for Native spearmint oil for the 1997–98 marketing year.

The salable quantity is the total quantity of each class of oil that handlers may purchase from, or handle for, producers during a marketing year. The salable quantity calculated by the Committee is based on the estimated trade demand. The total salable quantity is divided by the total industry allotment base to determine an allotment percentage. Each producer is allotted a share of the salable quantity by applying the allotment percentage to the producer's individual allotment base for the applicable class of spearmint oil.

The initial salable quantity and allotment percentages for Scotch and Native spearmint oils for the 1997–98 marketing year were recommended by the Committee at its October 2, 1996, meeting. The Committee recommended salable quantities of 996,522 pounds and 1,125,351 pounds, and allotment percentages of 55 percent and 56 percent, respectively, for Scotch and Native spearmint oils. A proposed rule was published in the January 7, 1997, issue of the **Federal Register** (62 FR 942). A final rule establishing the salable quantities and allotment percentages for Scotch and Native spearmint oils for the 1997–98 marketing year was published in the July 9, 1997, issue of the **Federal Register** (62 FR 36646).

Pursuant to authority contained in §§ 985.50, 985.51, and 985.52 of the order, at its February 25, 1998, meeting, the Committee unanimously recommended that the allotment percentage for Native spearmint oil for the 1997–98 marketing year be increased by 3 percent from 56 percent to 59 percent. This final rule increases the 1997–98 marketing year Native spearmint oil salable quantity of 1,125,351 pounds to 1,185,550 pounds.

The original total industry allotment base for Native spearmint oil for the 1997–98 marketing year was established at 2,009,556 pounds and was revised during the year to 2,006,630 pounds to reflect loss of 2,926 pounds of base due to non-production of some producers' total annual allotments. When the revised total allotment base of 2,006,630 pounds is applied to the originally established allotment percentage of 56, the 1997–98 marketing year salable quantity of 1,125,351 pounds is effectively modified to 1,123,713 pounds.

Further, § 985.56(a) of the order authorizes producers who have produced more than their salable quantity of spearmint oil during a marketing year to transfer such excess to producers who have produced less than their salable quantity for the same marketing year. If all producers having such an excess transfer their excess oil to producers having a deficiency, all of the annual allotment is utilized. If, on the other hand, this option is not utilized to its full extent, some annual allotment is essentially lost and the effective salable quantity for that year is reduced by the amount of excess oil that was not transferred to fill deficiencies. During the 1997–98 marketing year, producers who were deficient by 3,957 pounds of Native spearmint oil chose not to have this deficiency filled by producers having excess oil. This also effectively reduced the already modified 1997–98 salable quantity by 3,957 pounds leaving a net quantity of 1,119,756 pounds.

This final rule finalizes the interim final rule that made an additional amount of Native spearmint oil available by increasing the salable quantity which releases such oil from the reserve pool. When applied to each individual producer, the 3 percent allotment percentage increase allows each producer to take up to 3 percent of their allotment base from their Native spearmint oil reserve. If a producer does not have any reserve pool oil, or has less than 3 percent of their allotment base in the reserve pool, the increase in allotment percentage will actually make less than such amount available to the market. Currently, producers receiving 6,201 pounds of additional allotment through this increase do not have any Native spearmint oil in reserve. Thus, rather than 60,199 additional pounds, this action effectively makes an additional 53,998 pounds of Native spearmint oil available to the market.

The following table summarizes the Committee recommendation:

Native Spearmint Oil Recommendation

(a) Estimated 1997–98 Allotment Base—2,009,556 pounds. This is the estimate that the 1997–98 Native spearmint oil salable quantity and allotment percentage was based on.

(b) Revised 1997–98 Allotment Base—2,006,630 pounds. This is 2,926 pounds less than the estimated allotment base. This base was lost because some producers failed to produce all of their previous year's allotment.

(c) Initial 1997–98 Allotment Percentage—56 percent.

(d) Initial 1997–98 Salable Quantity—1,125,351 pounds. This figure is 56 percent of 2,009,556 pounds.

(e) Initial Adjustment to the 1997–98 Salable Quantity—1,123,713 pounds. This figure reflects the salable quantity initially available after the beginning of the 1997–98 marketing year due to the 2,296 pound reduction in the industry allotment base to 2,006,630 pounds.

(f) Final Adjustment to the 1997–98 Salable Quantity—1,119,756 pounds. This figure reflects the salable quantity actually available during the 1997–98 marketing year after the 3,957 pound deficiency was subtracted from the initially adjusted salable quantity of 1,123,713 pounds.

(g) Increase in Allotment Percentage—3 percent. This percentage increase was recommended by the Committee at its February 25, 1998, meeting.

(h) Revised 1997–98 Allotment Percentage—59 percent. This figure is derived by adding the 3 percent increase to the initial 1997–98 allotment percentage of 56 percent.

(i) Calculated Revised 1997–98 Salable Quantity—1,185,638 pounds. This figure is 59 percent of the estimated 1997–98 allotment base of 2,009,556 pounds.

(j) Computed Increase in the 1997–98 Salable Quantity—60,287 pounds. This is the product of the estimated 1997–98 allotment base of 2,009,556 and the revised 1997–98 allotment percentage of 59 percent.

(k) Effective Increase in the 1997–98 Salable Quantity—53,998 pounds. This figure represents the amount of Native spearmint oil actually being made available by this action based on the adjustments described herein.

In making this latest recommendation, the Committee considered all available information on supply and demand. The 1997–98 marketing year began on June 1, 1997. Handlers have indicated that with this action, the available supply of both Scotch and Native spearmint oils appears adequate to meet anticipated demand through May 31, 1998. Without the increase, the Committee believes the industry would not have been able to meet market needs. As of February 25, 1998, approximately 89,000 pounds of Native spearmint oil was available for market. Average demand for Native spearmint oil from March 1 to May 31 over the past 17 years has been 108,029 pounds. Therefore, based on past history the industry may not have been able to meet market demand without this increase. When the Committee made its initial recommendation for the establishment of the Native spearmint oil salable quantity and allotment percentage for the 1997–98 marketing year, it had anticipated that the year would end with an ample available supply. This action has the effect of adding 53,998 pounds of Native spearmint oil to the amount available for market, bringing the total available supply for the period February 25 through May 31, 1998, up to approximately 144,000 pounds.

The Department, based on its analysis of available information, has determined that the 1997–98 salable quantity and allotment percentage for Native spearmint oil for the 1997–98 marketing year should be increased to 1,185,638 and 59 percent, respectively.

This rule relaxes the regulation of Native spearmint oil and will allow growers to meet market needs and improved returns. In conjunction with the issuance of this rule, the Committee's revised marketing policy statement for the 1997–98 marketing year has been reviewed by the Department. The Committee's marketing policy statement, a requirement whenever the Committee recommends implementing volume regulations or recommends revisions to existing volume regulations, fully meets the intent of § 985.50 of the order. During its discussion of revising the 1997–98 salable quantities and allotment percentages, the Committee considered: (1) The estimated quantity of salable oil of each class held by producers and handlers; (2) the estimated demand for each class of oil; (3) prospective production of each class of oil; (4) total of allotment bases of each class of oil for the current marketing year and the estimated total of allotment bases of each class for the ensuing marketing year; (5) the quantity of reserve oil, by class, in storage; (6) producer prices of oil, including prices for each class of oil; and (7) general market conditions for each class of oil, including whether the estimated season average price to producers is likely to exceed parity. Conformity with the Department's ''Guidelines for Fruit, Vegetable, and Specialty Crop Marketing Orders'' has also been reviewed and confirmed.

The increase in the Native spearmint oil salable quantity and allotment percentage allows for anticipated market needs for this class of oil. In determining anticipated market needs, consideration by the Committee was given to historical sales, and changes and trends in production and demand.

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

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

There are 9 spearmint oil handlers subject to regulation under the marketing order and approximately 200 producers of spearmint oil in the regulated production area. Of the 200 producers, approximately 125 producers hold Class 1 (Scotch) spearmint oil allotment base, and approximately 110 producers hold Class 3 (Native) spearmint oil allotment base. Small agricultural service firms are defined by the Small Business Administration (SBA)(13 CFR 121.601) as those having annual receipts of less than $5,000,000, and small agricultural producers have been defined as those whose annual receipts are less than $500,000.

Based on the SBA's definition of small entities, the Committee estimates that two of the nine handlers regulated by the order would be considered small entities. Most of the handlers are large corporations involved in the international trading of essential oils and the products of essential oils. In addition, the Committee estimates that 29 of the 124 Scotch spearmint oil producers and 14 of the 110 Native spearmint oil producers would be classified as small entities under the SBA definition. Thus, a majority of handlers and producers of Far West spearmint oil may not be classified as small entities.

The Far West spearmint oil industry is characterized by producers whose farming operations generally involve more than one commodity, and whose income from farming operations is not exclusively dependent on the production of spearmint oil. Crop rotation is an essential cultural practice in the production of spearmint oil for weed, insect, and disease control. A normal spearmint oil producing operation would have enough acreage for rotation such that the total acreage required to produce the crop would be about one-third spearmint and two-thirds rotational crops. An average spearmint oil producing farm would thus have to have considerably more acreage than would be planted to spearmint during any given season. To remain economically viable with the added costs associated with spearmint oil production, most spearmint oil

producing farms would fall into the category of large businesses.

Small spearmint oil producers represent a minority of farming operations and are more vulnerable to market fluctuations. Such small farmers generally need to market their entire annual crop and do not have the resources to cushion seasons with poor spearmint oil returns. Conversely, large diversified producers have the potential to endure one or more seasons of poor spearmint oil markets because of stronger incomes from alternate crops which could support the operation for a period of time. Despite the advantage of larger producers, increasing the Native salable quantity and allotment percentage will help both large and small producers by improving returns. In addition, this change may potentially benefit the small producer more than large producers. This is because the change ensures that small producers are more likely to maintain a profitable cash flow and meet annual expenses.

Alternatives to this rule included not increasing the available supply of Native spearmint oil, which could potentially hurt small producers. The Committee reached its recommendation to increase the salable quantity and allotment percentage for Native spearmint oil after careful consideration of all available information, and believes that the level recommended will achieve the objectives sought. Without the increase, the Committee believes the industry would not be able to meet market needs. As of February 25, 1998, approximately 88,000 pounds of Native spearmint oil were available for market. Average demand for Native spearmint oil from March 1 to May 31 over the past 17 years has been 108,029 pounds. Therefore, based on past history the industry may not have been able to meet market demand without this change. When the Committee made its initial recommendation for the establishment of the Native spearmint oil salable quantity and allotment percentage for the 1997–98 marketing year, it had anticipated that the year would end with an ample available supply. This revision has the effect of adding 53,998 pounds of Native spearmint oil to the amount available for market, bringing the total available supply for the period February 25 through May 31, 1998, up to 144,158 pounds.

Annual salable quantities and allotment percentages have been issued for both classes of spearmint oil since the order's inception. Reporting and recordkeeping requirements have remained the same for each year of regulation. Accordingly, this action will not impose any additional reporting or recordkeeping requirements on either small or large spearmint oil producers and handlers. All reports and forms associated with this program are reviewed periodically in order to avoid unnecessary and duplicative information collection by industry and public sector agencies. The Department has not identified any relevant Federal rules that duplicate, overlap, or conflict with this rule.

Finally, the Committee's meeting was widely publicized throughout the spearmint oil industry and all interested persons were invited to attend and participate on all issues. Interested persons are also invited to submit information on the regulatory and informational impacts of this action on small businesses.

The interim final rule regarding this action was issued on April 24, 1998, and published in the **Federal Register** (63 FR 23373, April 29, 1998), with an effective date of April 30, 1998. That rule amended § 985.216 of the rules and regulations in effect under the order and provided a 20-day comment period which ended May 19, 1998. No comments were received.

After consideration of all relevant matter presented, including that contained in the prior proposed, interim final, and final rules in connection with the establishment of the salable quantities and allotment percentages for Scotch and Native spearmint oils for the 1997–98 marketing year, the Committee's recommendation and other available information, it is found that to revise § 985.216 (62 FR 36650) to change the salable quantity and allotment percentage for Native spearmint oil, as hereinafter set forth, will tend to effectuate the declared policy of the Act.

It is further found that that good cause exists for not postponing the effective date of this rule until 30 days after publication in the **Federal Register** (5 U.S.C. 553) because this rule applies to spearmint produced during the 1997–98 marketing year, which ends May 31, 1998. Further, handlers are aware of this rule, which was recommended at a public meeting. Also, a 20-day comment period was provided in the interim final rule and no comments were received.

List of Subjects in 7 CFR Part 985

Marketing agreements, Oils and fats, Reporting and recordkeeping requirements, Spearmint oil.

PART 985—MARKETING ORDER REGULATING THE HANDLING OF SPEARMINT OIL PRODUCED IN THE FAR WEST

Accordingly, the interim final rule amending 7 CFR part 985 which was published at 63 FR 23371 on April 29, 1998, is adopted as a final rule without change.

Dated: June 1, 1998

Sharon Bomer Lauritsen,

Deputy Administrator, Fruit and Vegetable Programs.

[FR Doc. 98–15002 Filed 6–4–98; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF AGRICULTURE

Animal and Plant Health Inspection Service

9 CFR Part 77

[Docket No. 97–063–2]

Tuberculosis in Cattle and Bison; State Designation; Hawaii

AGENCY: Animal and Plant Health Inspection Service, USDA.

ACTION: Interim rule and request for comments.

SUMMARY: We are amending the tuberculosis regulations concerning the interstate movement of cattle and bison by raising the designation of Hawaii from an accredited-free (suspended) State to an accredited-free State. We have determined that Hawaii meets the criteria for designation as an accredited-free State.

DATES: Interim rule effective June 1, 1998. Consideration will be given only to comments received on or before August 4, 1998.

ADDRESSES: Please send an original and three copies of your comments to Docket No. 97–063–2, Regulatory Analysis and Development, PPD, APHIS, suite 3C03, 4700 River Road Unit 118, Riverdale, MD 20737–1238. Please state that your comments refer to Docket No. 97–063–2. Comments received may be inspected at USDA, room 1141, South Building, 14th Street and Independence Avenue SW., Washington, DC, between 8 a.m. and 4:30 p.m., Monday through Friday, except holidays. Persons wishing to inspect comments are requested to call ahead on (202) 690–2817 to facilitate entry into the comment reading room.

FOR FURTHER INFORMATION CONTACT: Dr. Joseph VanTiem, Senior Staff Veterinarian, National Animal Health Programs, VS, APHIS, 4700 River Road

Unit 43, Riverdale, MD 20737–1231, (301) 734–7716.

SUPPLEMENTARY INFORMATION:

Background

The ''Tuberculosis'' regulations, contained in 9 CFR part 77 (referred to below as ''the regulations''), regulate the interstate movement of cattle and bison because of tuberculosis. Bovine tuberculosis is the contagious, infectious, and communicable disease caused by *Mycobacterium bovis*. The requirements of the regulations concerning the interstate movement of cattle and bison not known to be affected with, or exposed to, tuberculosis are based on whether the cattle and bison are moved from jurisdictions designated as accredited-free States, modified accredited States, or nonmodified accredited States.

The criteria for determining the status of States (the term ''State'' is defined to mean any State, territory, the District of Columbia, or Puerto Rico) are contained in the ''Uniform Methods and Rules—Bovine Tuberculosis Eradication,'' which has been made part of the regulations via incorporation by reference. The status of States is based on the rate of tuberculosis infection present and the effectiveness of a tuberculosis eradication program. An accredited-free State is a State that has no findings of tuberculosis in any cattle or bison in the State for at least 5 years. The State must also comply with all the provisions of the ''Uniform Methods and Rules—Bovine Tuberculosis Eradication'' regarding accredited-free States.

An accredited-free (suspended) State is defined as a State with accredited-free status in which tuberculosis has been detected in any cattle or bison in the State. A State with accredited-free (suspended) status is qualifies for redesignation as accredited-free after the herd in which tuberculosis is detected has been quarantined, an epidemiological investigation has confirmed that the disease has not spread from the herd, and all reactor cattle and bison have been destroyed.

Before publication of this interim rule, Hawaii was designated in § 77.1 of the regulations as an accredited-free (suspended) State. However, Hawaii now meets the requirements for designation as an accredited-free State. Therefore, we are amending the regulations by removing Hawaii from the list of accredited-free (suspended) States in § 77.1 and adding it to the list of accredited-free States in that section.

Immediate Action

The Administrator of the Animal and Plant Health Inspection Service has determined that there is good cause for publishing this interim rule without prior opportunity for public comment. Immediate action is warranted to change the regulations so that they accurately reflect the current tuberculosis status of Hawaii as an accredited-free State. This will provide prospective cattle and bison buyers with accurate and up-to-date information, which may affect the marketability of cattle and bison since some prospective buyers prefer to buy cattle and bison from accredited-free States.

Because prior notice and other public procedures with respect to this action are impracticable and contrary to the public interest under these conditions, we find good cause under 5 U.S.C. 553 to make this rule effective upon signature. We will consider comments that are received within 60 days of publication of this rule in the **Federal Register**. After the comment period closes, we will publish another document in the **Federal Register**. It will include a discussion of any comments we receive and any amendments we are making to the rule as a result of the comments.

Executive Order 12866 and Regulatory Flexibility Act

This rule has been reviewed under Executive Order 12866. For this action, the Office of Management and Budget has waived its review process required by Executive Order 12866.

According to the 1992 Census of Agriculture, Hawaii has 874 cattle herds containing 191,230 cattle. Some 757 of these herds, or 87 percent, contain 200 or fewer cattle apiece and are assumed to be owned by small businesses. Changing the status of Hawaii may affect the marketability of cattle from the State, since some prospective cattle buyers prefer to buy cattle from accredited-free States. This may result in a small beneficial economic impact on some small entities, although it appears that sales of cattle from Hawaii to other States are quite small in volume. We anticipate, based on our experience in similar designations of other States, that this action will not have a significant effect on marketing patterns in Hawaii and will therefore not have a significant economic effect on those small entities affected by this action.

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

Executive Order 12372

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

Executive Order 12988

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

Paperwork Reduction Act

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

List of Subjects in 9 CFR Part 77

Animal diseases, Bison, Cattle, Reporting and recordkeeping requirements, Transportation, Tuberculosis.

Accordingly, 9 CFR part 77 is amended as follows:

PART 77—TUBERCULOSIS

1. The authority citation for part 77 continues to read as follows:

Authority: 21 U.S.C. 111, 114, 114a, 115–117, 120, 121, 134b, and 134f; 7 CFR 2.22, 2.80, and 371.2(d).

§ 77.1 [Amended]

2. In § 77.1, in the definition for ''Accredited-free state'', paragraph (2) is amended by adding ''Hawaii,'' immediately before ''Idaho''.

3. In § 77.1, in the definition for ''Accredited-free (suspended) State'', paragraph (2) is amended by removing ''Hawaii'' and adding ''None'' in its place.

Done in Washington, DC, this 1st day of June 1998.

Craig A. Reed,

Acting Administrator, Animal and Plant Health Inspection Service.

[FR Doc. 98–14877 Filed 6–4–98; 8:45 am]

BILLING CODE 3410–34–P

FEDERAL HOUSING FINANCE BOARD

12 CFR Part 932

[No. 98–24]

RIN 3069–AA76

Compensation and Conflicts-of-Interest Rules for Federal Home Loan Bank Employees

AGENCY: Federal Housing Finance Board.

ACTION: Final rule.

SUMMARY: The Federal Housing Finance Board (Finance Board) is issuing a final rule amending its regulation on compensation of Federal Home Loan Bank (Bank) employees (Compensation regulation) and its regulation governing conflicts of interest of Bank employees (Conflicts regulation). The final rule makes two specific changes to the existing Compensation regulation to address issues that have arisen since the regulation was last revised in January of 1997. First, the final rule eliminates the existing limits on the base salaries and incentive payment opportunities of a Bank's employees other than the President, and establishes an overall limit on cash compensation for such employees equal to 125 percent of the base salary cap established by the Finance Board for the Bank's President. Second, the final rule eliminates unnecessary regulatory requirements regarding the payment of bonuses to Bank employees. The final rule amends the Conflicts regulation by adding an exception for non-exempt hourly Bank employees.

DATES: The final rule is effective on June 5, 1998.

FOR FURTHER INFORMATION CONTACT: Ellen Hancock, Associate Director, Compliance Assistance Division, Office of Policy, (202) 408–2906; or David Guy, Associate General Counsel, (202) 408–2536, Federal Housing Finance Board, 1777 F Street, N.W., Washington, D.C. 20006.

SUPPLEMENTARY INFORMATION:

I. Statutory and Regulatory Background

A. Base Salaries and Incentive Payments for Bank Employees

Section 12(a) of the Federal Home Loan Bank Act (Bank Act) provides that each Bank may fix the compensation of Bank employees, subject to the approval of the Finance Board. *See* 12 U.S.C. 1432(a). From 1992 to 1996, the Finance Board approved the compensation of Bank Presidents pursuant to § 932.41(a) of its regulations and the Bank Presidents' Compensation Plan (Compensation Plan) established by the Finance Board. *See* 12 CFR 932.41(a) (January 1, 1996 revision) (amended 61 FR 2 (Jan. 4, 1997)); Bd. Res. No. 91–565 (as amended). Under the Compensation Plan, the boards of directors of the individual Banks were authorized to set the base salaries of the Bank Presidents, subject to Finance Board approval, within ranges established by the Finance Board. Under the Compensation Plan, the Banks also were authorized to make incentive payments to their Presidents in amounts up to a maximum percentage of base salary, as determined by the Finance Board. The Finance Board's Compensation regulation did not contain specific standards governing the base salaries or incentive payments for Bank employees other than the Presidents. On January 2, 1997, after providing the public with opportunity for notice and comment, the Finance Board published a new Compensation regulation, which, among other things, superseded the Compensation Plan and provided new standards governing the base salaries and incentive payments for Bank Presidents and other Bank employees. *See* 61 FR 2 (Jan. 4, 1997). The 1997 revisions to the Compensation regulation eliminated the use of Finance Board-established salary ranges and now permit each Bank to set its President's base salary, subject to a cap to be published annually by the Finance Board. *See* 12 CFR 932.41(b)(1)(i). The 1997 revisions also established a dollar limit on a Bank President's total cash compensation payable in salary and incentive payments of 125 percent of the amount of the base salary cap established by the Finance Board for that Bank. Thus, a Bank President's maximum incentive payment allowable under the Compensation regulation is the difference between the President's annual base salary approved by the Bank and 125 percent of the annual base salary cap for the Bank. *See id.* § 932.41(c)(2)(i).

In establishing a base salary cap and the 125 percent limit on total cash compensation for Bank Presidents, the Finance Board explicitly intended to permit the Banks to choose incentive compensation levels for their Presidents higher than 25 percent of the Presidents' base salaries. Specifically, under the Compensation regulation, the further a Bank set its President's base salary below the cap, the higher the President's potential incentive payment opportunity. The Finance Board believes that incentive compensation is an important and useful management tool, and it made the regulatory change described above in response to comments from the Banks and others that the industry trend in setting compensation for chief executives and other employees of financial institutions was to allocate increasingly higher percentages of total cash compensation to incentive compensation rather than base salary.

While the Compensation regulation now permits the Banks to make this kind of adjustment in the way they compensate their Presidents, most of the Banks have not taken advantage of this flexibility. Most of the Banks have set their Presidents' base salaries at or near the cap established by the Finance Board. Consequently, the Presidents receive the bulk of their cash compensation in base salary. Eight of the Banks have established incentive payment opportunities for their Presidents ranging from 25 to 27.8 percent of base salary. Under the Compensation regulation, the maximum incentive payment opportunity for a Bank employee other than the President is linked to the incentive payment opportunity of the President. Section 932.41(c)(3)(ii) of the Compensation regulation provides that the total incentive payment opportunity, expressed as a percentage of base salary, for an employee other than the Bank President shall not exceed the total incentive payment opportunity, expressed as a percentage of base salary, allowable for the Bank President. *See id.* § 932.41(c)(3)(ii). In addition, § 932.41(b)(2) of the Compensation regulation provides that no employee's base salary may exceed the base salary of the Bank President.

The purpose of linking the maximum incentive payment opportunities of the Bank Presidents and other Bank employees was to ensure a measure of consistency between the President and other employees regarding the allocation of compensation between base salary and incentive pay. Specifically, in providing the Banks with flexibility to allocate compensation between base salary and incentive pay, the Finance Board wished to prevent a Bank from paying a large percentage of total cash compensation to employees other than the President in the contingent form of incentive pay, while paying the President mostly in the form of guaranteed base salary.

Because most of the Banks have set the base salaries of their Presidents at or near the caps published by the Finance Board, and thereby limited the Presidents' maximum incentive payment opportunities to the minimum percentage of base salary available under the regulation, these Banks are

unable to provide increased incentive payment opportunities to their other employees, due to the limitation in § 932.41(c)(3)(ii) of the Compensation regulation. As further discussed below, several of the Banks have voiced concerns that this is impairing their ability to hire and retain key personnel below the level of President. As discussed above, these Banks have the option to address this situation by reducing their Presidents' base salaries and increasing their Presidents' incentive payment opportunities, which would allow the Banks to increase incentive payment opportunities for their other employees. However, the Banks have not viewed reducing their Presidents' base salaries as a viable alternative, and the Finance Board does not wish to make this the Banks' sole option. Therefore, the Finance Board is eliminating the link between the maximum base salaries and incentive payment opportunities of the Bank Presidents and other Bank employees, and establishing instead an overall dollar limit on cash compensation for a Bank's employees other than the President equal to 125 percent of the base salary cap established by the Finance Board for the Bank President.

B. Payment of Bonuses

Section 932.41(f) of the Compensation regulation provides that a Bank shall not pay any employee or other person a bonus. *See id.* § 932.41(f). A bonus is defined in the Compensation regulation as ''a payment to an employee, other than base salary and benefits, that is not based on performance.'' *Id.* § 932.41(a). As further discussed below, the Finance Board is eliminating the provisions of the Compensation regulation governing bonuses because they have proved confusing and duplicative with the provisions of the regulation governing incentive payments for Bank employees. *See id.* §§ 932.41(a), (c)(3)(iii).

C. Conflicts of Interest

Section 12(a) of the Bank Act provides that each Bank may select and employ such officers, employees, attorneys, and agents as shall be necessary for the transaction of its business, subject to the approval of the Finance Board. *See* 12 U.S.C. 1432(a). The Finance Board's Conflicts regulation, set forth at 12 CFR 932.40(d), provides that a Bank employee shall not also be employed by, or otherwise act in any capacity for, a member or an institution eligible to make application to become a member. *See* 12 CFR 932.40(d).

Several of the Banks maintain item processing operations in which they employ non-exempt hourly employees who also have full- or part-time positions with financial institutions that are, or are eligible to make application to become, members of the Bank. The Finance Board has determined that based upon the nature of the work performed by these Bank employees, it is unlikely that any conflict of interest between the Bank and a Bank member or an institution eligible to make application to become a member would be created as a result of concurrent employment by a Bank and such institution. Consequently, the Conflicts regulation, as currently stated, unnecessarily impedes a Bank's ability to hire qualified employees for its item processing operations. *See* Bd. Res. 98–06 (Feb. 18, 1998). On this basis, the Finance Board has waived the Conflicts regulation, as applied to the non-exempt hourly employees working in the item processing operations of the Topeka, Pittsburgh and Indianapolis Banks. *See id.*

The Finance Board believes that the rationale for waiving application of the Conflicts regulation to non-exempt hourly employees working in a Bank's item processing operations applies with equal force for all non-exempt hourly Bank employees. Therefore, the final rule adds a specific exception to the Conflicts regulation for all non-exempt hourly employees of the Banks, so that such employees may be employed concurrently by a Bank and a member or an institution eligible to make application to become a member.

II. Analysis of the Final Rule

A. Base Salary and Incentive Payments for Employees Other than the Bank President

As discussed above, several of the Banks have raised concerns that the limit on incentive payment opportunities for employees other than the President set forth in § 932.41(c)(3)(ii) of the Compensation regulation constrains the Banks' ability to attract and retain experienced and highly qualified personnel in key areas of Bank operations, such as auditing, asset/liability management, investments, risk analysis, and accounting. In addition, this poses an immediate problem for the Banks in attracting and retaining qualified personnel to assist in Year 2000 information systems conversion processes.

While there is no concern that the Banks' ability to attract key personnel has had any negative impact on the safety and soundness of their operations to date, the Finance Board believes that there is a credible risk that, in the future, the Banks may be placed in a non-competitive position relative to other employers of financial and banking professionals. The Finance Board wishes to prevent a situation in which the Banks' ability to compete for the highest quality personnel is unduly limited.

For these reasons, the Finance Board is making the following changes to the provisions of the Compensation regulation governing base salary and incentive payments of Bank employees other than the Presidents. First, the final rule eliminates the limitation in § 932.41(c)(3)(ii) on incentive payment opportunities for Bank employees other than the President. Consequently, such employees may have incentive payment opportunities in excess of that of a Bank's President. However, incentive payments for employees other than the President will continue to be subject to the requirement in § 932.41(c)(3)(i) of the Compensation regulation that such payments be reasonable and comparable with incentive payments made to employees of the other Banks and other similar businesses (including financial institutions) with similar duties and responsibilities. *See id.* § 932.41(c)(3)(i).

Second, in order to give the Banks maximum flexibility in allocating total cash compensation for employees other than the President between base salary and incentive pay, the final rule eliminates the requirement in § 932.41(b)(2) of the Compensation regulation that no Bank employee may have a base salary higher than that of the President. *See id.* § 932.41(b)(2).

Third, the final rule establishes an overall limit on total cash compensation for a Bank's employees other than the President equal to 125 percent of the base salary cap established by the Finance Board for the Bank's President. This limit is the same as under the existing Compensation regulation; however under the existing regulation, it is embodied in two separate limits on base salary and incentive payments for Bank employees other than the President, which, as discussed above, are eliminated by this final rule.

The Finance Board is hopeful that the Banks will use this new flexibility in structuring cash compensation for employees other than the President to enhance their strategic plans for mission achievement, which are under consideration at the Banks. The Finance Board will look at the degree to which the Banks have tied incentive compensation for employees other than the President to mission-related goals, similar to the those that form the basis the Bank Presidents' incentive payments, in deciding whether further

regulatory action in this area is warranted.

The final rule adds a new § 932.41(c)(3)(iv) to the Compensation regulation, requiring all Bank incentive compensation plans in effect on May 1, 1998, to be submitted to the Finance Board no later than June 1, 1998. This section further provides that any subsequent amendments to such plans shall not become effective until submitted to the Finance Board. The effect of this provision is to make the effectiveness of any changes a Bank may adopt to its incentive programs for employees other than the President contingent upon the submission of such changes to the Finance Board, but does not contemplate any action to approve or disapprove the submissions. Of course, these policies and their implementation are subject to compliance review as part of the regular examination process.

B. Payment of Bonuses

The Compensation regulation, as revised in 1997, carried forward an existing regulatory provision prohibiting the payment of bonuses to Bank employees. *See id.* § 932.41(f). The 1997 revisions also for the first time adopted a regulatory definition of ''bonus'' as ''a payment to an employee, other than base salary and benefits, that is not based on performance.'' *Id.* § 932.41(a).

The Banks have questioned whether the new definition of ''bonus'' prevents an employee from receiving incentive payments based on the achievement of Bank-wide performance targets. For many years, several Banks have maintained incentive programs for employees under which incentive payments are based, in part, on the extent to which the Bank achieves certain corporate performance targets. Several Banks have requested confirmation that such programs remain permissible in light of the new definition of ''bonus.''

The 1997 revisions were not intended to preclude the Banks from maintaining existing or establishing new employee incentive programs linked to Bank performance. Under § 932.41(c)(3)(iii) of the Compensation regulation, the Banks may make incentive payments to employees other than the Bank President based on the extent to which an employee meets objective performance targets related to criteria established by the Bank's board of directors. *See id.* § 932.41(c)(3)(iii). The Compensation regulation defines ''incentive payment'' as ''a direct or indirect transfer of funds by a Bank to a Bank employee, in addition to base salary, based on the employee's on-the-job-performance.'' *Id.* § 932.41(a).

The Finance Board believes that the achievement of Bank-wide performance targets may be the basis for employee incentive payments as long as there is a reasonable nexus between the job performance of the employee and the achievement of the performance target. The extent to which a Bank achieves its corporate performance targets may be considered a reflection of the on-the-job performance of each of the Bank's employees. The regulatory changes discussed above regarding incentive payments for employees other than the Presidents provide the Banks with the opportunity to integrate Bank-wide goals related to mission achievement into the incentive payment plans of employees whose jobs may not be directly related to the mission of the Bank, but whose support is crucial to the Bank's overall performance, such as the Chief Financial Officer.

The definition of ''bonus'' was added in 1997 to carve out non-performance related incentive payments from the category of permissible incentive payments. However, the Finance Board believes, and it is the Finance Board's intention, that the definition of ''incentive payment'' in § 932.41(a), coupled with § 932.41(e)(1), which prohibits a Bank from making any payment to a Bank employee except as provided in the Compensation regulation, *see id.* § 932.41(e)(1), preclude a Bank from making non-performance related incentive payments to Bank employees. Therefore, removal of the prohibition in § 932.41(f) on the payment of bonuses and the definition of ''bonus'' would clarify the provisions of the Compensation regulation governing employee incentive payments without substantively changing the prohibition on non-performance related incentive payments. Based on the foregoing, and in light of the confusion caused by the provisions on employee bonuses, the Finance Board is eliminating § 932.41(f) and the definition of ''bonus'' in § 932.41(a).

C. Conflicts of Interest

For the reasons discussed in the Statutory and Regulatory Background section, the final rule adds a specific exception to the Conflicts regulation for all non-exempt hourly employees of the Banks.

III. Procedural Requirements

The Finance Board has determined that the rule shall be effective upon publication in the **Federal Register**, for the reasons discussed below.

The Administrative Procedure Act (APA) does not require adherence to notice-and-comment procedures when an agency ''for good cause finds * * * that notice and public procedure thereon are impracticable, unnecessary, or contrary to the public interest.'' 5 U.S.C. 553(b)(3)(B). In addition, the 30-day delay in the effective date of a rule ordinarily required by section 553 of the APA will not apply where the rule relieves a restriction or upon a showing of good cause by the agency adopting the rule. *See id.* § 553(d)(3).

The Finance Board finds good cause to forgo notice-and-comment procedures as unnecessary in connection with lifting the limitations on allocating the base salary and incentive payment components of the total cash compensation for Bank employees other than the President because this regulatory action imposes no new requirements on the Banks or their employees. Furthermore, engaging in notice-and-comment procedures would be contrary to the public interest, because it would prolong existing conditions under which the Banks may be at a competitive disadvantage in attracting and retaining highly experienced and qualified personnel, due to the existing limits on incentive payments for such employees. The longer these conditions persist, the greater the potential risk that there will be a negative impact on the operations of the Banks. Furthermore, the Finance Board believes that the Banks should be free to take immediate action to adjust their compensation programs in order to attract and retain personnel involved in preparing their information systems for 2000. Therefore, the Finance Board finds good cause to forgo a delayed effective date for this change. In addition, the 30-day delay of effective date is not mandated under the APA, because this change relieves a restriction on the Banks' authority to set employee compensation.

Elimination of the provisions of the Compensation regulation governing employee bonuses will not have a substantive effect on the Banks, because they are duplicative of existing provisions governing the Banks' employee incentive payments. Therefore, the Finance Board has determined that notice-and-comment procedures and a delay in the rule's effective date are unnecessary with regard to this change.

As discussed above, the Finance Board has determined that, based upon the nature of the work performed by non-exempt hourly Bank employees, it is unlikely that any conflict of interest between the Bank and a Bank member

or an institution eligible to make application to become a member would be created as a result of concurrent employment by a Bank and such institution. Furthermore, the Finance Board previously has permitted such dual employment through the granting of waivers for three Banks. Consequently, the Finance Board has determined that notice-and-comment procedures are unnecessary in connection with amendment to the Conflicts regulation set forth above. The 30-day delay of effective date is not mandated under the APA for this change, because it relieves a restriction on the Banks' authority to select and employ personnel.

IV. Regulatory Flexibility Act

The Finance Board is adopting these regulatory amendments in the form of an final rule. Therefore, the provisions of the Regulatory Flexibility Act do not apply. *See* 5 U.S.C. 601(2), 603(a).

List of Subjects in 12 CFR Part 932

Conflict of interests, Federal home loan banks.

Accordingly, the Federal Housing Finance Board hereby amends title 12, chapter IX, subchapter B, part 932 of the Code of Federal Regulations as follows:

SUBCHAPTER B—FEDERAL HOME LOAN BANK SYSTEM

PART 932—ORGANIZATION OF THE BANKS

1. The authority citation for part 932 continues to read as follows:

Authority: 12 U.S.C. 1422a, 1422b, 1426, 1427, 1432; 42 U.S.C. 8101 *et seq.*

2. Amend § 932.40 by revising paragraph (d) to read as follows:

§ 932.40 Selection.

* * * * *

(d) *Conflicts of interest.* A Bank employee shall not also be employed by, or otherwise act in any capacity for, a member or an institution eligible to make application to become a member. The restriction on employment set forth in the preceding sentence shall not apply to non-exempt hourly employees of a Bank.

3. Amend § 932.41 by removing the definition of ''*Bonus*'' from paragraph (a), removing paragraph (f) and redesignating paragraph (g) as paragraph (f), revising paragraphs (b)(2) and (c)(3)(ii), and adding a new paragraph (c)(3)(iv) to read as follows:

§ 932.41 Compensation.

* * * * *

(b) * * *

(2) *Other Bank employees.* Each Bank shall establish base salaries for employees other than the President that are reasonable and comparable with the base salaries of employees of the other Banks and other similar businesses (including financial institutions) with similar duties and responsibilities.

* * * * *

(c) * * *

(3) * * *

(ii) The sum of annual base salary and all incentive payments received in a single calendar year by an employee other than the Bank President shall not exceed 125 percent of the annual base salary cap for the Bank President, as published by the Finance Board.

* * * * *

(iv) All Bank incentive compensation plans in effect on May 1, 1998, shall be submitted to the Finance Board no later than June 1, 1998. Any subsequent amendments to such plans shall not become effective until submitted to the Finance Board.

* * * * *

By the Board of Directors of the Federal Housing Finance Board.

Dated: May 13, 1998.

Bruce A. Morrison,

Chairman.

[FR Doc. 98–14970 Filed 6–4–98; 8:45 am]

BILLING CODE 6725–01–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 98–CE–15–AD; Amendment 39–10567; AD 98–12–11]

RIN 2120–AA64

Airworthiness Directives; British Aerospace Jetstream Model 3101 Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Final rule.

SUMMARY: This amendment adopts a new airworthiness directive (AD) that applies to certain British Aerospace Jetstream Model 3101 airplanes. This AD requires modifying the emergency hydraulic hand-pump by increasing the length of the access aperture. This AD is the result of mandatory continuing airworthiness information (MCAI) issued by the airworthiness authority for the United Kingdom. The actions specified by this AD are intended to prevent difficulty accessing the emergency hydraulic hand-pump because of the current design, which, in the event of a hydraulic system failure, could result in the inability to operate the flaps and landing gear.

DATES: Effective July 24, 1998.

The incorporation by reference of certain publications listed in the regulations is approved by the Director of the Federal Register as of July 24, 1998.

ADDRESSES: Service information that applies to this AD may be obtained from British Aerospace Regional Aircraft, Prestwick International Airport, Ayrshire, KA9 2RW, Scotland; telephone: (01292) 479888; facsimile: (01292) 479703. This information may also be examined at the Federal Aviation Administration (FAA), Central Region, Office of the Regional Counsel, Attention: Rules Docket No. 98–CE–15–AD, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106; or at the Office of the Federal Register, 800 North Capitol Street, NW, suite 700, Washington, DC.

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

SUPPLEMENTARY INFORMATION:

Events Leading to the Issuance of This AD

A proposal to amend part 39 of the Federal Aviation Regulations (14 CFR part 39) to include an AD that would apply to certain British Aerospace Jetstream Model 3101 airplanes was published in the **Federal Register** as a notice of proposed rulemaking (NPRM) on March 19, 1998 (63 FR 13378). The NPRM proposed to require modifying the emergency hydraulic hand-pump by increasing the length of the access aperture. Accomplishment of the proposed action as specified in the NPRM would be in accordance with British Aerospace Jetstream Service Bulletin 29–JM 7360, Revision No. 1, dated January 3, 1991.

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

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

The FAA's Determination

After careful review of all available information related to the subject

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

Cost Impact

The FAA estimates that 58 airplanes in the U.S. registry will be affected by this AD, that it will take approximately 7 workhours per airplane to accomplish this modification, and that the average labor rate is approximately $60 an hour. British Aerospace will provide parts to the owners/operators of the affected airplanes at no cost. Based on these figures, the total cost impact of this AD on U.S. operators is estimated to be $24,360, or $420 per airplane.

Regulatory Impact

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

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

List of Subjects in 14 CFR Part 39

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

Adoption of the Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

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

98–12–11 British Aerospace: Amendment 39–10567; Docket No. 98–CE–15–AD.

Applicability: Jetstream Model 3101 airplanes, serial numbers 601 through 646, 648 through 655, 657, 658, and 660, certificated in any category.

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

Compliance: Required within the next 300 hours time-in-service (TIS) after the effective date of this AD, unless already accomplished.

To prevent difficulty accessing the emergency hydraulic hand-pump because of the current design, which, in the event of a hydraulic system failure, could result in the inability to operate the flaps and landing gear, accomplish the following:

(a) Modify the emergency hydraulic hand-pump by increasing the length of the access aperture in accordance with the ACCOMPLISHMENT INSTRUCTIONS section of British Aerospace Jetstream Service Bulletin 29–JM 7360, Revision 1, dated January 3, 1991.

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

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

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

(d) Questions or technical information related to British Aerospace Jetstream Service Bulletin 29–JM 7360 Revision No. 1, dated January 3, 1991, should be directed to British Aerospace Regional Aircraft Limited, Prestwick International Airport, Ayrshire, KA9 2RW, Scotland; telephone: (01292) 479888; facsimile: (01292) 479703. This service information may be examined at the FAA, Central Region, Office of the Regional Counsel, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106.

(e) The modification required by this AD shall be done in accordance with British Aerospace Jetstream Service Bulletin 29–JM 7360 Revision No. 1, dated January 3, 1991. This incorporation by reference was approved by the Director of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. Copies may be obtained from British Aerospace Regional Aircraft Limited, Prestwick International Airport, Ayrshire, KA9 2RW, Scotland. Copies may be inspected at the FAA, Central Region, Office of the Regional Counsel, room 1558, 601 E. 12th Street, Kansas City, Missouri, or at the Office of the Federal Register, 800 North Capitol Street, NW., suite 700, Washington, DC.

Note 3: The subject of this AD is addressed in British Aerospace Jetstream Service Bulletin 29–JM 7360, Revision 1, dated January 3, 1991. This service bulletin is classified as mandatory by the United Kingdom Civil Aviation Authority (CAA).

(f) This amendment becomes effective on July 24, 1998. Issued in Kansas City, Missouri, on May 29, 1998.

Michael Gallagher,

Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 98–14803 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–ANM–06]

Amendment of Class E Airspace; Colorado Springs, CO

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Direct final rule; confirmation of effective date.

SUMMARY: The direct final rule published on March 23, 1998 (63 FR 13779) changed the name of the VORTAC navigational aid in the Colorado Springs, CO, Class E3 airspace legal description from Colorado Springs VORTAC to Black Forest VORTAC. The name change of the VORTAC is for safety reasons and does not affect the existing boundaries of the airspace.

EFFECTIVE DATE: The direct final rule published at 63 FR 13779 is effective 0901 UTC, June 18, 1998.

FOR FURTHER INFORMATION CONTACT: Dennis Ripley, ANM–520.6, Federal Aviation Administration, 1601 Lind Avenue S.W., Renton, Washington, 98055–4056; telephone number: (425) 227–2527.

SUPPLEMENTARY INFORMATION: The FAA published the direct final rule with a request for comments in the **Federal Register** on March 23, 1998 (63 FR 13779). The FAA uses the direct final rulemaking procedure for a non-controversial rule where the FAA believes that there will be no adverse public comment. The comment period ended May 4, 1998. This direct final rule advised the public that no adverse comments were anticipated, and that unless a written adverse comment or a written notice of intent to submit such an adverse comment were received within the comment period, the regulation would become effective on June 18, 1998. No adverse comments were received, and thus this document confirms that the final rule will become effective on that date.

Issued in Seattle, Washington, on May 28, 1998.

Joe E. Gingles,

Acting Assistant Manager, Air Traffic Division, Northwest Mountain Region.

[FR Doc. 98–15061 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AGL–6]

Establishment of Class E Airspace; Fergus Falls, MN

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

ACTION: Final rule.

SUMMARY: This action establishes Class E airspace at Fergus Falls, MN. Fergus Falls Municipal Airport-Einar Mickelson Field will be served by Federal Aviation Regulations Part 121 (14 CFR Part 121) air carrier operations. Controlled airspace extending upward from the surface is needed to allow the FAA to provide air traffic control services for aircraft executing instrument approach procedures. The airport meets the minimum communications and weather observation and reporting requirements for controlled airspace extending upward from the surface.

EFFECTIVE DATE: 0901 UTC, August 13, 1998.

FOR FURTHER INFORMATION CONTACT: Michelle M. Behm, Air Traffic Division, Airspace Branch, AGL–520, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

History

On Thursday, March 12, 1998, the FAA proposed to amend 14 CFR part 71 to establish Class E airspace at Fergus Falls, MN (63 FR 12047). The proposal was to add controlled airspace extending upward from the surface to contain Instrument Flight Rules (IFR) operations in controlled airspace during portions of the terminal operation and while transiting between the enroute and terminal environments.

Interested parties were invited to participate in this rulemaking proceeding by submitting written comments on the proposal to the FAA. After the close of the comment period, but prior to issuance of the Final Rule, one letter of objection, with several signatories, was received in response to this airspace proposal. The letter is addressed herein. The basis of the objection was the anticipated adverse effect the proposed action would have regarding instructional flights for hire when the existing or forecast weather conditions are below visual flight rule (VFR) minimums. The introduction of Part 121 air carrier operations, anticipated to be a low daily number, require the highest level of safety be afforded all users of the airport to accommodate the increased IFR operations. When the existing or forecast weather conditions are below visual flight rule (VFR) minimums, special VFR operations may be conducted under the weather minimums and requirements of 14 CFR 91.157 within the airspace contained by the upward extension of the lateral boundaries of the controlled airspace designated to the surface for an airport. Therefore, while the proposed action would result in added requirements for operation under special VFR, the increased level of safety afforded to all users of the airport by the creation of the Class E surface area, because of the introduction of Part 121 air carrier operations, far outweighs the minor inconvenience of meeting those requirements.

Class E airspace designations for airspace designated as a surface area are published in paragraph 6002 of FAA Order 7400.9E dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document will be published subsequently in this Order.

The Rule

This amendment to 14 CFR part 71 establishes Class E airspace at Fergus Falls, MN, to accommodate aircraft executing instrument approach procedures at Fergus Falls Municipal Airport-Einar Mickelson Field. The proposed introduction of FAR Part 121 (14 CFR Part 121) air carrier operations necessitates creation of this controlled airspace. The area would be depicted on appropriate aeronautical charts.

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

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

Adoption of the Amendment

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

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

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

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

§ 71.1 [Amended]

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

Paragraph 6002 Class E airspace designated as surface areas.

* * * * *

AGL MN E2 Fergus Falls, MN [New]

Fergus Falls Municipal Airport-Einar Mickelson Field, MN
(Lat. 46°17′04″N., long. 96°09′24″W.)
Fergus Falls VOR/DME
(Lat. 46°17′21″N., long. 96°09′24″W.)

Within a 4.1-mile radius of the Fergus Falls Municipal Airport-Einar Mickelson Field and within 2.4 miles each side of the Fergus Falls VOR/DME 300° radial extending from the 4.1-mile radius of the Fergus Falls Municipal Airport-Einar Mickelson Field to 7.0 miles northwest of the Fergus Falls VOR/DME, and within 2.4 miles each side of the Fergus Falls VOR/DME 185° radial extending from the 4.1-mile radius of the Fergus Falls Municipal Airport-Einar Mickelson Field to 7.0 miles south of the Fergus Falls VOR/DME.

* * * * *

Issued in Des Plaines, Illinois on May 22, 1998.

Maureen Woods,

Manager, Air Traffic Division.

[FR Doc. 98–15048 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AGL–18]

Establishment of Class E Airspace; Rush City, MN

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This action establishes Class E Airspace at Rush City, MN. A Global Positioning System (GPS) Standard Instrument Approach Procedure (SIAP) to Runway (Rwy) 34, and a Nondirectional Beacon (NDB) SIAP to Rwy 34, have been developed for Rush City Municipal Airport. Controlled airspace extending upward from 700 to 1200 feet above ground level (AGL) is needed to contain aircraft executing the approaches. This action creates controlled airspace with a southwest extension for Rush City Municipal Airport.

EFFECTIVE DATE: 0901 UTC, August 13, 1998.

FOR FURTHER INFORMATION CONTACT: Michelle M. Behm, Air Traffic Division, Airspace Branch, AGL–520, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

History

On Monday, March 23, 1998, the FAA proposed to amend 14 CFR part 71 to modify Class E airspace at Madison, SD (63 FR 13803). The proposal was to add controlled airspace extending upward from 700 to 1200 feet AGL to contain Instrument Flight Rules (IFR) operations in controlled airspace during portions of the terminal operation and while transiting between the enroute and terminal environments.

Interested parties were invited to participate in this rulemaking proceeding by submitting written comments on the proposal to the FAA. No comments objecting to the proposal were received. Class E airspace designations for airspace areas extending upward from 700 feet or more above the surface of the earth are published in paragraph 6005 of FAA Order 7400.9E dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document will be published subsequently in the Order.

The Rule

This amendment to 14 CFR part 71 establishes Class E airspace at Rush City, MN, to accommodate aircraft executing the proposed GPS Rwy 34 SIAP, and the NDB Rwy 34 SIAP, at Rush City, MN, by creating controlled airspace with a southwest extension for the airport. The area will be depicted on appropriate aeronautical charts.

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

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

Adoption of the Amendment

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

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

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

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

§ 71.1 [Amended]

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

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

* * * * *

AGL MN E5 Rush City, MN [New]

Rush City Municipal Airport, MN
(Lat. 45°41′53″N, long. 92°57′11″W)
Rush City NDB
(Lat. 45°41′48″N, long. 92°57′20″W)

That airspace extending upward from 700 feet above the surface within a 6.5-mile radius of Rush City Municipal Airport and within 2.5 miles each side of the 150° bearing from the Rush City NDB, extending from the 6.5-mile radius to 7.5 miles southeast of the airport.

* * * * *

Issued in Des Plaines, Illinois on May 22, 1998.

Maureen Woods,

Manager, Air Traffic Division.

[FR Doc. 98–15050 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AGL–17]

Modification of Class E Airspace; Madison, SD

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This action modifies Class E airspace at Madison, SD. A Global Positioning System (GPS) Standard Instrument Approach Procedure (SIAP) to Runway (Rwy) 33, and a VHF Omnidirectional Range/Distance Measuring Equipment-A (VOR/DME–A) SIAP, have been developed for Madison Municipal Airport. Controlled airspace extending upward from 700 to 1200 feet

above ground level (AGL) is needed to contain aircraft executing the approaches. This action increases the radius of the existing controlled airspace for Madison Municipal Airport.

EFFECTIVE DATE: 0901 UTC, August 13, 1998.

FOR FURTHER INFORMATION CONTACT: Michelle M. Behm, Air Traffic Division, Airspace Branch, AGL–520, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

History

On Monday, March 23, 1998, the FAA proposed to amend 14 CFR part 71 to modify Class E airspace at Madison, SD (63 FR 13805). The proposal was to add controlled airspace extending upward from 700 to 1200 feet AGL to contain Instrument Flight Rules (IFR) operations in controlled airspace during portions of the terminal operation and while transiting between the enroute and terminal environments.

Interested parties were invited to participated in this rulemaking proceeding by submitting written comments on the proposal to the FAA. No comments objecting to the proposal were received. Class E airspace designations for airspace areas extending upward from 700 feet or more above the surface of the earth are published in paragraph 6005 of FAA Order 7400.9E dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document will be published subsequently in the Order.

The Rule

This amendment to 14 CFR 71 modifies Class E airspace at Madison, SD, to accommodate aircraft executing the proposed GPS Rwy 33 SIAP, and the VOR/DME–A SIAP, at Madison Municipal Airport by increasing the radius of the existing controlled airspace for the airport. The area will be depicted on appropriate aeronautical charts.

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

Lists of Subject in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

Adoption of the Amendment

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

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

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

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

§ 71.1 [Amended]

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

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

* * * * *

AGL SD E5 Madison, SD [Revised]

Madison Municipal Airport, SD
(Lat. 44° 00′ 58″N, long. 97° 05′ 09″W)

That airspace extending upward from 700 feet above the surface within a 6.5-mile radius of Madison Municipal Airport and within 3.0 miles each side of the 341° bearing from the airport, extending from the 6.5-mile radius to 7.4 miles northwest of the airport.

* * * * *

Issued in Des Plaines, Illinois on May 22, 1998.

Maureen Woods,

Manager, Air Traffic Division.

[FR Doc. 98–15051 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AGL–13]

Modification of Class E Airspace; Rugby, ND

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This action modifies Class E airspace at Rugby, ND. A review of the controlled airspace within the State of North Dakota indicated a small portion of Class G uncontrolled airspace in the vicinity of Rugby, ND. Controlled airspace extending upward from 1,200 feet above ground level (AGL) is needed to allow the FAA to provide safe and efficient air traffic control services for aircraft executing enroute and terminal instrument procedures. This small portion of uncontrolled airspace causes confusion for both pilots and controllers and does not allow for consistent application of instrument flight rules in a critical area near the Rugby Municipal Airport. This action eliminated the small portion of uncontrolled airspace approximately 11 nautical miles to the southeast of Rugby, ND.

EFFECTIVE DATE: 0901 UTC, August 13, 1998.

FOR FURTHER INFORMATION CONTACT: Michelle M. Behm, Air Traffic Division, Airspace Branch, AGL–520, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

History

On Monday, March 23, 1998, the FAA proposed to amend 14 CFR part 71 to modify Class E airspace at Rugby, ND (63 FR 13807). The proposal was to add controlled airspace extending upward from 1200 feet AGL to contain Instrument Flight Rules (IFR) operations in controlled airspace during portions of the terminal operation and while transiting between the enroute and terminal environments.

Interested parties were invited to participate in this rulemaking proceeding by submitting written comments on the proposal to the FAA. No comments objecting to the proposal were received. Class E airspace designations for airspace areas extending upward from 700 feet or more above the surface are published in paragraph 6005 of FAA Order 7400.9E dated September 10, 1997, and effective September 16, 1997, which is

incorporated by reference in 14 CFR 71.1 The Class E airspace designation listed in this document will be published subsequently in the Order.

The Rule

This amendment to 14 CFR part 71 modifies Class E airspace at Rugby, ND, to accommodate aircraft executing instrument flight procedures near Rugby Municipal Airport. This action eliminates a small portion of uncontrolled airspace near Rugby Municipal Airport. The area will be depicted on appropriate aeronautical charts.

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

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

Adoption of the Amendment

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

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

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

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

§ 71.1 [Amended]

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

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

* * * * *

AGL ND E5 Rugby, ND [Revised]

Rugby Municipal Airport, ND
(Lat. 48° 23′ 25″N., long. 100° 01′ 27″W.)
Rugby NDB
(Lat. 48° 23′ 16″N., long. 100° 01′ 37″W.)

That airspace extending upward from 700 feet above the surface within a 7.0-mile radius of the Rugby Municipal Airport and that airspace extending upward from 1,200 feet above the surface within a 13.0-mile radius of the Rugby Municipal Airport and within 8.3 miles north and 4.0 miles south of the 115° bearing from the Rugby NDB extending from the NDB to 16.1 miles east of the NDB, and within 8.3 miles south and 4.0 miles north of the 314° bearing from the Rugby NDB extending from the NDB to 16.1 miles northwest of the NDB, excluding that airspace within the Minot, ND, and Rolla, ND, Class E airspace areas, and excluding all Federal Airways.

* * * * *

Issued in Des Plaines, Illinois on May 22, 1998.

Maureen Woods,

Manager, Air Traffic Division.

[FR Doc. 98–15052 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AGL–19]

Modification of Class E Airspace; Wooster, OH

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This action modifies Class E airspace at Wooster, OH. A Global Positioning System (GPS) Standard Instrument Approach Procedure (SIAP) to Runway (Rwy) 28, Amendment 1, has been developed for Wayne County Airport. Controlled airspace extending upward from 700 to 1200 feet above ground level (AGL) is needed to contain aircraft executing the approach. This action increases the radius of the existing controlled airspace for Wayne County Airport.

EFFECTIVE DATE: 0901 UTC, August 13, 1998.

FOR FURTHER INFORMATION CONTACT: Michelle M. Behm, Air Traffic Division, Airspace Branch, AGL–520, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

History

On Monday, March 23, 1998, the FAA proposed to amend 14 CFR part 71 to modify Class E airspace at Wooster, OH (63 FR 13804). The proposal was to add controlled airspace extending upward from 700 to 1200 feet AGL to contain Instrument Flight Rules (IFR) operations in controlled airspace during portions of the terminal operation and while transiting between the enroute and terminal environments.

Interested parties were invited to participate in this rulemaking proceeding by submitting written comments on the proposal to the FAA. No comments objecting to the proposal were received. Class E airspace designations for airspace areas extending upward from 700 feet or more above the surface of the earth are published in paragraph 6005 of FAA Order 7400.9E dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document will be published subsequently in the Order.

The Rule

This amendment to 14 CFR part 71 modifies Class E airspace at Wooster, OH, to accommodate aircraft executing the proposed GPS Rwy 28, SIAP, Amendment 1, at Wayne County Airport by increasing the radius of the existing controlled airspace at the airport. The area will be depicted on appropriate aeronautical charts.

The FAA has determined that this regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. Therefore, this regulation —(1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979); and

(3) does not warrant preparation of a Regulatory Evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this rule will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

Adoption of the Amendment

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

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

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

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

§ 71.1. [Amended]

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

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

* * * * *

AGL OH E5 Wooster, OH [Revised]

Wooster, Wayne County Airport, OH
(Lat. 40°52′30″N, Long. 81°53′18″W)
Smithville NDB
(Lat. 40°52′30″N, Long. 81°49′59″W)

That airspace extending upward from 700 feet above the surface within a 6.5-mile radius of Wayne County Airport and within 3.1 miles each side of the 090° bearing from the Smithville NDB, extending from the 6.5-mile radius to 10.0 miles east of the NDB, excluding that airspace within the Akron, OH, Class E airspace area.

* * * * *

Issued in Des Plaines, Illinois on May 22, 1998.

Maureen Woods,

Manager, Air Traffic Division.

[FR Doc. 98–15053 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AGL–16]

Modification of Class E Airspace; Traverse City, MI

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This action modifies Class E airspace at Traverse City, MI. A Global Positioning System (GPS) Standard Instrument Approach Procedure (SIAP) to Runway (Rwy) 36, has been developed for Cherry Capital Airport. Controlled airspace extending upward from 700 to 1200 feet above ground level (AGL) is needed to contain aircraft executing the approach. This action enlarges the extension to the south for the existing controlled airspace for Cherry Capital Airport.

EFFECTIVE DATE: 0901 UTC, August 13, 1998.

FOR FURTHER INFORMATION CONTACT: Michelle M. Behm, Air Traffic Division, Airspace Branch, AGL–520, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

History

On Monday, March 23, 1998, the FAA proposed to amend 14 CFR part 71 to modify Class E airspace at Traverse City, MI (63 FR 13808). The proposal was to add controlled airspace extending upward from 700 to 1200 feet AGL to contain Instrument Flight Rules (IFR) operations in controlled airspace during portions of the terminal operation and while transiting between the enroute and terminal environments.

Interested parties were invited to participate in this rulemaking proceeding by submitting written comments on the proposal to the FAA. No comments objecting to the proposal were received. Class E airspace designations for airspace areas extending upward from 700 feet or more above the surface of the earth are published in paragraph 6005 of FAA Order 7400.9E dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document will be published subsequently in the Order.

The Rule

The amendment to 14 CFR part 71 modifies Class E airspace at Traverse City, MI, to accommodate aircraft executing the proposed GPS Rwy 36 SIAP at Chery Capital Airport by enlarging the southern extension to the existing controlled airspace at the airport. The area will be depicted on appropriate aeronautical charts.

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

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

Adoption of the Amendment

Inconsideration of the foregoing, the Federal Aviation Administration amends 14 CFR part 71 as follows:

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

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

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

§ 71.1 [Amended]

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

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

* * * * *

AGL MI E5 Traverse City, MI [Revised]

Traverse City, Cherry Capital Airport, MI
(Lat. 44° 44′ 27″N, long. 85° 34′ 57″W)
Traverse City VORTAC
(Lat. 44° 40′ 05″N, long. 85° 33′ 00″W)
Point in Space Coordinates
(Lat. 44° 39′ 08″N, long. 85° 35′ 17″W)

That airspace extending upward from 700 feet above the surface within a 7.7-mile radius of Cherry Capital Airport and within 4.0 miles west and 8.0 miles east of the Traverse City VORTAC 158° radial, extending from the 7.7-mile radius to 14.4 miles south of the airport and within 3.2 miles west of the 169° bearing from a point in space extending from the 7.7-mile radius to 9.0 miles south of the airport.

* * * * *

Issued in Des Plaines, Illinois on May 22, 1998.

Maureen Woods,

Manager, Air Traffic Division.

[FR Doc. 98–15045 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AGL–20]

Modification of Class E Airspace; Marion, OH

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This action modifies Class E airspace at Marion, OH. A Global Positioning System (GPS) Standard Instrument Approach Procedure (SIAP) to Runway (Rwy) 24, has been developed for Marion Municipal Airport. Controlled airspace extending upward from 700 to 1200 feet above ground level (AGL) is needed to contain aircraft executing the approach. This action increases the radius of the existing controlled airspace for Marion Municipal Airport.

EFFECTIVE DATE: 0901 UTC, August 13, 1998.

FOR FURTHER INFORMATION CONTACT: Michelle M. Behm, Air Traffic Division, Airspace Branch, AGL–520, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

History

On Monday, March 23, 1998, the FAA proposed to amend 14 CFR part 71 to modify Class E airspace at Marion, OH (63 FR 13809). The proposal was to add controlled airspace extending upward from 700 to 1200 feet AGL to contain Instrument Flight Rules (IFR) operations in controlled airspace during portions of the terminal operation and while transiting between the enroute and terminal environments. Interested parties were invited to participate in this rulemaking proceeding by submitting written comments on the proposal to the FAA. No comments objecting to the proposal were received. Class E airspace designations for airspace areas extending upward from 700 feet or more above the surface of the earth are published in paragraph 6005 of FAA Order 7400.9E dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document will be published subsequently in the Order.

The Rule

This amendment to 14 CFR part 71 modifies Class E airspace at Marion, OH, to accommodate aircraft executing the proposed GPS Rwy 24 SIAP, at Marion Municipal Airport by increasing the radius of the existing controlled airspace at the airport. The area will be depicted on appropriate aeronautical charts.

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

List of Subjects in 14 CFR part 71

Airspace, Incorporation by reference, Navigation (air).

Adoption of the Amendment

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

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

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

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

§ 71.1 [Amended]

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

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

* * * * *

AGL OH E5 Marion, OH [Revised]

Marion Municipal Airport, OH
(Lat. 40°36′59″N, long. 83°03′49″W)

That airspace extending upward from 700 feet above the surface within a 7.4-mile radius of Marion Municipal Airport, excluding that airspace within the Buckyrus, OH, Class E airspace area.

* * * * *

Issued in Des Plaines, Illinois on May 22, 1998.

Maureen Woods,

Manager, Air Traffic Division.

[FR Doc. 98–15039 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AGL–21]

Establishment of Class E Airspace; Minot, ND

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This action establishes Class E airspace at Minot, ND. Minot International Airport is served by Federal Aviation Regulations Part 121 and Part 135 (14 CFR Part 121 and Part 135) air carrier operations. Controlled airspace extending upward from the surface is needed to contain aircraft executing instrument flight procedures and provide a safer operating environment when the control tower is closed. The airport meets the minimum communications and weather observation and reporting requirements for controlled airspace extending upward from the surface. This action creates controlled airspace with a 4.2-mile radius for this airport.

EFFECTIVE DATE: 0901 UTC, August 13, 1998.

FOR FURTHER INFORMATION CONTACT: Michelle M. Behm, Air Traffic Division, Airspace Branch, AGL–520, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

History

On Monday, March 30, 1998, the FAA proposed to amend 14 CFR part 71 to establish Class E airspace at Minot, ND (63 FR 15107). The proposal was to add controlled airspace extending upward the surface to contain Instrument Flight Rules (IFR) operations in controlled airspace during portions of the terminal operation. Interested parties were invited to participate in this rulemaking proceeding by submitting written comments on the proposal to the FAA. No comments objecting to the proposal were received. Class E airspace designations for airspace areas

extending upward from 700 feet or more above the surface of the earth are published in paragraph 6005 of FAA Order 7400.9E dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document will be published subsequently in the Order.

The Rule

This amendment to 14 CFR part 71 establishes Class E airspace at Minot, ND, to accommodate FAR Part 121 and Part 135 air carrier aircraft executing instrument flight rules procedure during periods when the control tower is closed. The area would be depicted on appropriate aeronautical charts.

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

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

Adoption of the Amendment

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

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

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

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

§ 71.1 [Amended]

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

Paragraph 6002 Class E airspace areas designated as a surface area for an airport.

* * * * *

AGL ND E2 Minot, ND [New]

Minot International Airport, ND
(Lat. 48°15′34″N., long. 101°16′52″W.)

Within a 4.2-mile radius of the Minot International Airport. This Class E airspace area is effective during the specific dates and times established in advance by a Notice to Airman. The effective date and time will thereafter be continuously published in the Airport/facility Directory.

* * * * *

Issued in Des Plaines, Illinois on May 22, 1998.

Maureen Woods,

Manager, Air Traffic Division.

[FR Doc. 98–15038 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 97

[Docket No. 29242; Amdt. No. 1872]

RIN 2120–AA65

Standard Instrument Approach Procedures; Miscellaneous Amendments

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This amendment establishes, amends, suspends, or revokes Standard Instrument Approach Procedures (SIAPs) for operations at certain airports. These regulatory actions are needed because of changes occurring in the National Airspace System, such as the commissioning of new navigational facilities, addition of new obstacles, or changes in air traffic requirements. These changes are designed to provide safe and efficient use of the navigable airspace and to promote safe flight operations under instrument flight rules at the affected airports.

DATES: An effective date for each SIAP is specified in the amendatory provisions.

Incoporation by reference-approved by the Director of the Federal Register on December 31, 1980, and reapproved as of January 1, 1982.

ADDRESSES: Availability of matter incorporated by reference in the amendment is as follows:

For Examination-

1. FAA Rules Docket, FAA Headquarters Building, 800 Independence Avenue, SW., Washington, DC 20591;

2. The FAA Regional Office of the region in which affected airport is located; or

3. The Flight Inspection Area Office which originated the SIAP.

For Purchase- Individual SIAP copies may be obtained from:

1. FAA Public Inquiry Center (APA–200), FAA Headquarters Building, 800 Independence Avenue, SW., Washington, DC 20591; or

2. The FAA Regional Office of the region in which the affected airport is located.

By Subscription- Copies of all SIAPS, mailed once every 2 weeks, are for sale by the Superintendent of Documents, US Government Printing Office, Washington, DC 20402.

FOR FURTHER INFORMATION CONTACT: Donald P. Pate, Flight Procedure Standards Branch (AMCAFS–420), Flight Technologies and Programs Division, Flight Standards Service, Federal Aviation Administration, Mike Monroney Aeronautical Center, 6500 South MacArthur Blvd. Oklahoma City, OK. 73169 (Mail Address: P.O. Box 25082 Oklahoma City, OK 73125) telephone: (405) 954–4164.

SUPPLEMENTARY INFORMATION: This amendment to part 97 of the Federal Aviation Regulations (14 CFR part 97) establishes, amends, suspends, or revokes Standard Instrument Approach Procedures (SIAPs). The complete regulatory description on each SIAP is contained in the appropriate FAA Form 8260 and the National Flight Data Center (FDC)/Permanent (P) Notices to Airmen (NOTAM) which are incorporated by reference in the amendment under 5 U.S.C. 552(a), 1 CFR part 51, and § 97.20 of the Federal Aviation's Regulations (FAR). Materials incorporated by reference are available for examination or purchase as stated above.

The large number of SIAPs, their complex nature, and the need for a special format make their verbatim publication in the **Federal Register** expensive and impractical. Further, airmen do not use the regulatory text of the SIAPs, but refer to their graphic depiction of charts printed by publishers of aeronautical materials. Thus, the advantages of incorporation by reference are realized and publication of the complete description of each SIAP contained in FAA form documents is unnecessary. The provisions of this amendment state the affected CFR (and FAR) sections, with the types and effective dates of the SIAPs. This amendment also identifies the airport, its location, the procedure identification and the amendment number.

The Rule

This amendment to part 97 of the Federal Aviation Regulations (14 CFR part 97) establishes, amends, suspends, or revokes SIAPs. For safety and timeliness of change considerations, this amendment incorporates only specific changes contained in the content of the following FDC/P NOTAM for each SIAP. The SIAP information in some previously designated FDC/Temporary (FDC/T) NOTAMs is of such duration as to be permanent. With conversion to FDC/P NOTAMs, the respective FDC/T NOTAMs have been canceled.

The FDC/P NOTAMs for the SIAPs contained in this amendment are based on the criteria contained in the U.S. Standard for Terminal Instrument Approach Procedures (TERPS). In developing these chart changes to SIAPs by FDC/P NOTAMs, the TERPS criteria were applied to only these specific conditions existing at the affected airports. All SIAP amendments in this rule have been previously issued by the FAA in a NATIONAL Flight Data Center (FDC) Notice to Airmen (NOTAM) as an emergency action of immediate flight safety relating directly to published aeronautical charts. The circumstances which created the need for all these SIAP amendments requires making them effective in less than 30 days.

Further, the SIAPs contained in this amendment are based on the criteria contained in the TERPS. Because of the close and immediate relationship between these SIAPs and safety in air commerce, I find that notice and public procedure before adopting these SIAPs are impracticable and contrary to the public interest and, where applicable, that good cause exists for making these SIAPs effective in less than 30 days.

Conclusion

The FAA has determined that this regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore—(1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and procedures (44 FR 11034); February 26, 1979); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. For the same reason, the FAA certifies that this amendment will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 97

Air traffic control, Airports, Navigation (air).

Issued in Washington, DC on May 29, 1998.

Tom E. Stuckey

Acting Director, Flight Standards Service

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me, part 97 of the Federal Aviation Regulations (14 CFR part 97) is amended by establishing, amending, suspending, or revoking Standard Instrument Approach Procedures, effective at 0901 UTC on the dates specified, as follows:

PART 97—STANDARD INSTRUMENT APPROACH PROCEDURES

1. The authority citation for party 97 is revised to read as follows:

Authority: 49 U.S.C. 40103, 40113, 40120, 44701; 49 U.S.C. 106(g); and 14 CFR 11.49(b)(2)

2. Part 97 is amended to read as follows:

§ 97.23, 97.25, 97.27, 97.29, 97.31, 97.33 and 97.35 [Amended]

By amending: § 97.23 VOR, VOR/DME, VOR or TACAN, and VOR/DME or TACAN; § 97.25 LOC, LOC/DME, LDA, LDA/DME, SDF, SDF/DME; § 97.27 NDB, NDB/DME; § 97.29 ILS, ILS/DME, ISMLS, MLS, MLS/DME, MLS/RNAV; § 97.31 RADAR SIAPs; § 97.33 RNAV SIAPs; and § 97.35 COPTER SIAPs, identified as follows:

* * * *Effective upon publication*

FDC date	State	City	Airport	FDC Number	SIAP
04/22/98	TN	NASHVILLE	NASHVILLE INTL	8/2386	LS RWY 20R, AMDT 7...
05/01/98	NC	ASHEBORO	ASHEBORO MUNI	8/2664	NDB OR GPS RWY 21 AMDT 2A... CORRECTS TL 98–12
05/12/98	GA	SAVANNAH	SAVANNAH INTL	8/2877	ILS RWY 9 AMDT 25B...
05/13/98	AL	HAMILTON	MARION COUNTY/RANKIN FITE	8/2890	VOR OR GPS RWY 18, AMDT 4A...
05/14/98	TN	CAMDEN	BENTON COUNTY	8/2909	VOR/DME OR GPS RWY 4, AMDT 3A...
05/15/98	CA	BAKERSBIELD	MEADOWS FIELD	8/2956	ILS RWY 30R AMDT 27A...
05/15/98	FL	LAKELAND	LAKELAND LINDER REGIONAL	8/2951	NDB OR GPS RWY 5, AMDT 2...
05/15/98	FL	LAKELAND	LAKELAND LINDER REGIONAL	8/2952	VOR OR GPS RWY 27, AMDT 5...
05/15/98	FL	LAKELAND	LAKELAND LINDER REGIONAL	8/2953	ILS RWY 5, AMDT 5...
05/15/98	GA	MACON	HERBERT SMART DOWNTOWN	8/2939	RADAR–1, AMDT 2...
05/15/98	GA	MACON	HERBERT SMART DOWNTOWN	8/2941	LOC RWY 10, AMDT 4...
05/15/98	GA	MACON	HERBERT SMART DOWNTOWN	8/2943	VOR OR GPS–A AMDT 5...
05/15/98	MO	JEFFERSON CITY	JEFFERSON CITY MEMORIAL	8/2964	LOC BC RWY 12, AMDT 6A...
05/18/98	FL	MARCO ISLAND	MARCO ISLAND	8/3008	LOC RWY 17, ORIG... CORRECTS TL 98–12
05/18/98	FL	TAMPA	TAMPA INTL	8/3025	RADAR–1, AMDT 11A...
05/18/98	GA	MACON	HERBERT SMART DOWNTOWN	8/3005	VOR/DME OR GPS–B AMDT 2...
05/18/98	MD	COLLEGE PARK	COLLEGE PARK	8/3023	VOR/DME RNAV OR GPS RWY 15 AMDT 1A...
05/18/98	WI	RHINELANDER	RHINELANDER-ONEIDA COUNTY	8/2993	VOR/DME OR GPS RWY 27, ORIG–A...

FDC date	State	City	Airport	FDC Number	SIAP
05/18/98	WI	RHINELANDER	RHINELANDER-ONEIDA COUNTY	8/2995	VOR OR GPS RWY 9, AMDT 4A...
05/19/98	NY	SCHENECTADY	SCHENECTADY COUNTY	8/3053	ILS RWY 4 AMDT 4...
05/19/98	NY	SCHENECTADY	SCHENECTADY COUNTY	8/3054	NDB RWY 22 AMDT 15...
05/19/98	NY	SCHENECTADY	SCHENECTADY COUNTY	8/3055	GPS RWY 22 ORIG...
05/19/98	NY	SCHENECTADY	SCHENECTADY COUNTY	8/3056	NDB RWY 28 AMDT 10...
05/19/98	NY	SCHENECTADY	SCHENECTADY COUNTY	8/3057	GPS RWY 28 ORIG...
05/20/98	FL	ORLANDO	KISSIMMEE MUNI	8/3074	VOR/DME OR GPS–A, AMDT 7...
05/20/98	FL	ORLANDO	KISSIMMEE MUNI	8/3075	VOR/DME RNAV OR GPS RWY 15, AMDT 5...
05/20/98	FL	ORLANDO	KISSIMMEE MUNI	8/3076	NDB RWY 15, AMDT 9A...
05/21/98	DC	WASHINGTON	WASHINGTON DULLES INTL	8/3129	CONVERGING ILS RWY 19L AMDT 4A...
05/21/98	FL	ORMOND BEACH	ORMOND BEACH MUNI	8/3131	RADAR–1, AMDT 2...
05/21/98	FL	ORMOND BEACH	ORMOND BEACH MUNI	8/3132	VOR OR GPS RWY 17, AMDT 1...
05/21/98	FL	POMPANO BEACH	POMPANO BEACH AIRPARK	8/3118	LOC RWY 14, ORIG–B...
05/21/98	IN	BLOOMINGTON	BLOOMINGTON/MONROE COUNTY	8/3125	VOR OR GPS RWY 17, AMDT 11A...
05/21/98	KY	FALMOUTH	GENE SNYDER	8/3151	VOR OR GPS–A, AMDT 2...
05/21/98	KY	FRANKFORT	FRANKFORT/CAPITAL CITY	8/3144	LOC/DME RWY 24, ORIG...
05/21/98	KY	GEORGETOWN	GEORGETOWN SCOTT COUNTY–MARSHALL FIELD.	8/3150	GPS RWY 21, ORIG...
05/21/98	KY	GEORGETOWN	GEORGETOWN SCOTT COUNTY–MARSHALL FIELD.	8/3161	VOR/DME RWY 3 ORIG...
05/21/98	KY	LEXINGTON	LEXINGTON/BULE GRASS	8/3146	VOR OR GPS–A AMDT 8...
05/21/98	KY	LEXINGTON	LEXINGTON/BLUE GRASS	8/3147	NDB OR GPS RWY 4 AMDT 20...
05/21/98	NC	WILMINGTON	NEW HANOVER INTL	8/3168	GPS RWY 24 ORIG...
05/21/98	VA	TANGIER	TANGIER ISLAND	8/3142	VOR/DME OR GPS RWY 2 ORIG...
05/25/98	DC	WASHINGTON	WASHINGTON DULLES INTL	8/3254	CONVERGING ILS RWY 19R AMDT 4A...
05/25/98	MI	MIDLAND	JACK BARSTOW	8/3201	VOR OR GPS–A, AMDT 5A...
05/25/98	SC	MYRTLE BEACH	MYRTLE BEACH INTL	8/3208	ILS RWY 35 ORIG–A...
05/26/98	KY	FRANKFORT	FRANKFORT/CAPITAL CITY	8/3264	VOR OR GPS RWY 24, AMDT 2...
05/26/98	KY	GEORGETOWN	GEORGETOWN SCOTT COUNTY–MARSHALL FIELD.	8/3259	GPS RWY 3, ORIG...

[FR Doc. 98–15057 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 97

[Docket No. 29241; Amdt. No. 1871]

RIN 2120–AA65

Standard Instrument Approach Procedures; Miscellaneous Amendments

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule.

SUMMARY: This amendment establishes, amends, suspends, or revokes Standard Instrument Approach Procedures (SIAPs) for operations at certain airports. These regulatory actions are needed because of the adoption of new or revised criteria, or because of changes occurring in the Natural Airspace System, such as the commissioning of new navigational facilities, addition of new obstacles, or changes in air traffic requirements. These changes are designed to provide safe and efficient use of the navigable airspace and to promote safe flight operations under instrument flight rules at the affected airports.

DATES: An effective date for each SIAP is specified in the amendatory provisions.

Incorporation by reference-approved by the Director of the Federal Register on December 31, 1980, and reapproved as of January 1, 1982.

ADDRESSES: Availability of matters incorporated by reference in the amendment is as follows:

For Examination

1. FAA Rules Docket, FAA Headquarters Building, 800 Independence Avenue, SW., Washington, DC 20591;

2. The FAA Regional Office of the region in which the affected airport is located; or

3. The Flight Inspection Area Office which originated the SIAP.

For Purchase

Individual SIAP copies may be obtained from:

1. FAA Public Inquiry Center (APA–200), FAA Headquarters Building, 800 Independence Avenue, SW., Washington, DC 20591; or

2. The FAA Regional Office of the region in which the affected airport is located.

By Subscription

Copies of all SIAPs, mailed once every 2 weeks, are for sale by the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402.

FOR FURTHER INFORMATION CONTACT: Donald P. Pate, Flight Procedure Standards Branch (AMCAFS–420), Flight Technologies and Programs

Division, Flight Standards Service, Federal Aviation Administration, Mike Monroney Aeronautical Center, 6500 South MacArthur Blvd. Oklahoma City, OK. 73169 (Mail Address: P.O. Box 25082 Oklahoma City, OK. 73125) telephone: (405) 954–4164.

SUPPLEMENTARY INFORMATION: This amendment to part 97 of the Federal Aviation Regulations (14 CFR part 97) establishes, amends, suspends, or revokes Standard Instrument Approach Procedures (SIAPs). The complete regulatory description of each SIAP is contained in official FAA form documents which are incorporated by reference in this amendment under 5 U.S.C. 552(a), 1 CFR part 51, and § 97.20 of the Federal Aviation Regulations (FAR). The applicable FAA Forms are identified as FAA Forms 8260–3, 8260–4, and 8260–5. Materials incorporated by reference are available for examination or purchase as stated above.

The large number of SIAPs, their complex nature, and the need for a special format make their verbatim publication in the Federal Register expensive and impractical. Further, airmen do not use the regulatory text of the SIAPs, but refer to their graphic depiction on charts printed by publishers of aeronautical materials. Thus, the advantages of incorporation by reference are realized and publication of the complete description of each SIAP contained in FAA form documents is unnecessary. The provisions of this amendment state the affected CFR (and FAR) sections, with the types and effective dates of the SIAPs. This amendment also identifies the airport, its location, the procedure identification and the amendment number.

The Rule

This amendment to part 97 is effective upon publication of each separate SIAPs as contained in the transmittal. Some SIAP amendments may have been previously issued by the FAA in a National Flight Data Center (NFDC) Notice of Airmen (NOTAM) as an emergency action of immediate flight safety relating directly to published aeronautical charts. The circumstances which created the need for some SIAP amendments may require making them effective in less than 30 days. For the remaining SIAPs, an effective date at least 30 days after publication is provided.

Further, the SIAPs contained in this amendment are based on the criteria contained in the U.S. Standard for Terminal Instrument Approach Procedures (TERPS). In developing these SIAPs, the TERPS criteria were applied to the conditions existing or anticipated at the affected airports. Because of the close and immediate relationship between these SIAPs and safety in air commerce, I find that notice and public procedure before adopting these SIAPs are impracticable and contrary to the public interest and, where applicable, that good cause exists for making some SIAPs effective in less than 30 days.

The FAA has determined that this regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. It, therefore—(1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034; February 26, 1979); and (3) does not warrant preparation of a regulatory evaluation as the anticipated impact is so minimal. For the same reason, the FAA certifies that this amendment will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 97

Air traffic control, Airports, Navigation (air).

Issued in Washington, DC on May 29, 1998.

Tom E. Stuckey,

Acting Director; Flight Standards Service.

Adoption of the Amendment

Accordingly, pursuant to the authority delegated to me, part 97 of the Federal Aviation Regulations (14 CFR part 97) is amended by establishing, amending, suspending, or revoking Standard Instrument Approach Procedures, effective at 0901 UTC on the dates specified, as follows:

PART 97—STANDARD INSTRUMENT APPROACH PROCEDURES

1. The authority citation for part 97 is revised to read as follows:

Authority: 49 U.S.C. 106(g), 40103, 40113, 40120, 44701; and 14 CFR 11.49(b)(2).

2. Part 97 is amended to read as follows:

§§ 97.23, 97.25, 97.27, 97.29, 97.31, 97.33, 97.35 [Amended]

By amending: § 97.23 VOR, VOR/DME, VOR or TACAN, and VOR/DME or TACAN; § 97.25 LOC, LOC/DME, LDA, LDA/DME, SDF, SDF/DME; § 97.27 NDB, NDB/DME; § 97.29 ILS, ILS/DME, ISMLS, MLS, MLS/DME, MLS/RNAV; § 97.31 RADAR SIAPs; § 97.33 RNAV SIAPs; and § 97.35 COPTER SIAPs, identified as follows:

** * * Effective June 18, 1998*

Belleville, IL, Scott AFB/Midamerica, ILS/DME RWY 14L, Orig
Louisville, KY, Louisville Intl-Standiford Field, LOC RWY 35L, Orig, CANCELLED
Columbus, OH, Port Columbus Intl, ILS RWY 28R, Amdt 1

** * * Effective August 13, 1998*

Barrow, AK, Wiley Post-Will Rogers Mem, GPS RWY 6, Orig
Barrow, AK, Wiley Post-Will Rogers Mem, GPS RWY 24, Orig
Unalakleet, AK, Unalakleet, GPS RWY 14, Orig
Grand Junction, CO, Walker Field, GPS RWY 11, Orig
Crestview, FL, Bob Sikes, VOR OR GPS–A, Amdt 11
Marco Island, FL, Marco Island, NDB OR GPS RWY 35, Amdt 6, CANCELLED
Topeka, KS, Philip Billard Muni, VOR OR GPS RWY 22, Amdt 20
Topeka, KS, Philip Billard Muni, NDB RWY 13, Amdt 29
Topeka, KS, Philip Billard Muni, ILS RWY 13, Amdt 32
Topeka, KS, Philip Billard Muni, VOR/DME RNAV OR GPS RWY 18, Amdt 7
Topeka, KS, Philip Billard Muni, GPS RWY 13, Orig
Topeka, KS, Philip Billard Muni, GPS RWY 31, Orig
Madison, MS, Bruce Campbell Field, GPS RWY 17, Orig
Scottsbluff, NE, William B. Heilig Field, VOR/DME OR GPS RWY 05, Amdt 4
Scottsbluff, NE, William B. Heilig Field, VOR OR TACAN OR GPS RWY 23, Amdt 11
Scottsbluff, NE, William B. Heilig Field, LOC BC RWY 12, Amdt 8
Scottsbluff, NE, William B. Heilig Field, NDB OR GPS RWY 12, Amdt 8
Scottsbluff, NE, William B. Heilig Field, ILS RWY 30, Amdt 9
Scottsbluff, NE, William B. Heilig Field, GPS RWY 30, Orig
Belmar/Farmingdale, NJ, Allaire, GPS RWY 14, Orig
Watford City, ND, Watford City Muni, GPS RWY 30, Orig
Lawton, OK, Lawton-Fort Sill Regional, GPS RWY 35, Orig
Okmulgee, OK, Okmulgee Muni, GPS RWY 17, Orig
Madison, SD, Madison Muni, VOR/DME OR GPS RWY 33, Amdt 3, CANCELLED
Madison, SD, Madison Muni, NDB OR GPS RWY 15, Amdt 9
Madison, SD, Madison Muni, GPS RWY 33, Orig
Martin, SD, Martin Muni, GPS RWY 32, Orig
Houston, TX, George Bush Intercontinental Arpt/Houston, GPS RWY 26, Amdt 1
Farmville, VA, Farmville Muni, NDB OR GPS RWY 3, Amdt 5
Farmville, VA, Farmville Muni, GPS RWY 21, Orig
Prairie Du Chien, WI, Prairie Du Chien Muni, VOR/DME RWY 29, Amdt 7
Prairie Du Chien, WI, Prairie Du Chien Muni, GPS RWY 29, Orig

Wautoma, WI, Wautoma Municipal, GPS RWY 31, Orig

[FR Doc. 98–15058 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

INTERNATIONAL TRADE COMMISSION

19 CFR Parts 201 and 207

Rules of Practice and Procedure

AGENCY: United States International Trade Commission.

ACTION: Final rulemaking.

SUMMARY: The United States International Trade Commission (the Commission) hereby amends its Rules of Practice and Procedure concerning antidumping and countervailing duty investigations and reviews in 19 CFR parts 201 and 207. The amendments establish procedures for five-year reviews of antidumping and countervailing duty orders and suspension agreements that the Commission will conduct pursuant to the provisions of section 751(c) of the Tariff Act of 1930, as amended (the Act).

DATES: In accordance with the 30-day advance publication requirement imposed by 5 U.S.C. 553(d), the effective date of these rules is July 6, 1998.

FOR FURTHER INFORMATION CONTACT: Marc A. Bernstein, Office of General Counsel, U.S. International Trade Commission (telephone: 202–205–3087, e-mail: mbernstein@usitc.gov), or Vera A. Libeau, Office of Investigations, U.S. International Trade Commission (telephone 202–205–3176, e-mail: vlibeau@usitc.gov). Hearing-impaired individuals are advised that information on this matter can be obtained by contacting the Commission's TDD terminal on 202–205–1810.

SUPPLEMENTARY INFORMATION:

Background

On October 23, 1997, the Commission published a Notice of Proposed Rulemaking (NOPR) in the **Federal Register**. 62 F.R. 55185 (Oct. 23, 1997). In the NOPR, the Commission proposed procedures for five-year reviews it will conduct pursuant to section 751(c) of the Act. Some of the proposed procedures were reflected in proposed amendments to the Commission's Rules of Practice and Procedure. The Commission additionally described in the preamble and annexes to the NOPR other proposed procedures which were not incorporated into the proposed regulations.

The Commission invited public comment on its proposed regulations, the procedures discussed in the NOPR preamble and annexes, and any other issues pertaining to five-year reviews. The Commission received 25 sets of first-round comments from 23 different submitters, and 15 sets of rebuttal comments from 12 different submitters. Those entities that submitted written comments, as well as the short-form designations that will be used to refer to them, are listed in Annex C to this notice. Additionally, the Commission conducted a public hearing on February 26, 1998, concerning five-year reviews at which it heard testimony from numerous interested persons.

The Commission carefully considered all comments that it received. The Commission's response to those comments that relate to the subjects addressed in this rulemaking notice is provided below in the section-by-section analysis of the rulemaking amendments. The Commission appreciates the time and effort the commenters and hearing participants took to present their views, and believes that the comments and hearing testimony have contributed to improved regulations.

The Commission has determined that these regulations do not meet the criteria described in section 3(f) of the Executive Order 12866 (58 F.R. 51735, Oct. 4, 1993) (EO) and thus do not constitute a significant regulatory action for purposes of the EO. The Regulatory Flexibility Act (5 U.S.C. 601 note) is inapplicable to this rulemaking, because it is not one for which a NOPR is required under 5 U.S.C. 553(b) or any other statute. Although the Commission published a NOPR, these regulations are ''agency rules of procedure and practice,'' and thus are exempt from the notice requirement imposed by 5 U.S.C. 553(b).

The sample notice of institution reproduced at Annex A to this notice constitutes an information collection request subject to the provisions of the Paperwork Reduction Act, 44 U.S.C. 3501 *et seq.* After consultation with the Office of Management and Budget (OMB), the Commission has concluded that the collection of information that will be undertaken pursuant to the notice of institution is encompassed within a clearance OMB has given the Commission under the Paperwork Reduction Act to collect information for antidumping and countervailing duty investigations and reviews, including those undertaken pursuant to section 751 of the Act. This clearance has been assigned OMB Control Number 3117–0016.

Pursuant to the Contract with America Advancement Act of 1996 (Pub. L. 104–121), the Commission is submitting a report to the General Accounting Office and to each House of Congress describing these regulations and attaching their text.

Overview of the Amendments to the Regulations

The final regulations and procedures for five-year reviews contain four principal changes from those proposed in the NOPR. These changes are summarized here. A comprehensive explanation of the changes is provided in the section-by-section analysis below.

First, responses to the notice of institution will be due 50 days after its publication in the **Federal Register**. Thus, responses to the Commission's notice need not be filed until 30 days after the date on which the Department of Commerce (Commerce) will inform the Commission if no domestic interested party has filed a Notice of Intent to Participate in the five-year review.

Second, the notice of institution has been revised significantly. In particular, the Commission has reduced the amount of empirical data that interested parties will be requested to submit in their responses. Additionally, interested parties will make a single submission to the Secretary.

Third, the Commission has decided not to adopt numerical guidelines concerning the adequacy, in the aggregate, of interested party responses to the notice of institution. The Commission will make adequacy rulings on a case-by-case basis taking several considerations into account.

Fourth, the Commission has decided not to adopt a regulation precluding interested parties from making data collection requests after submission of the comments on the draft questionnaires. Nevertheless, the regulation the Commission has promulgated states that it will entertain such late requests for data collection only in compelling circumstances.

Section-by-Section Analysis of the Regulations

Section 201.11

The Commission has amended section 201.11 by adding sections 201.11(b)(4) and (b)(5), which govern the filing of entries of appearance in five-year reviews. Section 201.11(b)(4), which states that entries of appearance are due 21 days after publication of the notice of institution, is identical to the provision proposed in the NOPR. Stewart requested that the 21-day period

for filing entries of appearance be extended to 30 days. The Commission has retained the 21-day period, which is the same period used in Commission investigations other than original antidumping and countervailing duty investigations.

Section 201.11(b)(5) concerns the filing of entries of appearance in a ''full'' five-year review. (A ''full review'' is any five-year review except one that has been terminated by Commerce pursuant to section 751(c)(3)(A) of the Act or that has been expedited by the Commission pursuant to section 751(c)(3)(B) of the Act.) This provision states that entries of appearance in full reviews may be filed within the period specified in the Notice of Scheduling the Commission will issue pursuant to section 207.62(c). The Commission has not established a fixed date, as it proposed to do in the NOPR, to maximize its flexibility in scheduling five-year reviews. Nevertheless, as indicated in the final sentence of section 201.11(b)(5), parties will be provided a minimum of 45 days to file entries of appearance in full reviews. Stewart and Collier objected to any provision permitting parties to file entries of appearance after commencement of a full review. The Commission has decided to retain section 201.11(b)(5) to maximize participation in full reviews.

The Commission has not made other amendments to section 201.11 requested by commenters. Section 201.11(a), as currently written, expressly authorizes industrial users and certain consumer organizations to enter appearances as parties in investigations under part 207. New section 207.60(a) makes clear that this provision applies to five-year reviews. Consequently, no further amendment to section 201.11, such as the one advocated by Canada, is needed to authorize industrial users and consumer organizations to appear as parties in five-year reviews.

The Commission has declined to modify the regulations to ''encourage'' interested parties to provide attorneys for industrial users and consumer groups with access to business proprietary information (BPI) under administrative protective order (APO), as requested by Hogan and H&H. Sections 777(b)(1) and (c) of the Act require the Commission to release BPI under APO to ''interested parties.'' Under section 771(9) of the Act, industrial users or consumers are not ''interested parties.'' Interested parties may elect to release information not acquired under APO under such terms and conditions as they designate to parties to a Commission investigation or review that do not have ''interested party'' status.

Section 207.3

The Commission has amended section 207.3(b) to require hand or overnight service of prehearing briefs, hearing testimony, and posthearing briefs in five-year reviews. The amendment is identical to the one proposed in the NOPR.

Hoogovens proposed that the regulation be amended to require each party to serve its entry of appearance in a five-year review by hand or express mail to all parties indicated on the Commerce service list for the most recent administrative review pertaining to the order(s) that are the subject of the five-year review. The Commission has not adopted this proposal because it does not see the need for expeditious service of entries of appearance on parties to a Commerce proceeding that may or may not choose to appear in the Commission's five-year review.

Stewart proposed that the regulation be amended to require hand or overnight service of final comments filed pursuant to section 207.68. The amendment to section 207.3 is designed to make service requirements in five-year reviews the same as those in original antidumping and countervailing duty investigations. The Commission does not require hand or overnight service for final comments in original investigations.

Section 207.45

The Commission has amended section 207.45, which concerns changed circumstances reviews pursuant to section 751(b) of the Act, to change the statutory cross-reference in section 207.45(a) so it specifically cites section 751(b). The amendment is identical to that proposed in the NOPR.

Section 207.46

The Commission has amended section 207.46, an interim regulation that establishes procedures for investigations under section 753 of the Act, which concerns countervailing duty orders issued under section 303 of the Act without an injury determination by the Commission. The amendments, which clarify the section's provisions and modify its cross-references in light of the other changes to the regulations made in this rulemaking, are identical to those proposed in the NOPR.

Section 207.60

Section 207.60 is a new provision that defines certain terms used in new Subpart F of Part 207 concerning five-year reviews. The terms defined are ''five-year review,'' ''expedited review,'' ''full review,'' and ''notice of institution.''

The definition of ''five-year review'' has been revised to clarify that generic references to ''investigations'' in Part 201 or in subpart A of Part 207 are applicable to five-year reviews, unless superseded by a Subpart F regulation of more specific application.

The definitions of ''expedited review'' and ''full review'' are new, although each term was used in several places in the NOPR. An ''expedited review'' is a five-year review that the Commission has expedited pursuant to section 751(c)(3)(B) of the Act. A ''full review'' is any five-year review except one that has been terminated by Commerce pursuant to section 751(c)(3)(A) of the Act or that has been expedited by the Commission pursuant to section 751(c)(3)(B) of the Act.

The definition of ''notice of institution'' is identical to that proposed in the NOPR. The NOPR proposed definitions for the terms ''domestic like product,'' ''domestic industry,'' ''expedited determination,'' and ''subject merchandise.'' The Commission has deleted these definitions on the grounds they are unnecessary. This change renders the comments directed to these proposed definitions moot.

Section 207.61

Section 207.61 is a new provision concerning responses to the notice of institution. Sections 207.61(a) and 207.61(b) have changed substantially from the NOPR.

Section 207.61(a): When Responses to Notice of Institution Must be Filed

Under section 207.61(a), interested parties must submit their responses to the Commission's notice of institution no later than 50 days after its publication in the **Federal Register**. This response period is longer than the 30-day response period proposed in the NOPR. The Commission has made this change in response to both the comments to the NOPR and Commerce's interim final rules for five-year reviews.

Many commenters objected to the proposed requirement that all interested parties file complete responses to the notice of institution within 30 days. Commenters stated two general types of objections. The first objection was based on section 751(c)(3)(A) of the Act, which directs Commerce to terminate a five-year review within 90 days when no domestic interested party responds to Commerce's notice of initiation. Respondent interested parties (a term that will be used to refer to interested

parties described in sections 771(9)(A) and (B) of the Act, encompassing U.S. importers, foreign producers, and exporters of subject merchandise, and governments of the countries in which subject merchandise is produced or exported) objected to being required to submit substantive responses to the notice of institution before any domestic interested party (a term that will be used to refer to interested parties described in section 771(9)(C)–(G) of the Act, encompassing domestic producers of the like product, domestic worker groups, and associations of such groups) indicated its intent to participate in the five-year review. They contended that proposed section 207.61(a) placed undue burdens on respondent interested parties by requiring them to respond to the notice of institution even when no five-year review would ultimately be conducted.

The second objection was that the 30-day time period specified in the NOPR for filing responses to the notice of institution was too short. Schagrin requested that the comment period be extended to at least 37 days; Hoogovens requested that it be extended to 45 days; Eurofer and JMC requested that it be extended to 60 days. By contrast, Cement Committee supported the 30-day time period.

On March 20, 1998, Commerce published in the **Federal Register** its interim procedures for five-year reviews. These procedures specify that: (1) domestic interested parties must file a Notice of Intent to Participate in the five-year review no later than 15 days after initiation; (2) Commerce will notify the Commission no later than 20 days after initiation when no domestic interested party has filed a response to its notice of initiation; and (3) Commerce will notify the Commission no later than 40 days after initiation when no domestic interested party has responded adequately to its notice of initiation. 63 F.R. 13516, 13524–25 (Mar. 20, 1998).

In light of Commerce's interim procedures, the Commission has adopted a 50-day deadline for responses to the notice of institution. Consequently, respondent interested parties should know whether filing a response to the Commission's notice of institution is unnecessary because no domestic interested party has filed (1) a Notice of Intent to Participate with Commerce or (2) an adequate response to Commerce's notice of initiation. Additionally, a 50-day deadline will provide ample time for interested parties to compile information and prepare responses to the notice of institution.

Section 207.61(b): Content of Responses to Notice of Institution

Section 207.61(b) addresses the content of the responses to the notice of institution. It combines aspects of the proposed versions of section 207.61(b) and section 207.61(c), and has been revised significantly from the NOPR. Section 207.61(b) describes the content of the response to the notice of institution in general terms. A sample notice of institution is attached at Annex A to this notice. It was also revised significantly from the version proposed in the NOPR. The discussion below explains the changes in the notice and the regulation.

The proposed notice of institution published in the NOPR drew widely divergent reactions from commenters. Some commenters criticized the Commission for seeking too much data upon initiation. Schagrin and Stewart contended that the Commission's proposal placed undue burdens on interested parties and maintained that the Commission should not seek empirical data (with the possible exception of shipment data) in the notice of institution that it would ultimately seek in questionnaires in full reviews. JMC criticized the Commission's proposal as excessively burdensome for foreign producers, which it contended should be required only to produce data on total shipments.

On the other hand, several commenters requested that the Commission seek even more information in the notice of institution than proposed in the NOPR. Canada requested that all interested parties be required to submit purchaser lists. ECS requested that domestic producers submit five years of data concerning their capital and research and development expenses. Eurofer requested that domestic producers be asked about the sourcing for their inputs. Micron requested that domestic producers be asked whether any improvements in their condition were related to the order or agreement under review. Several commenters representing domestic interests requested that the Commission request foreign producers to provide all types of data, including financial information, it was seeking from domestic producers. Quebec proposed addressing additional questions to domestic producers concerning market share and captive consumption and suggested that interested parties be required, rather than merely invited, to assert arguments concerning the domestic like product in their responses to the notice of institution.

Commenters also disagreed on the utility of the Commission's proposal that interested parties be asked to submit projections of empirical data for the current calendar year. Four commenters supported this proposal. Six opposed it and suggested that the Commission instead seek interim period data, as it currently does in questionnaires in original antidumping and countervailing duty investigations. Three commenters suggested that, if the Commission should decide to seek projections, the data should be provided in a different format than proposed in the NOPR.

After review of the comments and hearing testimony, the Commission has decided to make several major changes to the notice of institution. First, it has significantly reduced the amount of empirical data requested in the notice. Second, it has revised the question requesting a statement on the likely effects of revocation and termination to request interested parties to address the factors specified in section 752(a) of the Act. Third, it has edited or eliminated several narrative questions. Fourth, it has changed the format of the response to the notice of institution so that it will be a single document filed with the Secretary, instead of separate documents filed with the Secretary and the Office of Investigations.

The Commission has minimized the amount of empirical data requested in the notice of institution to reduce both the burdens imposed on interested parties at the outset of a review and the likelihood that interested parties will need to respond to duplicative information requests should there be a full review. In terms of empirical data, domestic producers will be requested to submit their production quantity and the quantity and value of U.S. commercial shipments for the preceding calendar year. Importers will be requested to submit the quantity and value of their U.S. imports and their U.S. commercial shipments of the subject imports for the preceding calendar year. Foreign producers of subject merchandise will be requested to submit their production quantity and the quantity and value of U.S. exports for the preceding calendar year.

The Commission recognizes that it is requesting submission of considerably less empirical data in response to the notice of institution than it proposed in the NOPR. As authorized by the Act, the Commission will reach an expedited determination ''without further investigation,'' and will not generate additional factual information if it decides to conduct an expedited review. Instead, as contemplated by section

751(c)(3)(B) of the Act, the Commission will rely on the facts available, in accordance with section 776 of the Act, in making its determination. The Commission's use of facts available, which is described below in detail in the discussion of section 207.62(e), may include reliance on adverse inferences against interested parties that do not cooperate with information requests, as authorized by section 776(b) of the Act.

To facilitate the Commission's ability to use facts available and take adverse inferences in expedited reviews, the Commission has revised the question requesting a statement of the likely effects of revocation or termination of the order or agreement under review. The question now explicitly requests that interested parties address the factors the Commission must examine under section 752(a) of the Act when making a determination in a five-year review.

Additionally, the Commission has revised or eliminated several other narrative questions in the notice of institution. A new instruction requests unions or worker groups to identify the firms at which the workers they represent are employed. The wording on the question requesting identification of significant changes in supply and demand has been revised. The questions regarding cumulation and the submission of ''other information or data'' have been eliminated.

The Commission has retained the question giving interested parties the option of stating whether they agree with the definitions of domestic like product and domestic industry that the Commission reached in its original determination(s). Several commenters representing domestic interests argued that the Commission should reconsider its original domestic like product determination only in exceptional circumstances; Stewart requested that the regulations contain an express ''presumption'' that the domestic like product in a five-year review will be the same as in the original investigation. On the other hand, several commenters representing respondent interests advocated that the Commission retain the discretion to consider domestic like product issues in five-year reviews; Canada requested promulgation of a regulation to this effect.

In appropriate circumstances, the Commission may revisit its original domestic like product and domestic industry determinations in five-year reviews. For example, the Commission may revisit its like product determination when there have been significant changes in the products at issue since the original investigation or when domestic like product definitions differed for individual orders within a group concerning similar products. Accordingly, interested parties will have the opportunity to address domestic like product and domestic industry issues in their responses to the notice of institution. As explained further below in the discussion of section 207.62, the existence of significant domestic like product issues is a factor that the Commission may take into account in determining whether to conduct a full review. The Commission does not believe a regulation on this issue is necessary, however.

In the regulations, the major drafting change has been the consolidation of proposed section 207.61(b) and section 207.61(c) into a single section 207.61(b). In the interest of transparency and convenience, the entire response to the notice of institution will be filed with the Secretary and will be subject to the requirements of sections 201.6, 201.8, and 207.3. (One commenter, Stewart, criticized the bifurcated filing process proposed in the NOPR on the grounds it would likely result in significant nonconfidential information being submitted to the Office of Investigations and therefore unavailable for public inspection.) As with the proposed regulations, the final version of section 207.61(b) does not specify each information request made in the notice of institution. Because the regulation is general in nature, the Commission will not elaborate in the regulation on the obligation of interested parties to respond to particular requests, as advocated by Pistachio Producers. As the Commission stated in the NOPR preamble, interested parties will only be required to provide information in their possession.

Section 207.61(c): When Requested Information Cannot Be Supplied

Section 207.61(c) addresses situations in which an interested party cannot furnish the information requested in the notice of institution in the form or manner requested. The section has been revised so that it conforms more closely to section 782(c)(1) of the Act than did the proposed provision.

Section 207.61(d): Submissions by Persons other than Interested Parties

Section 207.61(d) authorizes persons who are not interested parties to submit to the Commission information relevant to a five-year review. It is unchanged from proposed section 207.61(e) in the NOPR, except for the due date of the submission. This submission is now due 50 days from publication of the notice of institution, the same date on which interested party responses to the notice of institution must be submitted.

The Commission will consider any information submitted pursuant to section 207.61(d) in making a determination in a full or expedited review. The Commission will also consider this information in making rulings on aggregate interested party adequacy. It will not use such material, however, to serve as a substitute for individual interested party responses, as suggested by H&H, Hogan, and Quebec.

Section 207.62

Section 207.62 is a new provision addressing Commission rulings on adequacy of interested party responses. It also describes procedures in expedited reviews. Its title has been revised to describe its purpose more accurately.

How the Commission Will Determine Whether to Expedite Reviews

Many comments addressed the discussion in the NOPR preamble concerning how interested party responses will be reviewed for adequacy and what standards the Commission will use to determine whether to conduct a full review or an expedited review. This section will discuss five issues that were the subject of comment: (1) How the Commission will evaluate individual interested party responses for adequacy; (2) which groups of interested parties the Commission will examine on an aggregate basis for adequacy; (3) what standards the Commission will use to determine whether interested party responses are adequate on an aggregate basis; (4) the circumstances in which the Commission may exercise its discretion to conduct a full review even when interested party responses are inadequate; and (5) the consequences of inadequate interested party responses.

Evaluation of Individual Interested Party Responses. Some commenters addressed how the Commission should evaluate the adequacy of individual interested party responses. Fuji and JISEA asserted that the Commission should require a ''rigorous completion standard.'' By contrast, H&H, Schagrin, and Stewart argued against any practice where the Commission would consider an individual response per se inadequate if it were incomplete in any respect.

The Commission initially intends to address the evaluation of individual interested party responses on a case-by-case basis, rather than providing specific guidance at this time. As five-year reviews proceed and the Commission gains experience in resolving these issues, it may be in a

better position to address these issues categorically.

The preamble to the NOPR stated that the Commission would review each individual interested party response to the notice of institution for completeness immediately upon its receipt, would attempt to notify each interested party of any deficiencies in its response to the extent practicable, and would attempt to provide each interested party with approximately five to ten days in which to remedy and explain the deficiencies. The Commission has not changed its intentions in this regard. Nevertheless, it declines to adopt the suggestion of Eurofer, H&H, and Thailand that it codify in the regulations its procedures for notification. The Commission does not believe that it is necessary for the regulations to describe these procedures with the degree of specificity desired by these commenters.

Which Groups Will Be Evaluated on an Aggregate Basis. In the NOPR preamble, the Commission proposed to evaluate on an aggregate basis the adequacy of responses from two distinct groups of interested parties: (1) Interested parties described in sections 771(9)(C), (D), (E), (F), and (G) of the Act (''domestic interested parties,'' consisting of, inter alia, U.S. producers of the domestic like product and labor unions or groups of workers which are representative of an industry producing the domestic like product); and (2) interested parties described in sections 771(9)(A) and (B) of the Act (''respondent interested parties,'' consisting of, inter alia, U.S. importers and foreign exporters or producers of subject merchandise and subject country governments).

Some commenters advocated that the Commission subdivide these two groups. JMC asserted that the Commission should divide the domestic interested party group into two subgroups—one encompassing producers and one encompassing worker groups—and deem the domestic interested party response inadequate unless both subgroups submitted adequate responses. Similarly, Cement Committee, Collier, Micron, and Stewart proposed that the Commission divide the respondent interested party group into two subgroups—one encompassing U.S. importers and one encompassing foreign producers of subject merchandise—and deem the respondent interested party response inadequate unless both subgroups submitted adequate responses.

The Commission has declined to adopt either of these proposals. The Commission does not believe it is appropriate to analyze the adequacy of responses this narrowly. Consequently, the Commission's examination of aggregate adequacy will focus on domestic interested parties and respondent interested parties, rather than on several discrete subgroups.

Standards Used for Determining Adequacy of Aggregated Responses. The comments addressing the standards that the Commission should use in determining the adequacy of the aggregated responses focused on three areas. First, several commenters asserted that the Commission should adopt considerably more lenient standards for determining aggregate adequacy than proposed in the NOPR. Second, commenters disputed the extent to which standards used by Commerce pursuant to sections 702(c)(4) and 732(c)(4) of the Act to determine whether an antidumping or countervailing duty petition is filed by or on behalf of a domestic industry are applicable to Commission rulings on adequacy in five-year reviews. Third, commenters addressed how the Commission should treat related parties in deciding whether the domestic interested party response was adequate.

Some commenters proposed that the Commission adopt very low adequacy thresholds. At the February 26 hearing, one representative of domestic interests stated that the Commission should conduct a full review as long as any domestic industry participant desired such a review. Similarly, one respondent representative stated that a full review should be conducted as long as a single committed respondent responds to the notice of institution.

The Commission has decided not to adopt a ''single response'' adequacy standard. When interested parties do not show a sufficient willingness to participate in a review and to submit requested information, conducting a full review may not be an efficient exercise of the resources of either the Commission or the parties. That a single domestic interested party or respondent interested party has filed an adequate response to the notice of institution is not per se sufficient indication that either pertinent group of interested parties as a whole is interested in a full review.

The Commission has decided not to adopt the numerical guidelines proposed in the NOPR. The Commission proposed these guidelines in the interest of providing guidance to interested parties concerning when response rates would be considered sufficiently high or low to provide a strong indication of the adequacy or inadequacy of aggregate interested party responses. Upon review of the comments and hearing testimony, the Commission has concluded that any benefits that would result from the articulation of numerical guidelines for adequacy or inadequacy are offset by the potential that parties appearing before the Commission would: (1) devote extensive effort to arguing that interested parties satisfied or failed to satisfy the numerical guidelines; or (2) confuse any numerical guidelines with a representation requirement, as some commenters did.

The Commission did not intend in the NOPR to equate adequacy with industry representation requirements. It agrees with several commenters' statements that the representation requirements in sections 702(c) and 732(c) of the Act do not apply to five-year reviews. Consequently, the Commission has not adopted the suggestions of Fuji/JISEA or Schagrin that it should consider domestic industry statements of ''support'' for continuation of an order in determining whether the domestic interested party response is adequate.

The Commission will evaluate the adequacy of interested party responses on a case-by-case basis. The Commission will take into account several considerations in evaluating the adequacy of interested party responses. Because both the considerations examined and the weight they are accorded may vary from review to review, the Commission does not believe that the adequacy standards can be articulated in the form of a regulation, as requested by Pistachio Producers.

In evaluating the adequacy of aggregate interested party response, the Commission will examine several considerations, including:

- The level of interested parties' responses. This encompasses an examination of the responding parties' share of domestic production (for domestic interested parties) or of subject imports or foreign production or exports to the United States of the subject merchandise (for respondent interested parties) for the most recent calendar year. While the Commission will generally use quantity-based production or import data in evaluating adequacy, it may use value data when such data provide the sole aggregate measure of production or sales for the pertinent domestic like product(s). (This may occur, for example, when a domestic like product includes both finished articles and parts or components.) As stated above, the Commission has not provided quantitative measures of what will likely constitute an ''adequate'' or ''inadequate'' aggregate response. Adequate responses by unions or

worker groups that are interested parties pursuant to section 771(9)(D) of the Act will be counted as being equal to the production of the domestic like product of the firms at which the workers in the group or union are employed.

• The structure of the industries in question. As stated in the NOPR, a response rate that may seem to be inadequate for a highly concentrated industry may be adequate for a highly fragmented industry.

• The prevalence of related parties. Several commenters representing domestic interests requested that the Commission per se disregard nonresponses of domestic producers that are ''related parties'' under section 771(4)(B) of the Act in evaluating whether domestic interested party responses are adequate. By contrast, several commenters representing respondent interests requested that the Commission disregard nonresponses of related party domestic producers only when circumstances would support the exclusion of those producers from the domestic industry under the ''appropriate circumstances'' standard that the Commission applies in original antidumping and countervailing duty investigations.

The Commission has determined not to adopt either of these proposals for purposes of making adequacy rulings. Instead, the Commission will evaluate the significance of nonresponses of related parties on a case-by-case basis. It believes that the per se rule urged by the commenters representing domestic interests is too inflexible and is inconsistent with Commission practice. While the standard urged by the respondent commenters is ostensibly consistent with Commission practice, and is a standard the Commission intends to apply in making final determinations in five-year reviews, it is not a practical standard to use in making adequacy rulings. When the Commission makes such a ruling, it will frequently have insufficient information in the record to make a conclusion concerning whether ''appropriate circumstances'' exist to exclude a related party from the domestic industry.

• The ability of particular foreign producers to export to the United States. JMC and Schagrin questioned the inclusion of this criterion. The Commission believes that it can be relevant in certain circumstances, such as when particular foreign producers do not manufacture a version of the subject merchandise that can be exported to the United States.

• The extent to which subject imports appear to have been excluded from the U.S. market by the order or suspension agreement under review.

Discretionary Factors Used in Determining Whether to Conduct a Full Review. Section 751(c)(3)(B) of the Act provides that the Commission ''may issue'' an expedited determination when interested party responses are inadequate. Hence, the Commission has the discretion to conduct full reviews when the domestic and/or respondent interested party responses are inadequate. In this regard, the Commission has adopted Stewart's suggestion of inserting in the first sentence of section 207.62(c) the language ''or otherwise determines that a full review should proceed,'' to underscore the Commission's discretion to conduct full reviews. The Commission has not adopted the suggestion of JMC to circumscribe its exercise of discretion so that it retains discretion to conduct a full review only when respondent interested party responses are inadequate.

Stewart requested that the Commission indicate in this notice circumstances in which it may exercise its discretion to conduct a full review notwithstanding inadequate interested party responses. The Commission has identified two such circumstances:

• Mixed responses in grouped reviews. In the NOPR, the Commission invited parties to comment on the appropriateness of making expedited determinations in grouped reviews involving subject merchandise from several countries, where domestic interested party responses are adequate and responses from the respondent interested parties are adequate with respect to some of the countries in the group but inadequate with respect to others. Canada, Schagrin, and Thailand commented that in such circumstances it is appropriate for the Commission to render expedited determinations with respect to the subject countries for which there has been inadequate respondent interested party response. These commenters did not agree among themselves, however, on the implications of such a decision on the use of facts available regarding cumulation in the full review(s). Stewart, by contrast, stated that the Commission should decline to reach expedited determinations in such situations from the standpoint of administrative efficiency. Collier stated it would prefer for the Commission not to render expedited determinations in grouped reviews if the alternative was adoption of a practice where cumulation in the full review(s) is limited or precluded.

The Commission shares Stewart's concern that making multiple, non-simultaneous determinations concerning a single domestic like product is likely to be administratively inefficient. For this reason, in grouped reviews where aggregate domestic interested party responses are not inadequate and responses from the respondent interested parties are adequate with respect to some of the countries in the group but inadequate with respect to others, the Commission will normally conduct full reviews for all countries in the group.

• The existence of significant domestic like product issues. Each interested party has the option of asserting arguments concerning the definition of the domestic like product in its response to the notice of institution. Should the Commission determine that there is a need in the five-year review to re-examine the domestic like product definition made in the original determination, it may determine to conduct a full review even in circumstances when domestic and/or respondent interested party responses are inadequate. This will enable the Commission to obtain data in a full review concerning the potential domestic like products.

Several commenters addressed the question of the implications of a tie vote on whether to expedite a review; one commenter, Stewart, requested that the Commission promulgate a regulation concerning tie votes. The Commission agrees with the commenters that the tie vote provision in section 771(11) of the Act is not applicable to a Commission decision on whether to expedite a review. Consequently, a decision to expedite a review will require a majority vote of the Commission. The Commission has not, however, promulgated a regulation to that effect in the current rulemaking, which focuses solely on procedural issues. The Commission has further declined to promulgate the regulation requested by Stewart stating that the Commission will conduct a full review based on the vote of a single Commissioner. The Commission does not believe that a vote of a single Commissioner should preclude the Commission from conducting an expedited review when a Commission majority has concluded that conducting an expedited review is appropriate.

Consequences of Inadequate Interested Party Responses. Several commenters requested that the Commission state with particularity the consequences of inadequate interested party responses. Pistachio Producers requested the promulgation of one

regulation concerning adverse inferences and another concerning Presidential embargo situations. Several commenters proposed that the Commission should make a ''negative'' determination (i.e., that revocation of an order, or termination of a suspension agreement, under review would not be likely to lead to continuation or recurrence of material injury) in any review expedited because of inadequate domestic interested party response. Micron and Schagrin proposed that the Commission should make an ''affirmative'' determination (i.e., that revocation of an order, or termination of a suspension agreement, under review would be likely to lead to continuation or recurrence of material injury) whenever it found that the respondent interested party response was inadequate.

The Commission has decided not to adopt any of these proposals. The statute authorizes an ''automatic'' determination in only one instance. Section 751(c)(3)(A) of the Act directs Commerce to issue a final determination terminating a review when there is no domestic interested party response to its notice of initiation. The Commission believes issuance of the type of per se rules advocated by some commenters that inadequate domestic (or respondent) interested party response will automatically lead to issuance of a negative (or affirmative) determination would be inconsistent with section 752(a) of the Act.

The Final Regulation

Section 207.62(a): Basis for Rulings on Adequacy. Section 207.62(a) is a new provision intended to make explicit a concept several commenters found implicit in the proposed regulations and numerous others endorsed—that the Commission will generally decide the questions of adequacy and whether to conduct an expedited review on an individual order, rather than a groupwide, basis. Section 207.62(a) further indicates that when a particular order encompasses multiple domestic like products on which the Commission originally made separate affirmative determinations, the Commission will make a separate ruling on the adequacy of the interested party responses and whether to conduct an expedited review for each domestic like product. This concept was endorsed by Collier, Fuji, and JISEA.

Section 207.62(b): Comments on Adequacy. Section 207.62(b), concerning comments to the Commission regarding adequacy, is based on proposed section 207.62(a). Section 207.62(b) contains several changes from proposed section 207.62(a).

First, the Commission has increased the page limit for the comments from five to 15 pages. Several commenters complained that the five-page limit proposed in the NOPR was insufficient. Canada and Quebec requested that the page limit be increased to 15 pages; Fuji and JISEA requested that the page limit be increased to 20 pages; Cement Committee, Collier, and Stewart requested that the page limit be increased to five pages per subject country; Thailand requested that the page limit be removed. After consideration of the comments, the Commission has decided that some increase in the page limit is warranted. Nevertheless, the Commission does not agree that the limit should either be eliminated or increased to the extent requested by some of the commenters. Comments under section 207.62(b) are designed to be a succinct expression of views on a single issue. They are not intended to be briefs on the merits. Consequently, the Commission believes that a 15-page limit is appropriate.

An additional modification to section 207.62(b)(2) makes clear that in a grouped review, only one set of comments may be filed per party. This is consistent with current Commission practice.

There are also several changes in terminology throughout section 207.62(b). The terms ''expedited review'' and ''party to the five-year review'' are used to conform the language in section 207.62(b) to that in other provisions in Subpart F.

Section 207.62(c): Notice of Scheduling for Full Reviews. Section 207.62(c) is based on proposed section 207.62(b). It has been retitled more accurately to reflect its subject matter—the notice of scheduling the Commission will issue if it determines to conduct a full review. The only change to the text of proposed section 207.62(b) is the addition of a clause to make clear that the Commission may decide to conduct a full review even when interested party responses to the notice of institution are inadequate.

Annex B to this notice contains a sample schedule for a full five-year review. This sample schedule contains several changes from the one proposed in the NOPR. Specifically, the interval between the issuance of draft questionnaires and the due date for party comments on questionnaires has been reduced; the time allowed for questionnaire responses has been decreased; and the prehearing report will be issued earlier than in the proposed schedule. The interval between the issuance of the prehearing report and the due date for prehearing briefs has been increased, as has the interval between the hearing and the due date for posthearing briefs. These changes are responsive to the comments of several commenters that the Commission's proposed schedule allowed excessive time for preparation and comment on questionnaires and inadequate time for preparation of briefs and review of the prehearing report.

The sample schedule concentrates investigative activities within a 180-day period, which reflects the Commission's need to deploy its staffing resources in the most effective manner. Although the sample schedule indicates activities in a full review will occur between day 180 and day 360, these dates may vary in individual reviews, as the Commission intends to stagger schedules in simultaneously-initiated reviews in the interests of administrative efficiency. All reviews within a single group will have the same schedule, however. Further, the record closing date for a review will always occur after issuance of Commerce's determination.

Section 207.62(d): Procedures for Expedited Reviews. Section 207.62(d) is based on proposed section 207.62(c). It has been retitled more accurately to reflect its subject matter—the procedures for expedited reviews. Its text has also been changed in several respects. Some terminology has been modified to conform this provision with others in Subpart F. The page limit for comments has been eliminated, as requested in the comments of Stewart and Thailand. The Commission has agreed to eliminate the page limit because the comments will be the only substantive filing that will be permitted in expedited reviews. The Commission has, however, retained the prohibition against the submission of new factual information in such comments. The Commission has not imposed the page limit requested by Collier on nonparty comments submitted pursuant to section 207.62(d)(3).

The Commission has declined to make several changes requested by commenters concerning the conduct of expedited reviews. Stewart and Schagrin proposed that the Commission give interested parties that submitted adequate responses the opportunity to submit additional factual information during the course of an expedited review. They argued that such a procedure would allow the Commission to reduce the amount of information requested in the notice of institution and would reduce the burdens on the parties and the Commission at the outset of a review. As discussed above,

the Commission has decided to reduce significantly the amount of information requested in the notice of institution. The Commission has concluded that additional factual information is not essential to its analysis in expedited reviews. Therefore, the Commission believes it would be inappropriate and inefficient to undertake further investigative activities in expedited reviews. Instead, the Commission intends to exercise its statutory authority to dispose of such cases quickly and efficiently on the basis of the facts available (unless it concludes that a full review is appropriate on other grounds).

The Commission also will not permit rebuttal comments or final comments on the staff report to be submitted in an expedited review, as requested by Stewart. Such submissions are unnecessary in light of the limited record and condensed schedule of an expedited review.

A new section 207.62(d)(4) addresses staff reports in expedited reviews. Stewart requested that such a provision be added to the regulations. Although the Commission intends to release a staff report in expedited reviews, this report will likely follow a different format than staff reports in full reviews, in light of the more limited record that will be compiled in expedited reviews. The schedule for release of the staff report, and for other procedures in an expedited review, is indicated in the schedule in Annex B to this Notice.

Section 207.62(e): Use of Facts Available. Section 207.62(e) is a new provision stating that a determination in an expedited review will be based on the facts available, in accordance with section 776 of the Act. Although this provision was not proposed in the NOPR, it does not establish any new requirements. Instead, it codifies the authority provided in section 751(c)(3)(B) of the Act.

The facts available may include information submitted on the record in the five-year reviews by parties and non-parties, other information the Commission may compile before the record closes, material from the record of the original investigation and subsequent Commission reviews, if any, and available information from Commerce proceedings. (As stated in the NOPR preamble, the material from the record of the original investigation that the Commission will release to the parties will include the Commission opinion(s) in the original investigation and staff reports and non-privileged memoranda, where available.) The facts available may also include reliance on adverse inferences against interested parties that do not cooperate with information requests, as authorized by section 776(b) of the Act.

Delegation. In the NOPR, the Commission proposed a regulation (section 207.62(d)), which would have permitted the Commission to delegate to staff the responsibility for making adequacy rulings. Stewart and Schagrin requested that the provision not be promulgated, on the ground that staff should not be given the authority to make decisions having a significant impact on the parties' rights. Quebec supported the proposed provision.

The Commission has determined not to promulgate a regulation on delegation. The Commission has concluded that the regulation is unnecessary because, should it decide to delegate the responsibility for making adequacy rulings, promulgation of a regulation to effect such a delegation is not required.

Section 207.63

Section 207.63 is a new provision addressing the circulation of draft questionnaires in full reviews.

Section 207.63(a): Circulation of Draft Questionnaires

Section 207.63(a) concerns the circulation of draft questionnaires for comment. Its text has been simplified by use of the term ''full review.''

Section 207.63(b): Comments on Draft Questionnaires

Section 207.63(b), which concerns the written comments that parties may file regarding the draft questionnaires, has been modified significantly from the NOPR. As proposed, section 207.63(b) required parties to present all requests for the collection of new data in their comments and stated that the Commission would disregard subsequent arguments premised on the collection of new data if such requests were not included in the comments.

Nine commenters, representing both domestic and respondent interests, objected to section 207.63(b) insofar as it required that all data requests be made in the questionnaire comments. These commenters contended that parties will not always be able to ascertain what data the Commission should collect until they review the responses to the questionnaires. Several of these commenters expressed divergent views on the circumstances in which the Commission should entertain subsequent data requests. Thailand advocated that the Commission issue supplemental questionnaires as a matter of course. Eurofer and Stewart, however, opposed such a procedure on the grounds that routine issuance of supplemental questionnaires could encourage parties not to respond to the initial questionnaires. Eurofer suggested that supplemental questionnaires not be authorized in the absence of a compelling reason.

After review of the comments, the Commission has concluded that section 207.63(b) should be modified. Accordingly, the second sentence of the section now provides that parties ''should,'' rather than ''must,'' present all data collection requests in their questionnaire comments. The Commission emphasizes that it ordinarily anticipates that parties will make all data collection requests in the questionnaire comments and that it will rarely entertain subsequent requests for data collection. Consequently, the final sentence of section 207.63(c) has been revised to provide that the Commission will not consider subsequent requests for the collection of new information unless there is a showing that there is a compelling need for the information and that the information could not have been requested in the comments on the draft questionnaires.

Verification of Questionnaire Responses. Several comments addressed verification of questionnaire responses in five-year reviews. Canada, Fuji, and JISEA requested that the Commission verify domestic producer data it receives. Dewey/Skadden requested promulgation of a regulation stating that the Commission will verify importer data it receives; Fuji and JISEA also supported verification of such data. Stewart requested promulgation of a regulation stating that the Commission will verify purchaser data it receives. Dewey/Skadden, Schagrin, and Stewart requested promulgation of a regulation stating that the Commission will verify foreign producer data it receives; Collier and Micron also supported such verification.

The Commission will consider verification of domestic interested party and respondent interested party information in appropriate circumstances and as staffing resources permit. The Commission will also consider using Commerce verification reports as appropriate. The regulations do not currently address verification in original investigations, and the Commission does not believe it is necessary to promulgate a regulation regarding verification in five-year reviews.

Section 207.64

Section 207.64 is a new provision concerning staff reports in full reviews.

The section is identical to that proposed in the NOPR.

Section 207.65

Section 207.65 is a new provision concerning prehearing briefs. The section, which is adapted from current section 207.23, is identical to that proposed in the NOPR.

Section 207.66

Section 207.66 is a new provision concerning hearings in five-year reviews. The text of section 207.66(a) has been simplified by use of the term ''full review.'' Section 207.66(b) has not been changed from the NOPR.

Section 207.67

Section 207.67 is a new provision concerning posthearing briefs and statements in five-year reviews. This section is identical to that proposed in the NOPR.

Cement Committee requested that this section be modified by inserting a provision stating that new factual information in such posthearing briefs and statements will be disregarded unless it is responsive to a question or request made at the Commission hearing. Collier requested that section 207.67(b) be modified by placing a five-page limit on statements by nonparties.

As stated in the NOPR preamble, the provisions of section 207.67 are intended to track sections 207.25 and 207.26, which govern posthearing briefs and statements in original investigations. Sections 207.25 and 207.26 do not contain any restrictions on the submission of new factual information of the type requested by Cement Committee. Nor does section 207.26 contain a page limit on the brief written statements that nonparties may submit. To maintain consistency between the procedures for original investigations and the procedures for five-year reviews, the Commission has determined not to insert the additional restrictions in section 207.67 requested by Cement Committee and Collier.

Section 207.68

Section 207.68 is a new provision concerning final comments on information. This section, which follows current section 207.30, is identical to that proposed in the NOPR.

Section 207.69

Section 207.69 is a new provision concerning publication and service of Commission determinations in five-year reviews. The section, which follows current section 207.29, is identical to that proposed in the NOPR.

List of Subjects

19 CFR Part 201

Administrative practice and procedure, Investigations, Imports.

19 CFR Part 207

Administrative practice and procedure, Antidumping, Countervailing Duties, Investigations.

For the reasons stated in the preamble, 19 CFR parts 201 and 207 are amended as set forth below:

PART 201—[AMENDED]

1. The authority citation for part 201 continues to read as follows:

Authority: Sec. 335 of the Tariff Act of 1930 (19 U.S.C. 1335) and Sec. 603 of the Trade Act of 1974 (19 U.S.C. 2482), unless otherwise noted.

2. New paragraphs (b)(4) and (b)(5) are added to § 201.11 to read as follows:

§ 201.11 Appearance in an investigation as a party.

* * * * *

(b) *Time for filing.*

* * * * *

(4) In the case of reviews conducted under subpart F of part 207 of this chapter, each entry of appearance shall be filed with the Secretary not later than twenty-one (21) days after publication in the **Federal Register** of the notice of institution described in § 207.60(d) of this chapter.

(5) Notwithstanding paragraph (b)(4) of this section, a party may file an entry of appearance in a review conducted under subpart F of part 207 of this chapter within the period specified in the notice issued under § 207.62(c) of this chapter. This period shall be at least 45 days.

* * * * *

PART 207—[AMENDED]

3. The authority citation for part 207 continues to read as follows:

Authority: 19 U.S.C. 1336, 1671–1677n, 2482, 3513.

4. Paragraph (b) of § 207.3 is revised to read as follows:

§ 207.3 Service, filing, and certification of documents.

* * * * *

(b) *Service.* Any party submitting a document for inclusion in the record of the investigation shall, in addition to complying with § 201.8 of this chapter, serve a copy of each such document on all other parties to the investigation in the manner prescribed in § 201.16 of this chapter. If a document is filed before the Secretary's issuance of the service list provided for in § 201.11 of this chapter or the administrative protective order list provided for in § 207.7, the document need not be accompanied by a certificate of service, but the document shall be served on all appropriate parties within two (2) days of the issuance of the service list or the administrative protective order list and a certificate of service shall then be filed. Notwithstanding § 201.16 of this chapter, petitions, briefs, and testimony filed by parties pursuant to §§ 207.10, 207.15, 207.23, 207.24, 207.25, 207.65, 207.66, and 207.67 shall be served by hand or, if served by mail, by overnight mail or its equivalent. Failure to comply with the requirements of this rule may result in removal from status as a party to the investigation. The Commission shall make available to all parties to the investigation a copy of each document, except transcripts of conferences and hearings, business proprietary information, privileged information, and information required to be served under this section, placed in the record of the investigation by the Commission.

* * * * *

5. Paragraph (a) of § 207.45 is revised to read as follows:

§ 207.45 Investigation to review outstanding determination.

(a) *Request for review.* Any person may file with the Commission a request for the institution of a review investigation under section 751(b) of the Act. The person making the request shall also promptly serve copies of the request on the parties to the original investigation upon which the review is to be based. All requests shall set forth a description of changed circumstances sufficient to warrant the institution of a review investigation by the Commission.

* * * * *

6. Paragraph (g) of § 207.46 is revised to read as follows:

§ 207.46 Investigations concerning certain countervailing duty orders.

* * * * *

(g) *Request for simultaneous section 751(c) review.* (1) A requesting party who requests a section 753 review may at the same time request from the Commission and the administering authority a review under section 751(c) of the Act of a countervailing or antidumping duty order involving the same or comparable subject merchandise.

(2) Should the administering authority, after consulting with the Commission, determine to initiate a section 751(c) review, the Commission shall conduct a consolidated review

under sections 751(c) and 753 of the Act of the orders involving the same or comparable subject merchandise. Any such consolidated review shall be conducted under the applicable procedures set forth in subparts A and F of this part.

(3) Should the administering authority, after consulting with the Commission, determine not to initiate a section 751(c) review, the Commission will consider the request for a section 753 review pursuant to the procedures established in this section.

7. A new Subpart F is added to read as follows:

Subpart F—Five-Year Reviews

207.60 Definitions.
207.61 Responses to notice of institution.
207.62 Rulings on adequacy and nature of Commission review.
207.63 Circulation of draft questionnaires.
207.64 Staff reports.
207.65 Prehearing briefs.
207.66 Hearing.
207.67 Posthearing briefs and statements.
207.68 Final comments on information.
207.69 Publication of determinations.

§ 207.60 Definitions.

For purposes of this subpart:

(a) The term *five-year review* means a five-year review conducted pursuant to section 751(c) of the Act. The provisions of part 201 of this chapter and subpart A of this part pertaining to ''investigations'' are generally applicable to five-year reviews, unless superseded by a provision in this subpart of more specific application.

(b) The term *expedited review* means a five-year review conducted by the Commission pursuant to section 751(c)(3)(B) of the Act.

(c) The term *full review* means a five-year review that has not been expedited by the Commission or terminated pursuant to section 751(c)(3) of the Act.

(d) The term *notice of institution* shall refer to the notice of institution of five-year review that the Commission shall publish in the **Federal Register** requesting that interested parties provide information to the Commission upon initiation of a five-year review.

§ 207.61 Responses to notice of institution.

(a) *When information must be filed*. Responses to the notice of institution shall be submitted to the Commission no later than 50 days after its publication in the **Federal Register**.

(b) *Information to be filed with the Secretary*. The notice of institution shall direct each interested party to make a filing pursuant to §§ 201.6, 201.8 and 207.3 of this chapter containing the following:

(1) A statement expressing its willingness to participate in the review by providing information requested by the Commission;

(2) A statement regarding the likely effects of revocation of the order(s) or termination of the suspended investigation(s) under review;

(3) Such information or industry data as the Commission may specify in the notice of institution.

(c) *When requested information cannot be supplied*. Any interested party that cannot furnish the information requested by the notice of institution in the requested form and manner shall, promptly after issuance of the notice, notify the Commission, provide a full explanation of why it cannot furnish the requested information, and indicate alternative forms in which it can provide equivalent information. The Commission may modify its requests to the extent necessary to avoid posing an unreasonable burden on that party.

(d) *Submissions by persons other than interested parties*. Any person who is not an interested party may submit to the Commission, in a filing satisfying the requirements of § 201.8 of this chapter, information relevant to the Commission's review no later than 50 days after publication of the notice of institution in the **Federal Register**.

§ 207.62 Rulings on adequacy and nature of Commission review.

(a) *Basis for rulings on adequacy*. The Commission will assess the adequacy of aggregate interested party responses to the notice of institution with respect to each order or suspension agreement under review and, where the underlying affirmative Commission determination found multiple domestic like products, on the basis of each domestic like product.

(b) *Comments to the Commission*. (1) Comments to the Commission concerning whether the Commission should conduct an expedited review may be submitted by:

(i) Any interested party that is a party to the five-year review and that has responded to the notice of institution; and

(ii) Any party, other than an interested party, that is a party to the five-year review.

(2) Comments shall be submitted within the time specified in the notice of institution. In a grouped review, only one set of comments shall be filed per party per group. Comments shall not exceed fifteen (15) pages of textual material, double-spaced and single-sided, on stationery measuring 8½ × 11 inches. Comments containing new factual information shall be disregarded.

(c) *Notice of scheduling of full review*. If the Commission concludes that interested parties' responses to the notice of institution are adequate, or otherwise determines that a full review should proceed, investigative activities pertaining to that review will continue. The Commission will publish in the **Federal Register** a notice of scheduling pertaining to subsequent procedures in the review.

(d) *Procedures for expedited reviews*. (1) If the Commission concludes that interested parties' responses to the notice of institution are inadequate, it may decide to conduct an expedited review. In that event, the Commission shall direct the Secretary to issue a notice stating that the Commission has decided to conduct an expedited review and inviting those parties to the review described in paragraph (d)(2) of this section to file written comments with the Secretary on what determination the Commission should reach in the review. The date on which such comments must be filed will be specified in the notice to be issued by the Secretary. Comments containing new factual information shall be disregarded.

(2) The following parties may file the comments described in paragraph (d)(1) of this section:

(i) Any interested party that is a party to the five-year review and that has filed an adequate response to the notice of institution; and

(ii) Any party, other than an interested party, that is a party to the five-year review.

(3) Any person that is neither a party to the five-year review nor an interested party may submit a brief written statement (which shall not contain any new factual information) pertinent to the review within the time specified for the filing of written comments.

(4) The Director shall prepare and place in the record, prior to the date on which the comments described in paragraph (d)(1) of this section must be filed, a staff report containing information concerning the subject matter of the review. A version of the staff report containing business proprietary information shall be placed in the nonpublic record and made available to persons authorized to receive business proprietary information under § 207.7, and a nonbusiness proprietary version of the staff report shall be placed in the public record.

(e) *Use of facts available*. The Commission's determination in an expedited review will be based on the facts available, in accordance with section 776 of the Act.

§ 207.63 Circulation of draft questionnaires.

(a) The Director shall circulate draft questionnaires to the parties for comment in each full review.

(b) Any party desiring to comment on the draft questionnaires shall submit such comments in writing to the Commission within a time specified by the Director. All requests for collecting new information should be presented at this time. The Commission will disregard subsequent requests for collection of new information absent a showing that there is a compelling need for the information and that the information could not have been requested in the comments on the draft questionnaires.

§ 207.64 Staff reports.

(a) *Prehearing staff report.* The Director shall prepare and place in the record, prior to the hearing, a prehearing staff report containing information concerning the subject matter of the five-year review. A version of the staff report containing business proprietary information shall be placed in the nonpublic record and made available to persons authorized to receive business proprietary information under § 207.7, and a nonbusiness proprietary version of the staff report shall be placed in the public record.

(b) *Final staff report.* After the hearing, the Director shall revise the prehearing staff report and submit to the Commission, prior to the Commission's determination, a final version of the staff report. The final staff report is intended to supplement and correct the information contained in the prehearing staff report. A public version of the final staff report shall be made available to the public and a business proprietary version shall also be made available to persons authorized to receive business proprietary information under § 207.7.

§ 207.65 Prehearing briefs.

Each party to a five-year review may submit a prehearing brief to the Commission on the date specified in the scheduling notice. A prehearing brief shall be signed and shall include a table of contents. The prehearing brief should present a party's case concisely and shall, to the extent possible, refer to the record and include information and arguments which the party believes relevant to the subject matter of the Commission's determination.

§ 207.66 Hearing.

(a) *In general.* The Commission shall hold a hearing in each full review. The date of the hearing shall be specified in the scheduling notice.

(b) *Procedures.* Hearing procedures in five-year reviews will conform to those for final phase antidumping and countervailing duty investigations set forth in § 207.24.

§ 207.67 Posthearing briefs and statements.

(a) *Briefs from parties.* Any party to a five-year review may file with the Secretary a posthearing brief concerning the information adduced at or after the hearing within a time specified in the scheduling notice or by the presiding official at the hearing. No such posthearing brief shall exceed fifteen (15) pages of textual material, double spaced and single sided, on stationery measuring 8½ x 11 inches. In addition, the presiding official may permit persons to file answers to questions or requests made by the Commission at the hearing within a specified time. The Secretary shall not accept for filing posthearing briefs or answers which do not comply with this section.

(b) *Statements from nonparties.* Any person other than a party may submit a brief written statement of information pertinent to the review within the time specified for the filing of posthearing briefs.

§ 207.68 Final comments on information.

(a) The Commission shall specify a date after the filing of posthearing briefs on which it will disclose to all parties to the five-year review all information it has obtained on which the parties have not previously had an opportunity to comment. Any such information that is business proprietary information will be released to persons authorized to obtain such information pursuant to § 207.7.

(b) The parties shall have an opportunity to file comments on any information disclosed to them after they have filed their posthearing brief pursuant to § 207.67. Comments shall only concern such information, and shall not exceed 15 pages of textual material, double spaced and single-sided, on stationery measuring 8½ x 11 inches. A comment may address the accuracy, reliability, or probative value of such information by reference to information elsewhere in the record, in which case the comment shall identify where in the record such information is found. Comments containing new factual information shall be disregarded. The date on which such comments must be filed will be specified by the Commission when it specifies the time that information will be disclosed pursuant to paragraph (a) of this section. The record shall close on the date such comments are due, except with respect to changes in bracketing of business proprietary information in the comments permitted by § 207.3(c).

§ 207.69 Publication of determinations.

Whenever the Commission makes a determination concluding a five-year review, the Secretary shall serve copies of the determination and, when applicable, the nonbusiness proprietary version of the final staff report on all parties to the review, and on the administering authority. The Secretary shall publish notice of such determination in the **Federal Register**.

By order of the Commission.

Issued: June 2, 1998.

Donna R. Koehnke,

Secretary.

Annex A: Sample Notice of Institution of Five-Year Review

Definitions

(1) *Subject Merchandise* is the class or kind of merchandise that is within the scope of the five-year review, as defined by the Department of Commerce.

(2) The *Subject Country* in this review is [INSERT COUNTRY].

(3) The *Domestic Like Product* is the domestically produced product or products which are like, or in the absence of like, most similar in characteristics or uses with, the *Subject Merchandise.* In its original determination, the Commission defined the *Domestic Like Product as* [INSERT DEFINITION]. (Add the following if applicable) One Commissioner/certain Commissioners defined the *Domestic Like Product* differently.

(4) The *Domestic Industry* is the producers as a whole of the *Domestic Like Product,* or those producers whose collective output of the *Domestic Like Product* constitutes a major proportion of the total domestic production of the product. In its original determination, the Commission defined the *Domestic Industry* as producers of [INSERT DEFINITION]. (Add the following if applicable) One Commissioner/certain Commissioners defined the *Domestic Industry* differently.

(5) The *Order Date* is the date that the countervailing duty order/antidumping duty order/suspension agreement under review became effective. In this review, the *Order Date* is [INSERT DATE].

(6) An *Importer* is any person or firm engaged, either directly or through a parent company or subsidiary, in importing the *Subject Merchandise* into the United States from a foreign manufacturer or through its selling agent.

Certification

In accordance with Commission rule 207.3, any person submitting information to the Commission in connection with this review must certify that the information is accurate and complete to the best of the submitter's knowledge. In making the certification, the submitter will be deemed to consent, unless otherwise specified, for the Commission, its employees, and contract personnel to use the

information provided in any other reviews or investigations of the same or comparable products which the Commission conducts under Title VII of the Act, or in internal audits and investigations relating to the programs and operations of the Commission pursuant to 5 U.S.C. Appendix 3.

Information To Be Submitted to the Commission

All responses should be filed with the Secretary and must conform with the provisions of sections 201.8 and 207.3 of the Commission's rules. If business proprietary treatment is desired for portions of a response, submitters must follow the requirements set forth in sections 201.6 and 207.7 of the Commission's rules. Also, in accordance with sections 201.16(c) and 207.3 of the Commission's rules, each document filed by a party to the review must be served on all other parties to the review (as identified by either the public or BPI service list as appropriate), and a certificate of service must accompany the document (if you are not a party to the review you do not need to serve your response). Any interested party that cannot furnish the information requested should explain, at the earliest possible time, why it is unable to do so and indicate alternative forms in which it can provide equivalent information. (Add the following if more than one country is involved) If you are a domestic producer, union/worker group, or trade/business association; import/export *Subject Merchandise* from more than one *Subject Country*; or produce *Subject Merchandise* in more than one *Subject Country,* you may file a single response. If you do so, please ensure that your response to each question includes the information requested for each pertinent *Subject Country.*

The response should include:

(1) The name and address of your firm or entity (including World Wide Web address if available) and name, telephone number, fax number, and E-mail address of the certifying official.

(2) A statement indicating whether your firm/entity is a U.S. producer of the *Domestic Like Product,* a U.S. union or worker group, a U.S. importer of the *Subject Merchandise,* a foreign producer or exporter of the *Subject Merchandise,* a U.S. or foreign trade or business association, or another interested party (including an explanation). If you are a union/worker group or trade/business association, identify the firms in which your workers are employed or which are members of your association.

(3) A statement indicating whether your firm/entity is willing to participate in this review by providing information requested by the Commission.

(4) A statement of the likely effects of the revocation of the countervailing duty order/antidumping duty order/termination of the suspension agreement on the *Domestic Industry* in general and/or your firm/entity specifically. In your response, please discuss the various factors specified in section 752(a) of the Act (19 U.S.C. § 1675a(a)) including the likely volume of subject imports, likely price effects of subject imports, and likely impact of imports of *Subject Merchandise* on the *Domestic Industry.*

(5) A list of all known and currently operating U.S. producers of the *Domestic Like Product.* Identify any known related parties and the nature of the relationship as defined in section 771(4)(B) of the Act (19 U.S.C. § 1677(4)(B)).

(6) A list of all known and currently operating U.S. importers of the *Subject Merchandise* and producers of the *Subject Merchandise* in [INSERT COUNTRY] that currently export or have exported *Subject Merchandise* to the United States or other countries since [INSERT YEAR OF PETITION].

(7) If you are a U.S. producer of the *Domestic Like Product,* provide the following information on your firm's operations on that product during calendar year [INSERT PRECEDING YEAR] (report *quantity* data in [INSERT MEASUREMENT UNIT] and *value* data in thousands of dollars). If you are a union/worker group or trade/business association, provide the information, on an aggregate basis, for the firms in which your workers are employed/which are members of your association.

(a) Production (*quantity*) and, if known, an estimate of the percentage of total U.S. production of the *Domestic Like Product* accounted for by your firm's(s') production; and

(b) the *quantity* and *value* of U.S. commercial shipments of the *Domestic Like Product* produced in your U.S. plant(s).

(8) If you are a U.S. importer or a trade/business association of U.S. importers of the *Subject Merchandise* from [INSERT COUNTRY], provide the following information on your firm's(s') operations on that product during calendar year [INSERT PRECEDING YEAR] (report *quantity* data in [INSERT MEASUREMENT UNIT] and *value* data in thousands of dollars). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) The *quantity* and *value* of U.S. imports and, if known, an estimate of the percentage of total U.S. imports of *Subject Merchandise* from [INSERT COUNTRY] accounted for by your firm's(s') imports; and

(b) the *quantity* and *value* of U.S. commercial shipments of *Subject Merchandise* imported from [INSERT COUNTRY].

(9) If you are a producer, an exporter, or a trade/business association of producers or exporters of the *Subject Merchandise* in [INSERT COUNTRY], provide the following information on your firm's(s') operations on that product during calendar year [INSERT PRECEDING YEAR] (report *quantity* data in [INSERT MEASUREMENT UNIT] and *value* data in thousands of dollars). If you are a trade/business association, provide the information, on an aggregate basis, for the firms which are members of your association.

(a) Production (*quantity*) and, if known, an estimate of the percentage of total production of *Subject Merchandise* in [INSERT COUNTRY] accounted for by your firm's(s') production; and

(b) the *quantity* and *value* of your firm's(s') exports to the United States of *Subject Merchandise* and, if known, an estimate of the percentage of total exports to the United States of *Subject Merchandise* from [INSERT COUNTRY] accounted for by your firm's(s') exports.

(10) Identify significant changes, if any, in the supply and demand conditions or business cycle for the *Domestic Like Product* that have occurred in the United States or in the market for the *Subject Merchandise* in *Subject Country* since the *Order Date,* and significant changes, if any, that are likely to occur within a reasonably foreseeable time. Supply conditions to consider include technology; production methods; development efforts; ability to increase production (including the shift of production facilities used for other products and the use, cost, or availability of major inputs into production); and factors related to the ability to shift supply among different national markets (including barriers to importation in foreign markets or changes in market demand abroad). Demand conditions to consider include end uses and applications; the existence and availability of substitute products; and the level of competition among the *Domestic Like Product* produced in the United States, *Subject Merchandise* produced in the *Subject Country,* and [INSERT PRODUCT DESCRIPTION] from other countries.

(11) (OPTIONAL) A statement of whether you agree with the above definitions of the *Domestic Like Product* and *Domestic Industry*; if you disagree with either or both of these definitions, please explain why and provide alternative definitions.

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ANNEX B

SAMPLE SCHEDULE FOR FIVE-YEAR REVIEWS[1]

ACTION/EVENT	DAY
Notice of institution published in the *Federal Register*	0
Entries of appearance/APO applications	21
Responses to notice of institution	50
Comments on appropriateness of expedited review	75
Notice of expedited or full review	95

Expedited Review

ACTION/EVENT	DAY
Commerce expedited determination (if issued)	120
Staff report to Commission and parties	122
Written submission on merits by parties	127
Commission vote	140
Commission determination and views transmitted to Commerce	150

Full Review[2]

ACTION/EVENT	DAY
New entries of appearance/APO applications	180
Draft questionnaires to parties for comment	190
Party comments on draft questionnaires	205
Questionnaire mail date	225
Commerce subsidy/dumping determination	240
Questionnaire return date[3]	255
Prehearing report to Commission and parties	285
Prehearing briefs	295
Hearing	305
Posthearing briefs	315
Staff report to Commission and parties	330
Final party comments	340
Commission vote	348
Commission determination and views transmitted to Commerce	360

[1] This sample schedule is provided for general guidance; work schedules for specific reviews may vary because of weekends and holidays. In addition, the Commission may extend its deadline by up to 90 days in all transition reviews and other extraordinarily complicated cases.

[2] The Commission may begin full reviews earlier than day 180; in such cases, the same relative schedule will apply.

[3] For U.S. firms; the return date for foreign producers questionnaires will be 37 days from the mail date.

ANNEX C

PARTIES SUBMITTING COMMENTS ON COMMISSION NOTICE OF PROPOSED RULEMAKING

Short Form	Submitter	Representing
AIIS	American Institute for International Steel, Inc.	Itself
Canada	Canadian Embassy	Government of Canada
Cement Committee	King & Spalding	Southern Tier Cement Committee
Collier	Collier, Shannon, Rill & Scott, PLLC	American Beekeeping Federation American Honey Producers Ass'n Coalition for Fair Atlantic Salmon Trade Committee to Preserve American Color Television, Inc. Copper & Brass Fabricators Council Footwear Industries of America, Inc. Fresh Garlic Producers Ass'n Leather Industries of America Municipal Castings Fair Trade Council National Pasta Association National Pork Producers Council Specialty Steel Industry of North America Specialty Tubing Group
Dewey/Skadden	Dewey Ballantine LLP Skadden, Arps, Slate, Meagher &Flom LLP (joint submission)	Not specified
ECS	Economic Consulting Services Inc.	Itself
Eurofer	European Confederation of Iron and Steel Industries	Itself
Fuji	Willkie Farr & Gallagher	Fuji Photo Film, Inc.

Short Form	Submitter	Representing
H&H	Hogan & Hartson LLP	Itself
Hogan	Hogan & Hartson LLP	American Institute for International Steel Consumers for World Trade Enron Corp. General Motors Corp. International Ass'n of Drilling Contractors Michelin North America, Inc. Precision Metalforming Ass'n Steel Service Center Institute Sun Microsystems
Hoogovens	Powell, Goldstein, Frazer & Murphy LLP	Hoogovens Staal BV Hoogovens Steel USA, Inc.
Japan	Embassy of Japan	Government of Japan
JBIA	Japan Bearing Industrial Ass'n	Itself
JISEA	Willkie Farr & Gallagher	Japan Iron & Steel Exporters Ass'n
JMC	Japan Machinery Center for Trade and Investment	Itself
Jovanovich	Jovanovich Supply Co.	Itself
Micron	Hale and Dorr LLP	Micron Technology, Inc.
Pistachio Producers	California Pistachio Commission	Itself Western Pistachio Ass'n
Quebec	Pepper, Hamilton & Scheetz LLP	Gouvernement du Quebec
Schagrin	Schagrin Associates	Committee on Pipe and Tube Imports Wierton Steel Corp.

Short Form	Submitter	Representing
Steptoe	Steptoe & Johnson LLP	Not specified
Stewart	Stewart and Stewart	Not specified
Thailand	Dickstein Shapiro Morin & Oshinsky LLP	Royal Thai Government
TRC	Trade Resources Company	Itself
U.S. Steel	Skadden, Arps, Slate, Meagher & Flom PLLC	U.S. Steel Group, a Unit of USX Corp. USS/Kobe Steel Co.
WC&P	Wilmer, Cutler & Pickering	Itself
Willkie Group	Willkie Farr & Gallagher Kaye, Scholer, Fierman, Hays & Handler LLP Rogers & Wells Graham & James Sherman & Sterling White & Case O'Melveny & Myers Pepper, Hamilton & Scheetz LLP Steptoe & Johnson LLP Weil Gotshal & Manges LLP Powell, Goldstein, Frazer & Murphy LLP Dorsey & Whitney LLP (Joint submission)	Not specified

[FR Doc. 98–15156 Filed 6–4–98; 8:45 am]
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Part 101

[Docket Nos. 95N–0245 and 94P–0110]

RIN 0910–AA59

Food Labeling; Statement of Identity, Nutrition Labeling and Ingredient Labeling of Dietary Supplements; Compliance Policy Guide, Revocation

AGENCY: Food and Drug Administration, HHS.

ACTION: Final rule; action on petitions for reconsideration.

SUMMARY: The Food and Drug Administration (FDA) is revising its nutrition labeling requirements for dietary supplements that contain liquid extracts to allow the quantity of an extract to be listed on the basis of volume, solvents present to be listed in the ingredient statement, and the optional listing in the nutrition label of the ratio of starting material to the final volume of solvent, and to clarify that the quantity of any constituents of dietary ingredients be listed in the nutrition label in terms of quantitative amount by weight on a ''per serving'' basis. FDA is also eliminating the requirement that a description of a dried extract include the name of the solvent used. This action is in response to four petitions for reconsideration.

EFFECTIVE DATE: These revisions are effective March 23, 1999.

FOR FURTHER INFORMATION CONTACT: Susan Thompson, Center for Food Safety and Applied Nutrition (HFS–165), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–205–5587.

SUPPLEMENTARY INFORMATION:

I. Background

In the **Federal Register** of September 23, 1997 (62 FR 49826), FDA published a final rule entitled ''Food Labeling; Statement of Identity, Nutrition and Ingredient Labeling of Dietary Supplements; Compliance Policy Guide, Revocation'' (hereinafter identified as ''the September 1997 final rule''). In the September 1997 final rule, FDA amended its food labeling regulations to establish requirements for the identification of dietary supplements and for their nutrition labeling and ingredient labeling in response to the Dietary Supplement Health and Education Act of 1994 (the DSHEA). The September 1997 final rule is to become effective March 23, 1999.

The requirements for the nutrition labeling of dietary supplements are found in § 101.36 (21 CFR 101.36). Specifically, the requirements for liquid and dried extracts are in section § 101.36(b)(3)(ii)(B) and (b)(3)(ii)(C), respectively. Section 101.36(b)(3)(ii)(B) states:

> For any dietary ingredient that is a liquid extract from which the solvent has not been removed, the quantity listed shall be the weight of the total extract with information on the concentration of the dietary ingredient, the solvent used, and the condition of the starting material (i.e., whether it is fresh or dried), e.g., ''fresh dandelion root extract, x mg (y:z) in 70% ethanol,'' where x is the number of mg of the entire extract, y is the weight of the starting material and z is the volume (milliliters) of solvent. Where the solvent has been partially removed (not to dryness), the final concentration shall be stated (e.g., if the original extract was 1:5 and 50 percent of the solvent was removed, then the final concentration shall be stated as 1:2.5).

Section 101.36(b)(3)(ii)(C) states:

> For a dietary ingredient that is an extract from which the solvent has been removed, the weight of the ingredient shall be the weight of the dried extract. The dried extract shall be described by an appropriately descriptive term that identifies the solvent used, e.g., ''dried hexane extract of _____'' or ''_____, dried hexane extract.''

II. Petitions for Reconsideration

FDA received four petitions for reconsideration under § 10.33 (21 CFR 10.33) relating to the requirements for the labeling of extracts. A petition for reconsideration from the American Herbal Products Association (AHPA), the Utah Natural Products Alliance, and the National Nutritional Foods Association (Docket Nos. 95N–0245/PRC 4 and 94P–0110/PRC 4) (hereinafter referred to as the ''joint petition''), requested that FDA reconsider the provision on liquid extracts in § 101.36(b)(3)(ii)(B), stay its effective date, and adopt the petition's proposed restatement of this provision. The petitioners stated that, with respect to extracts, FDA had proposed ''For any dietary ingredients that are liquid extracts, the weight shall not include the weight of solvents'' (60 FR 67194 at 67216, December 28, 1995). The petitioners stated that interested parties could not reasonably have anticipated that the final rule would require specifying the solvent used, the ratio, and the condition of the starting material. Thus, they contended that the final rule violated the rulemaking provisions of the Administrative Procedure Act (5 U.S.C. 553), because of inadequate provision of notice and opportunity for comment.

The petitioners recommended the adoption of the following technical amendments to this provision: (1) The quantity of a dietary supplement that is a liquid extract be stated in volume, not weight measurements; (2) solvents that have not been removed from a liquid extract be included in the ingredient list; (3) information on the concentration of a liquid extract in the form y:z be optional; and (4) constituents of a liquid extract be stated by weight on a ''per serving'' basis.

Specifically, the petition requested that § 101.36(b)(3)(ii)(B) be amended to read:

> For any dietary ingredient that is a liquid extract from which the solvent has not been removed, the quantity listed shall not be the weight but shall instead be the volume of the total extract. If information is included on the concentration of the dietary ingredient in the form y:z, it shall be expressed as a ratio of the weight (in grams) of the starting material to the volume (in milliliters) of solvent. Additionally, the condition of the starting material shall be stated if the starting material is in fresh condition (e.g., ''fresh dandelion root extract (y:z)''), and may be stated if the starting material is in dried condition. If a product contains a dietary ingredient that is a liquid extract from which the solvent has not been removed and is labeled in any manner which quantifies or claims to contain one or more specific contained constituents of a botanical, the constituent shall be quantified on the label by weight on a ''per serving'' basis, in accordance with paragraph (b)(3)(iii) of this section.

The petitioners stated that with these technical amendments the provision would be consistent with the original proposal. The petitioners also stated that they are developing guidelines for manufacturing extracts that they plan to publish in a volume tentatively entitled ''AHPA Extracts Manufacturers Guidelines.''

Another petition for reconsideration, from Wakunaga of America Co., Ltd. (Docket Nos. 95N–0245/PRC 1 and 94P–0110/PRC 1) (hereinafter referred to as the ''Wakunaga petition''), requested that FDA reconsider and revoke the provisions on extracts or revise those provisions to eliminate the requirement to identify the solvent used and the ratio of the botanical to the solvent. The petitioner stated that FDA apparently adopted a suggestion in a comment to describe extracts by the ratio of weight to volume of solvent without any opportunity for other parties to comment on this requirement in violation of the Administrative Procedure Act. The petitioner contended that the disclosure of proprietary information was never addressed by FDA in the proposed or final regulations and that the potential

damages of such disclosure are sufficient grounds to revoke the requirement for such disclosures. The petitioner emphasized that if FDA did not accept either of their requests, it should at least propose the requirements in the final rule to allow opportunity for comment.

Two other petitions for reconsideration were received, one from AHPA (Docket Nos. 95N–0245/PRC 2 and 94P–0110/PRC 2) (hereinafter referred to the ''AHPA petition''), and another from the Council for Responsible Nutrition and Nutrilite Division of Amway Corporation (Docket Nos. 95N–0245/PRC 3 and 94P–0110/PRC 3) (hereinafter referred to as the ''CRN/Amway petition''). Both petitioners requested that FDA reconsider the provision on dried extracts in § 101.36(b)(3)(ii)(B), stay the effective date of the second sentence of this provision, and revoke the sentence. In addition, AHPA further requested that FDA should confer with AHPA and other interested parties regarding the need for, and alternatives to, the revoked requirement.

AHPA included a number of reasons in the statement of grounds for their petition. The petitioners stated that interested parties were deprived of adequate notice and opportunity for comment on solvent identification in violation of the Administrative Procedure Act's rulemaking provisions. AHPA also contended that identifying solvents used in the manufacture of dried extracts is arbitrary. The petitioners stated that the solvent used in the preparation of an extract is only one factor of many factors that are important in the manufacturing process. Moreover, they stated that ''solvents used in food, food additives, and substances generally recognized as safe are not required to be disclosed on labels.''

Furthermore, the petitioners argued that identifying solvents used in the manufacture of dried extracts is potentially misleading. They expressed concern that consumers may assume that solvents remain in the products when, in fact, they do not. Also, they observed that such disclosure may cause some manufacturers to switch to solvents that are less effective because of the fear that consumers may be misled by chemical solvent names.

The CRN/Amway petition contained some of the same reasons as the AHPA petition for revoking the second sentence of the provision on dried extracts. The petitioners stated that interested parties were not given notice and opportunity to comment on this sentence. They stated that this provision should be made the subject of a new notice of proposed rulemaking if FDA wishes to include it in the final regulations.

The CRN/Amway petition also took issue with FDA's statement in the preamble of the September 1997 final rule (62 FR 49826 at 49834) that ''solvent information is needed in the nutrition label of dietary supplements to appropriately describe extracts because dietary ingredients do not have individual regulations, like the regulations for food additives, that specify how they are to be made, and, when needed for identity or safety reasons, what solvent can be used in the processing.'' The petitioners stated that the example that FDA used of a food additive regulation that specifies what solvent can be used (i.e., 21 CFR 172.580(b)) is atypical and, like AHPA, charged that requiring solvent information in the nutrition label of dietary supplements imposes labeling requirements that are inconsistent with conventional foods.

FDA received a comment in support of the AHPA, Wakunaga, and CRN/Amway petitions that stated that it agreed with these petitions.

FDA also received a submission on December 24, 1997, identified by the submitter as comments on the joint petition, a petition for reconsideration, a petition for stay of action, and a petition to amend parts of § 101.36(b)(3)(ii). For the reasons discussed in the following paragraphs, the agency has handled this submission only as a comment on the joint petition. As a comment on the joint petition, it stated general support for the proposed technical amendments to § 101.36(b)(3)(ii)(B) recommended by the joint petition and stated the belief that these amendments could be made administratively, without the need for notice and comment.

Under § 10.33, a petition for reconsideration is to be submitted within 30 days from the date of the decision involved (this can be waived for good cause) and shall contain no new information or views. Because the December 24, 1997, submission was not timely and contains new information and views, FDA has not filed it as a petition for reconsideration.

Likewise, FDA is not handling this submission as a petition for stay of action because, under 21 CFR 10.35, this type of petition must specify the provision for which a stay is requested and be submitted no later that 30 days after the date of the decision involved. FDA finds no mention of a stay in the submission.

Further, the December 24, 1997, submission has not been filed as a petition to amend parts of § 101.36(b)(3)(ii). This submission pointed out specific areas of confusion and expressed the hope that it would stimulate discussion about how best to standardize labeling practices. In addition, the submission suggested adding a new section to define the terms ''extract,'' ''botanical extract,'' and ''native extract.'' The submission also proposed a scheme that would allow for the identification in the nutrition label of the type of solvent used, rather than the specific name of the solvent. Additionally, the submission stated that procedures should be established for expressing the ratio of dried extracts that would clarify whether or not fillers have been taken into consideration. These issues are beyond the scope of reconsideration of the September 1997 final rule, and are therefore not addressed in this final rule. The agency urges industry to consider them in the development of guidelines on extracts, however.

III. Response to Petitions

FDA has fully evaluated the petitions for reconsideration and reviewed the administrative record of the September 1997 final rule to determine if, in light of the arguments raised in the petitions, the agency would have reached a different decision regarding the nutrition labeling of dry and liquid extracts in dietary supplements.

As explained in the following paragraphs, the agency has determined that, based on the administrative record at the time of the publication of the September 1997 final rule, the agency did not make the correct decision.

The joint petition, AHPA petition, and CRN/Amway petition requested that FDA stay the effective date of the provisions of the final regulations pertaining to extracts. The agency is not issuing a stay because the agency believes that a stay is unnecessary. This final rule resolves the issues well enough in advance of March 23, 1999, the effective date for this rule and the September 1997 final rule, to allow firms to meet that effective date.

A. Liquid Extracts

In the agency's December 28, 1995 (60 FR 67194), proposed rule (the December 1995 proposal) on nutrition labeling of dietary supplements entitled ''Food Labeling; Statement of Identity, Nutrition Labeling and Ingredient Labeling of Dietary Supplements,'' the agency proposed that for dietary ingredients for which the Reference Daily Intakes (RDI's) and the Daily

Reference Values (DRV's) have not been established, the supplement facts should include the quantitative amount by weight per serving of the dietary ingredient listed, and not the weight of any component, or the source of, that dietary ingredient. For dietary ingredients that are liquid extracts, the agency proposed that the weight would not include the weight of the solvents.

The comments on the December 1995 proposal convinced the agency that this latter proposal with respect to liquid extracts was unfeasible. The petitions for reconsideration do not question that decision, and the agency stands by it. In the December 1995 proposal's stead, the agency required that the quantity of the entire extract be listed. The petitions for reconsideration have not questioned this provision of the September 1997 final rule.

They do, however, question several other aspects of the final provision on liquid extracts, some of which follow directly from the quantification of the entire extract and others that arise less directly from that decision. The former include whether the volume or the weight should be used to quantify a liquid extract and whether the solvent in the extract should be listed in the nutrition information or in the ingredient list. The latter include whether the ratio of the starting material to the final product should be required. The agency has, therefore, reexamined the administrative record of the September 1997 final rule, in light of the arguments in the petitions for reconsideration, to determine how the agency should have finalized the provision regarding how to quantify liquid extracts.

1. Quantity Listed on the Basis of Volume

The joint petition proposed that the quantity of dietary ingredients in liquid extract form be listed by volume and not by weight. None of the comments of the December 1995 proposal directly requested that the quantity of a liquid extract be listed in terms of its volume rather than its weight. A couple of comments, however, clearly assumed that liquid extracts should be listed by volume and not by weight. For example, one comment suggested that the relative strength of an extract be expressed in a volume to weight ratio that would reflect what volume of liquid extract was equivalent to what weight of herb. For such a ratio to be useful, the quantity of liquid extract would have to be listed by volume. A second comment, portrayed in the September 1997 final rule as agreeing to the listing of the weight of the entire extract (62 FR 49826 at 49833), actually provided several examples using volumes of entire extracts. The agency therefore concludes that the administrative record for the September 1997 final rule supports the use of volume as a means of listing the quantity of a liquid extract.

The joint petition forcefully argues that only volume should be used to list the quantity of a liquid extract. However, the agency received one comment that recommended that liquid extracts should be listed by weight. The agency concludes that it is appropriate for manufacturers to have the option of listing quantity by weight. The agency is, therefore, modifying § 101.36(b)(3)(ii)(B) to require that liquid extracts be quantified either by volume or by weight.

2. Solvent Listed in the Ingredient Statement

In the December 1995 proposal (60 FR 67194 at 67216), FDA proposed that the dry weight of a liquid extract be declared in the nutrition label (proposed § 101.36(b)(3)(ii)) and that the name of any solvent used appear in the ingredient statement (proposed § 101.4(g)) (60 FR 67194 at 67214). In the September 1997 final rule, FDA required that the weight of the total extract be listed in the nutrition label, and that the name of the solvent be included in the description of the liquid extract in the nutrition information. The joint petition requested that solvents that have not been removed from a liquid extract be included in the ingredient list. The Wakunaga petition requested that FDA revoke the provisions on extracts in § 101.36(b)(3)(ii)(B) and (b)(3)(ii)(C) or revise those provisions to eliminate the requirement to identify the solvent used.

FDA has reconsidered this issue. Under section 403(i) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 343(i)), the solvent present in liquid extracts must be identified. The comments on the December 1995 proposal do not directly address the issue of where the solvent should be listed, although it is raised by their suggestion that the quantity of the total extract be listed. On the one hand, FDA continues to believe, as in the September 1997 final rule, that it is appropriate for the name of the solvent to appear in the nutrition label as a part of the description of a liquid extract because the solvent is present in the extract, the entire extract is listed as a dietary ingredient, and the solvent is included in the quantity listed for the extract. Labeling in this manner is truthful and nonmisleading. Those wishing to label solvents in this manner should, therefore, have this option.

On the other hand, the agency is persuaded that it is reasonable to allow manufacturers to list solvents either in the nutrition label or the ingredient list. This approach is consistent with the December 1995 proposal. Moreover, allowing flexibility is consistent with section 403(q)(5)(F) of the act, which allows sources of dietary ingredients to be listed in either the nutrition label or the ingredient list. Therefore, FDA is revising § 101.36(b)(3)(ii)(B) to allow the identity of the solvent in liquid extracts to be listed in either the nutrition label or the ingredient list. The agency points out that if the name of the solvent is not included in the nutrition label, it must be included in the ingredient list in accordance with § 101.4(g), as had been proposed in the December 1995 proposal.

3. Ratio Information Optional

The December 1995 proposal would have required, for dietary ingredients that are liquid extracts, that the weight listed for the dietary ingredient not include the weight of the solvent. The comments pointed out that listing the weight of an extract was not an indication of the concentration or strength of an extract. Some of the comments suggested that a truthful and nonmisleading description of the content of the extract, such as a weight to volume ratio, should be permitted. One of these comments stated that nonstandardized extracts typically are marketed on the basis of a dry botanical to solvent ratio. Other comments suggested that the ratio approach may be useful, but pointed out that the weight of the botanical at the beginning of the extraction process is only one of several factors that affect the concentration of the extract.

As a result of these comments, the agency required in the September 1997 final rule that liquid extracts should be described by a ratio of the weight of the starting material to the volume of the solvent or a description of these values.

The petitions for reconsideration have convinced the agency, however, that it did not adequately consider the comments. In fact, none of the comments requested that ratio information be required, only that it be permitted. Considering this fact, the agency is convinced that, at the time of the September 1997 final rule, it incorrectly required that this information be included in the labeling of dietary supplements. Therefore, FDA is removing the requirement in § 101.36(b)(3)(ii)(B) that ratio information be stated. However, in

recognition of the comment on the December 1995 proposal suggesting that the use of ratio information may provide truthful and nonmisleading information, the agency is not opposed to the optional inclusion of ratio information. Section 101.36(b)(3)(ii)(B) is, therefore, revised accordingly.

In the September 1997 final rule, the agency required that, when listing ratios, the condition of the starting material should be specified, i.e., whether it is fresh or dried. The joint petition stated that the condition should be required only when the starting material is fresh. FDA notes that one of the comments stated that typically the starting material is dried. Additionally, when dried material is used, the amount declared would not include the weight of any water, so consumers would not be misled. Thus, FDA concludes that it unnecessarily required that the condition of dried material be declared. Therefore, FDA is revising § 101.36(b)(3)(ii)(B) to require that the condition of the starting material be required only when it is fresh and may be stated optionally when it is dried.

Having reconsidered the issue of the use of ratios and how they should be stated, when declared, the agency believes that other approaches (such as individual product monographs, good manufacturing practices, or industry guidelines) may provide for better product standardization in the future. These other approaches necessitate further investigation and cooperative research between the agency and the dietary supplement industry. Until such activities can be accomplished, FDA believes that the most appropriate course of action, and the one most useful to consumers, is to proceed to implement the DSHEA by moving ahead with mandatory nutrition labeling in the most truthful, nonmisleading, and flexible manner understood at this time. As experience in this area is gained by all parties, FDA anticipates that the flexibility in this final rule may minimize the need for amendments.

4. Quantification of Constituents of a Liquid Extract Should Be Listed on a ''Per Serving'' Basis.

The agency's December 1995 proposal requested comments on whether constituents of dietary ingredients should be permitted to be listed. The comments favored such listing. The September 1997 final rule, therefore, provided that constituents of a dietary ingredient described in § 101.36(b)(3)(i), which would include constituents of extracts, may be listed, followed by their quantitative amounts by weight.

The joint petition requested clarification that constituents of liquid extracts, when declared, should be listed on a ''per serving'' basis. This petition requested that § 101.36(b)(3)(ii)(B) pertaining to liquid extracts be amended to include the sentence:

> If a product contains a dietary ingredient that is a liquid extract from which the solvent has not been removed and is labeled in any manner which quantifies or claims to contain one or more specific contained constituents of a botanical, the constituent shall be quantified on the label by weight on a 'per serving' basis, in accordance with paragraph (b)(3)(iii) of this section.

The agency points out that the DSHEA specified that quantities in the nutrition label should be listed on a ''per serving'' basis (see section 403(q)(5)(F)(ii) of the act) and FDA implemented this basis for the listing of dietary ingredients in § 101.36. The agency inadvertently did not repeat in § 101.36(b)(3)(iii) that when the quantitative amounts by weight of constituents are listed, they should be reported on a ''per serving'' basis. The agency believes that revising § 101.36(b)(3)(iii) to add the words ''per serving'' is the most direct way of clarifying this issue and points out that this paragraph applies to constituents of all dietary ingredients described in § 101.36(b)(3)(i), not just to constituents of liquid ingredients. Therefore, rather than revising § 101.36(b)(3)(ii)(B) as requested, the agency is modifying § 101.36(b)(3)(iii) to require that the quantitative amount of constituents be declared on a ''per serving'' basis.

B. Dry Extracts

As requested in the AHPA, CRN/Amway, and Wakunaga petitions, FDA has reconsidered the provision on dried extracts in § 101.36(b)(3)(ii)(C). The AHPA petition requested that this provision be reconsidered, revoked, or revised to eliminate the requirement for identification of the solvent. The other petitions requested that FDA reconsider and stay the second sentence of this provision, then revoke it. The second sentence reads ''The dried extract shall be described by an appropriately descriptive term that identifies the solvent used, e.g., 'dried hexane extract of ————' or '————, dried hexane extract.' ''

The September 1997 final rule required that the solvent used to produce a dried extract be identified because the agency had concluded that the solvent used determines the composition of an extract (62 FR 49834). Reconsidering the comments to the December 1995 proposal (which were generally about liquid extracts but which the agency believes apply to dry extracts also), the agency concludes that, although the identity of the solvent contributes significantly to the composition of an extract, other factors also contribute to the composition of an extract. Because these other factors are not currently accounted for in an adequate way by any labeling or other requirements, the agency believes that, at the time of the September 1997 final rule, it was inappropriate to require the identification of the solvent used to produce a dry extract. Therefore, having reconsidered the administrative record of the September 1997 final rule in light of the arguments raised in the petitions for reconsideration, FDA is removing the second sentence in § 101.36(b)(3)(ii)(C) as requested by the petitions.

The agency believes that, given adequate compendial standards or good manufacturing practices, the factors relevant to the concentration and composition of dietary ingredients that are extracts may be accounted for so as to enable the agency, at some future date, to require further information about extracts in the labeling of dietary supplements.

IV. Economic Analysis

A. Benefit/Cost Analysis

FDA has examined the impacts of this final rule under Executive Order 12866. Executive Order 12866 directs agencies to assess the 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). According to Executive Order 12866, a regulatory action is ''economically significant'' if it meets any one of a number of specified conditions, including having an annual effect on the economy of $100 million or adversely affecting in a material way a sector of the economy, competition, or jobs. A regulation is considered ''significant'' under Executive Order 12866 if it raises novel legal or policy issues. FDA finds that this final rule is neither an economically significant nor a significant regulatory action as defined by Executive Order 12866.

In addition, FDA has determined that this rule does not constitute a significant rule under the Unfunded Mandates Reform Act of 1995 (UMRA) requiring cost-benefit and other analyses. A significant rule is defined in section 1531(a) of UMRA as ''a Federal mandate that may result in the expenditure by State, local, and tribal

governments in the aggregate, or by the private sector, of $100,000,000 (adjusted annually for inflation) in any 1 year.''

Finally, in accordance with the Small Business Regulatory Enforcement Fairness Act of 1996, the administrator of the Office of Information and Regulatory Affairs of the Office of Management and Budget has determined that this final rule is not a major rule for the purpose of congressional review.

FDA is publishing these revisions in response to four petitions for reconsideration of the requirements for the labeling of extracts, which are effective March 23, 1999. FDA is making compliance easier by making the requirements for the labeling of extracts more flexible. These revisions will not result in any additional costs.

B. Small Entity Analysis

FDA has examined the impacts of this final rule as required by the Regulatory Flexibility Act (5 U.S.C. 601–612). If a rule has a significant impact on a substantial number of small entities, the Regulatory Flexibility Act requires agencies to analyze options that would minimize the economic impact of that rule on small entities. Under the Regulatory Flexibility Act (5 U.S.C. 605(b)), the agency certifies that this final rule will not have a significant impact on a substantial number of small entities.

These revisions will provide additional flexibility for complying with the requirements for the labeling of extracts. This rule will not cause any additional labels to be changed but will make it easier for small firms to comply with existing requirements by making those requirements more flexible. FDA further notes that small products from certain small firms are exempt from the requirements provided no claims are made.

V. Environmental Impact

The agency has determined under 21 CFR 25.30(k) that this action is of a type that does not individually or cumulatively have a significant effect on the human environment. Therefore, neither an environmental assessment nor an environmental impact statement is required.

VI. Paperwork Reduction Act of 1995

This final rule contains information collection provisions that are subject to review by the Office of Management and Budget (OMB) under the Paperwork Reduction Act of 1995 (the PRA) (44 U.S.C. 3501–3520). The title, description, and respondent description of the information collection provisions are shown below with an estimate of the annual reporting burden. Included in the estimate is the time required for reviewing instructions, searching existing data sources, gathering and maintaining any data needed, and completing and reviewing each collection of information.

Title: Requirements for Statement of Identity, Nutrition, and Ingredient Labeling of Dietary Supplements.

Description: This final rule revises the requirements for the declaration of information concerning extracts used in dietary supplements that were established by the September 1997 final rule. In response to four petitions for reconsideration of the September 1997 final rule, FDA is revising the regulations that establish labeling requirements for dietary supplements that contain extracts. This final rule revises the labeling requirements for dietary supplements that contain liquid extracts to allow: (1) The quantity of an extract to be listed on the basis of volume or weight, (2) solvents present to be listed in the ingredient statement or the nutrition label, and (3) the optional listing in the nutrition label of the ratio of starting material to the volume of solvent. FDA is also eliminating the requirement that a description of a dried extract include the name of the solvent used. This final rule does not revise any of the other information collection provisions in the September 1997 final rule, such as the requirements for nutrition labeling of dietary supplements.

As required by section 3506(c)(2)(B) of the PRA (44 U.S.C. 3506(c)(2)(B)), FDA provided an opportunity for public comment under the PRA when the proposed rule was published in December 1995. The information collection provisions of the September 1997 final rule were discussed in that final rule and submitted to OMB for its review and approval (62 FR 49826 at 49845). OMB subsequently approved the information collection provisions of the September 1997 final rule under OMB control number 0910–0351 (see 62 FR 66635, December 19, 1997).

The revisions in this final rule will reduce the information collection burden to producers of dietary supplements that contain extracts. FDA had previously estimated, and OMB had approved, the total annual hour burden for the information collection requirements of the September 1997 final rule at 136,040 hours. FDA now estimates that the total annual hour burden for the information collection requirements of the September 1997 final rule, as revised by this final rule, will be 134,890 hours.

Description of Respondents: Persons and businesses, including small businesses.

TABLE 1.—ESTIMATED ANNUAL REPORTING BURDEN

21 CFR Section	No. of Respondents	No. of Responses per Respondent	Total Annual Responses	Hours per Response	Total Annual Hours	Total Operating and Maintenance Costs
101.36(b)(2) and (b)(3) (except paragraphs (b)(3)(ii)(B) and (b)(3)(ii)(C)) (disclosure)	850	40	34,000	3.9	132,600	$40,000,000
101.36(b)(3)(ii)(B) and (b)(3)(ii)(C) (disclosure)	250	30	7,500	0.3	2,250	
101.36(f)(2) (reporting)	20	1	20	2	40	
Totals					134,890	$40,000,000

FDA estimated in the September 1997 final rule that there were a maximum of 850 suppliers of dietary supplements and that each supplier had 40 products whose labels required revision. FDA also estimated that there were at least 250 of these firms that produce herbal or botanical products. These are the firms whose products are most likely to contain extracts as ingredients. Based on the agency's knowledge of the dietary supplement marketplace, FDA estimates that approximately 25 percent of these firms' products contain dry extracts. FDA estimates that with elimination of

the requirement for identifying the solvent used for dry extracts, no firms will provide information concerning the identity of the solvent. FDA estimates that firms will provide the ratio of the starting materials to the volume of the solvents used in the production of liquid extracts only when it is in their best interest and that this will occur no more than 10 percent of the time. The other revisions to the regulations should also help reduce the amount of time that a firm must spend to provide the required information. All of the information required by this final rule to be disclosed on the label of dietary supplements that contain liquid extracts is information that a firm would be expected to have in the normal course of its business of producing dietary supplements. Firms should know or have readily available to them information on the amount of the extract by volume or weight that is present in the dietary supplement and the identity of the solvent. The hour burden estimates in Table 1 of this document are for the information collection provisions established by regulation and do not include those that stem solely from the act or the DSHEA.

Although the statement of identity, nutrition, and ingredient labeling regulations for dietary supplements in § 101.36 were approved following publication of the September 1997 final rule (OMB control number 0910–0351), FDA has resubmitted them to OMB for approval of the revised requirements for label disclosure of extract ingredients in this final rule. Prior to the effective date of the regulations, FDA will publish a notice in the **Federal Register** announcing OMB's decision to approve, modify, or disapprove the revised requirements. 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.

List of Subjects in 21 CFR Part 101

Food labeling, Nutrition, Reporting and recordkeeping requirements.

Therefore, under the Federal Food, Drug, and Cosmetic Act and under authority delegated to the Commissioner of Food and Drugs, 21 CFR part 101 is amended as follows:

PART 101—FOOD LABELING

1. The authority citation for 21 CFR part 101 continues to read as follows:

Authority: 15 U.S.C. 1453, 1454, 1455; 21 U.S.C. 321, 331, 342, 343, 348, 371.

2. Section 101.36 is amended by revising paragraphs (b)(3)(ii)(B), (b)(3)(ii)(C), and (b)(3)(iii) to read as follows:

§ 101.36 Nutrition labeling of dietary supplements.

* * * * *

(b) * * *

(3) * * *

(ii) * * *

(B) For any dietary ingredient that is a liquid extract from which the solvent has not been removed, the quantity listed shall be the volume or weight of the total extract. Information on the condition of the starting material shall be indicated when it is fresh and may be indicated when it is dried. Information may be included on the concentration of the dietary ingredient and the solvent used, e.g., ''fresh dandelion root extract, x (y:z) in 70% ethanol,'' where x is the number of milliliters (mL) or mg of the entire extract, y is the weight of the starting material and z is the volume (mL) of solvent. Where the solvent has been partially removed (not to dryness), the final concentration, when indicated, shall be stated (e.g., if the original extract was 1:5 and 50 percent of the solvent was removed, then the final concentration shall be stated as 1:2.5). Where the name of the solvent used is not included in the nutrition label, it is required to be listed in the ingredient statement in accordance with § 101.4(g).

(C) For a dietary ingredient that is an extract from which the solvent has been removed, the weight of the ingredient shall be the weight of the dried extract.

(iii) The constituents of a dietary ingredient described in paragraph (b)(3)(i) of this section may be listed indented under the dietary ingredient and followed by their quantitative amounts by weight per serving, except that dietary ingredients described in paragraph (b)(2) of this section shall be listed in accordance with that section. When the constituents of a dietary ingredient described in paragraph (b)(3)(i) of this section are listed, all other dietary ingredients shall be declared in a column; however, the constituents themselves may be declared in a column or in a linear display.

* * * * *

Dated: May 29, 1998.

William B. Schultz,

Deputy Commissioner for Policy.

[FR Doc. 98–14915 Filed 6–4–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Part 165

[Docket No. 98N–0294]

Beverages: Bottled Water; Correction

AGENCY: Food and Drug Administration, HHS.

ACTION: Direct final rule; correction.

SUMMARY: The Food and Drug Administration (FDA) is correcting a final rule that appeared in the **Federal Register** of May 11, 1998 (63 FR 25764). The document lifted the stay of the effective date for the allowable levels in the bottled water quality standard for nine chemical contaminants, i.e., antimony, beryllium, cyanide, nickel, thallium, diquat, endothall, glyphosate, and 2,3,7,8–TCDD (dioxin), that was imposed in a final rule published on March 26, 1996. The document was published with some errors under the **''DATES''** section. This document corrects those errors.

DATES: The regulation published at 63 FR 25764 is effective February 2, 1999. Submit written comments by July 27, 1998. If no timely significant adverse comments are received, the agency will publish a document in the **Federal Register** no later than August 6, 1998, confirming the effective date of the direct final rule. If timely significant adverse comments are received, the agency will publish a document of significant adverse comment in the **Federal Register** withdrawing this direct final rule no later than August 6, 1998.

ADDRESSES: Submit written comments to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Henry Kim, Center for Food Safety and Applied Nutrition (HFS–306), Food and Drug Administration, 200 C St. SW., Washington, DC 20204, 202–260–0631.

SUPPLEMENTARY INFORMATION: FDA published a direct final rule in the **Federal Register** of May 11, 1998 (63 FR 25764), lifting the stay of the effective date for the allowable levels in the bottled water standard for nine chemical contaminants. As published, the dates section is incorrect.

In FR Doc. 98–12381, beginning on page 25764 in the **Federal Register** of Monday, May 11, 1998, the following correction is made:

1. On page 25764, beginning in the second column, the **''DATES''** section is

corrected to read as follows: ''**DATES:** The regulation published at 63 FR 25764 is effective February 2, 1999. Submit written comments by July 27, 1998. If no timely significant adverse comments are received, the agency will publish a document in the **Federal Register** no later than August 6, 1998, confirming the effective date of the direct final rule. If timely significant adverse comments are received, the agency will publish a document of significant adverse comment in the **Federal Register** withdrawing this direct final rule no later than August 6, 1998.''

Dated: May 28, 1998.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 98–14718 Filed 6–4–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF THE TREASURY

Internal Revenue Service

26 CFR Parts 1 and 602

[TD 8769]

RIN 1545–AV26

Permitted Elimination of Preretirement Optional Forms of Benefit

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Final regulations.

SUMMARY: This document contains final regulations that permit an amendment to a qualified plan or other employee pension benefit plan that eliminates plan provisions for benefit distributions before retirement but after age 70½. These regulations affect employers that maintain qualified plans and other employee pension benefit plans, plan administrators of these plans and participants in these plans.

EFFECTIVE DATE: These regulations are effective June 5, 1998.

FOR FURTHER INFORMATION CONTACT: Thomas Foley, (202) 622–6050 (not a toll-free number).

SUPPLEMENTARY INFORMATION:

Paperwork Reduction Act

The collection of information contained in these final regulations has been reviewed and approved by the Office of Management and Budget in accordance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3507(d)) under the control number 1545–1545. The collection of information in these final regulations is in § 1.411(d)–4. Responses to this collection of information are required in order to obtain a benefit. Specifically, this information is required for a taxpayer who wants to amend a qualified plan to eliminate certain preretirement optional forms of benefit. This information will be used to determine whether taxpayers have amended a qualified plan.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid control number.

The estimated average burden per recordkeeper for master and prototype plan employers is 10 minutes. The estimated average burden per recordkeeper for master and prototype plan sponsors is 30 minutes. The estimated average burden per recordkeeper for employers with individually designed plans is 30 minutes.

Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be sent to the Internal Revenue Service, Attn: IRS Clearance Officer, T:FS:FP, Washington, D.C. 20224, and to the Office of Management and Budget, Attn: Desk Officer for the Department of the Treasury, Office of Information and Regulatory Affairs, Washington, D.C. 20503.

Books or records relating to a collection of information must be retained as long as their contents may become material in the administration of any internal revenue law. Generally, tax returns and tax return information are confidential, as required by 26 U.S.C. 6103.

Background

This document contains amendments to the Income Tax Regulations (26 CFR part 1) under section 411(d) of the Internal Revenue Code of 1986. The final regulations permit taxpayers to amend qualified plans to eliminate plan provisions for benefit distributions before retirement but after age 70½, if certain conditions are satisfied.

Section 411(d)(6) generally provides that a plan will not be treated as satisfying the requirements of section 411 if the accrued benefit of a participant is decreased by a plan amendment. Under section 411(d)(6)(B), a plan amendment that eliminates an optional form of benefit will be treated as reducing accrued benefits to the extent that the amendment applies to benefits accrued as of the later of the adoption date or the effective date of the amendment. However, section 411(d)(6)(B) also permits the Secretary to provide in regulations that this rule will not apply to an amendment that eliminates an optional form of benefit.

Section 401(a)(9) provides that, in order for a plan to be qualified under section 401(a), distributions from the plan must commence no later than the ''required beginning date.'' Prior to 1997, section 401(a)(9)(C) generally provided that the required beginning date is April 1 following the calendar year in which the employee attains age 70½. Consequently, in order to satisfy section 401(a)(9), qualified plans, other than certain church and governmental plans, have provided for distributions to commence no later than April 1 following the calendar year that an employee attains age 70½. These distributions commence without regard to whether the employee has retired from employment with the employer maintaining the plan.

Section 1404 of the Small Business Job Protection Act of 1996, Public Law 104–188 (SBJPA), amended the definition of required beginning date that applies to an employee who is not a 5-percent owner. Section 401(a)(9)(C)(i), as amended, provides that, in the case of such an employee, the required beginning date is April 1 of the calendar year following the later of the calendar year in which the employee attains age 70½ or the calendar year in which the employee retires. Accordingly, except in the case of 5-percent owners, a plan is no longer required to provide for distributions that commence prior to retirement in order to satisfy section 401(a)(9).

The right to commence benefit distributions in any form at a particular time is an optional form of benefit within the meaning of section 411(d)(6)(B) and § 1.411(d)–4, Q&A–1(b). In enacting section 1404 of the SBJPA, Congress did not alter the application of section 411(d)(6). Thus, except to the extent authorized by regulations, a plan amendment that eliminates the right to commence preretirement benefit distributions in a plan after age 70½ (or restricts the right by adding an additional condition) violates section 411(d)(6) if the amendment applies to benefits accrued as of the later of the adoption or effective date of the amendment.

On July 2, 1997, a notice of proposed rulemaking under section 411(d)(6) was published in the **Federal Register** (62 FR 35752). The proposed regulations would allow amendment of qualified plans to eliminate the right to commence preretirement benefit distributions after age 70½, as required under section 401(a)(9) before its amendment by the SBJPA. On October

28, 1997, a public hearing was held on the proposed regulations. In general, most of the comments received with respect to the proposed regulations did not relate to the proposed amendments to the regulations under section 411(d)(6), but rather to the other issues related to the SBJPA amendment to section 401(a)(9). Many of those issues are addressed in Notice 97–75 (1997–51 I.R.B. 18). Those comments that addressed the amendments to the proposed regulations under section 411(d)(6) were generally favorable. Thus, after consideration of the comments received, the final regulations retain the structure and substance of the proposed regulations, with the changes or clarifications discussed below.

Overview

1. Permitted Elimination of Preretirement Distributions After Age 70½

The legislative history to section 1404 of the SBJPA indicates that the reason for amending the definition of required beginning date was that it is inappropriate to require all participants to commence distributions by age 70½ without regard to whether the participant is still employed by the employer. Because section 1404 did not alter the application of section 411(d)(6) to plan provisions allowing or requiring preretirement distributions after age 70½, an employer's choices for amending its plan to implement the SBJPA change to the definition of required beginning date would be limited if the IRS and Treasury did not grant relief from section 411(d)(6).

Under previously-issued administrative guidance, one approach that is available to employers is to give employees the option of commencing distributions at age 70½ or deferring commencement until after retirement. See Announcement 97–24 (1997–11 I.R.B. 24) and Revenue Procedure 97–41 (1997–33 I.R.B. 51). Another alternative available to employers is to amend the plan to eliminate the right to preretirement distributions solely with respect to future accruals. However, under this second approach, each current participant would retain the right to receive preretirement distributions after age 70½ with respect to a portion of his or her accrued benefit.

The IRS and Treasury recognize the potential complexity of administering plans (particularly defined benefit plans) that adopt either of these approaches. In addition, an employer may not have chosen voluntarily to offer preretirement distributions to employees who have attained age 70½ but instead may have included these provisions in its plan solely to comply with section 401(a)(9) prior to its amendment by the SBJPA. Therefore, the proposed regulations set forth a proposal to provide relief from section 411(d)(6) for certain plan amendments that eliminate preretirement distributions commencing at age 70½. After consideration of the comments received with respect to the proposed regulations, the final regulations provide this relief using the same approach.

2. Conditions on the Relief From Section 411(d)(6)

a. Protection for Employees Who Are Near Age 70½

Under the regulations, an amendment to eliminate a preretirement age 70½ distribution option is permitted to apply only to benefits with respect to employees who attain age 70½ in or after a calendar year, specified in the amendment, that begins after the later of December 31, 1998, or the adoption date of the amendment. The relief from section 411(d)(6) is limited to distributions to employees who attain age 70½ after calendar year 1998 because employees who were near age 70½ at the time of enactment of the SBJPA may have had an expectation of receiving preretirement distributions in the near future and may have made plans that took into account these expected distributions.

b. Optional Forms of Benefit for Participants Retiring After Age 70½

A plan using this relief generally may not preclude an employee who retires after the calendar year in which the employee attains age 70½ from receiving an optional form of benefit that would have been available if the employee had retired in the calendar year in which the employee attained age 70½. Two of the commentators on the proposed regulations requested clarification that this requirement does not impose special additional restrictions with respect to employees over age 70½ that would require plan sponsors to retain all plan options in effect during the year any employee attained age 70½. In response to these comments, the final regulations clarify that no such special additional restrictions are being imposed. Thus, to the extent a section 411(d)(6) protected benefit may otherwise be eliminated or reduced under § 1.411(d)–4, that protected benefit can be reduced or eliminated for all employees without violating section 411(d)(6), even if that benefit would have been available to an employee who retired in the calendar year in which the employee attained age 70½.

c. Timing of Plan Amendment

An amendment to eliminate a preretirement age 70½ distribution option must be adopted no later than the last day of the remedial amendment period that applies to the plan for changes under the SBJPA. The relief provided is available only to employers that adopt the amendment within this specified time period because the relief is intended to simplify the implementation of section 401(a)(9), as amended by the SBJPA, for employers that do not voluntarily provide preretirement distributions for an extended period after the enactment of the SBJPA.

The IRS and Treasury have determined that it is appropriate to provide an extension of the period for collectively bargained plans to implement an amendment permitted by these regulations. This was suggested by a commentator who noted that it might not be possible to amend a collectively bargained plan until the expiration of all applicable collective bargaining agreements that are in effect when the final regulations are issued. Accordingly, under the final regulations, § 1.411(d)–4, Q&A–10(b)(3) has been amended so that, in the case of a plan maintained pursuant to one or more collective bargaining agreements between employee representatives and one or more employers ratified before September 3, 1998, the amendment deadline is extended to the last day of the twelfth month beginning after the date on which the last of such collective bargaining agreements terminates (determined without regard to any extensions on or after September 3, 1998), if later than the last day of the remedial amendment period for the plan for changes under the SBJPA.

3. Circumstances Under Which No Relief Is Required

Many employers do not need relief under section 411(d)(6) in order to implement the SBJPA change in the definition of required beginning date in their plans. The regulations include an example of such a plan, a profit-sharing plan that permits an employee to elect distribution after age 59½ at any time and in any amount. The example illustrates that this plan may be amended to implement the SBJPA change in the definition of required beginning date without violating section 411(d)(6). In this example, the section 411(d)(6) relief in these regulations is

not required because the optional forms of benefit in the plan that reflect the pre-SBJPA mandatory distribution requirements of section 401(a)(9) are encompassed by the optional forms of benefit provided under the general elective distribution provisions of the plan. The right to commence distributions at age 70½ continues to be available under the plan even after the plan is amended to implement the SBJPA change in the required beginning date.

Effective Date

These regulations are effective June 5, 1998.

Special Analyses

It has been determined that this Treasury decision is not a significant regulatory action as defined in EO 12866. Therefore, a regulatory assessment is not required. It also has been determined that section 553(b) of the Administrative Procedure Act (5 U.S.C. chapter 5) does not apply to these regulations. Further, it is hereby certified, pursuant to sections 603(a) and 605(b) of the Regulatory Flexibility Act, that the collection of information in these regulations does not have a significant economic impact on a substantial number of small entities. The burden imposed by the collection of information is the burden of amending a plan to modify the provisions reflecting section 401(a)(9). The cost of the amendment varies depending upon whether the small entity involved maintains an individually designed plan or uses a master or prototype plan. For an individually designed plan, the small entity maintaining the plan will be responsible for arranging to have the amendment made. Most small entities with individually designed plans will have the amendment done by a skilled outside service provider, such as a consulting firm or law firm. The time required to make such an amendment is estimated at 30 minutes, which is not a significant economic impact, even for a very small entity. Moreover, most very small entities that maintain a qualified plan use a master or prototype plan. For master and prototype plans, the plan sponsor drafts a single amendment for all of the employers participating in the plan. The average time required for the amendment per employer participating in a master or prototype plan is estimated to be 10 minutes, which certainly is not a substantial economic impact. Therefore, a regulatory flexibility analysis under the Regulatory Flexibility Act (5 U.S.C. chapter 6) is not required. Pursuant to section 7805(f) of the Internal Revenue Code, the notice of proposed rulemaking preceding these regulations was submitted to the Chief Counsel for Advocacy of the Small Business Administration for comment on its impact on small business.

Drafting Information

The principal author of these regulations is Cheryl Press, Office of the Associate Chief Counsel (Employee Benefits and Exempt Organizations), IRS. However, other personnel from the IRS and Treasury Department participated in their development.

List of Subjects

26 CFR Part 1

Income taxes, Reporting and recordkeeping requirements.

26 CFR Part 602

Reporting and recordkeeping requirements.

Amendments to the Regulations

Accordingly, 26 CFR parts 1 and 602 are amended as follows:

PART 1—INCOME TAXES

Paragraph 1. The authority citation for part 1 is amended by revising the entry for § 1.411(d)–4 to read as follows:

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

1.411(d)–4 also issued under 26 U.S.C. 411(d)(6). * * *

Par. 2. Section 1.411(d)–4 is amended by adding Q&A–10 to read as follows:

§ 1.411(d)–4 Section 411(d)(6) protected benefits.

* * * * *

Q–10. If a plan provides for an age 70½ distribution option that commences prior to retirement from employment with the employer maintaining the plan, to what extent may the plan be amended to eliminate this distribution option?

A–10. (a) *In general.* The right to commence benefit distributions in a particular form and at a particular time prior to retirement from employment with the employer maintaining the plan is a separate optional form of benefit within the meaning of section 411(d)(6)(B) and Q&A–1 of this section, even if the plan provision creating this right was included in the plan solely to comply with section 401(a)(9), as in effect for years before January 1, 1997. Therefore, except as otherwise provided in paragraph (b) of this Q&A–10 or any other Q&A in this section, a plan amendment violates section 411(d)(6) if it eliminates an age 70½ distribution option (within the meaning of paragraph (c) of this Q&A–10) to the extent that it applies to benefits accrued as of the later of the adoption date or effective date of the amendment.

(b) *Permitted elimination of age 70½ distribution option.* An amendment of a plan will not violate the requirements of section 411(d)(6) merely because the amendment eliminates an age 70½ distribution option to the extent that the option provides for distribution to an employee prior to retirement from employment with the employer maintaining the plan, provided that—

(1) The amendment eliminating this optional form of benefit applies only to benefits with respect to employees who attain age 70½ in or after a calendar year, specified in the amendment, that begins after the later of—

(i) December 31, 1998; or

(ii) The adoption date of the amendment;

(2) The plan does not, except to the extent required by section 401(a)(9), preclude an employee who retires after the calendar year in which the employee attains age 70½ from receiving benefits in any of the same optional forms of benefit (except for the difference in the timing of the commencement of payments) that would have been available had the employee retired in the calendar year in which the employee attained age 70½; and

(3) The amendment is adopted no later than—

(i) The last day of the remedial amendment period that applies to the plan for changes under the Small Business Job Protection Act of 1996 (110 Stat. 1755); or

(ii) Solely in the case of a plan maintained pursuant to one or more collective bargaining agreements between employee representatives and one or more employers ratified before September 3, 1998, the last day of the twelfth month beginning after the date on which the last of such collective bargaining agreements terminates (determined without regard to any extension thereof on or after September 3, 1998), if later than the date described in paragraph (b)(3)(i) of this Q&A–10. For purposes of this paragraph (b)(3)(ii), the rules of § 1.410(b)–10(a)(2) apply for purposes of determining whether a plan is maintained pursuant to one or more collective bargaining agreements, except that September 3, 1998 is substituted for March 1, 1986, as the date before which the collective bargaining agreements must be ratified.

(c) *Age 70½ distribution option.* For purposes of this Q&A–10, an age 70½ distribution option is an optional form of benefit under which benefits payable in a particular distribution form (including any modifications that may

be elected after benefit commencement) commence at a time during the period that begins on or after January 1 of the calendar year in which an employee attains age 70½ and ends April 1 of the immediately following calendar year.

(d) *Examples.* The provisions of this Q&A–10 are illustrated by the following examples:

Example 1. Plan A, a defined benefit plan, provides each participant with a qualified joint and survivor annuity (QJSA) that is available at any time after the later of age 65 or retirement. However, in accordance with section 401(a)(9) as in effect prior to January 1, 1997, Plan A provides that if an employee does not retire by the end of the calendar year in which the employee attains age 70½, then the QJSA commences on the following April 1. On October 1, 1998, Plan A is amended to provide that, for an employee who is not a 5-percent owner and who attains age 70½ after 1998, benefits may not commence before the employee retires but must commence no later than the April 1 following the later of the calendar year in which the employee retires or the calendar year in which the employee attains age 70½. This amendment satisfies this Q&A–10 and does not violate section 411(d)(6).

Example 2. Plan B, a money purchase pension plan, provides each participant with a choice of a QJSA or a single sum distribution commencing at any time after the later of age 65 or retirement. In addition, in accordance with section 401(a)(9) as in effect prior to January 1, 1997, Plan B provides that benefits will commence in the form of a QJSA on April 1 following the calendar year in which the employee attains age 70½, except that, with spousal consent, a participant may elect to receive annual installment payments equal to the minimum amount necessary to satisfy section 401(a)(9) (calculated in accordance with a method specified in the plan) until retirement, at which time a participant may choose between a QJSA and a single sum distribution (with spousal consent). On June 30, 1998, Plan B is amended to provide that, for an employee who is not a 5-percent owner and who attains age 70½ after 1998, benefits may not commence prior to retirement but benefits must commence no later than April 1 after the later of the calendar year in which the employee retires or the calendar year in which the employee attains age 70½. The amendment further provides that the option described above to receive annual installment payments prior to retirement will not be available under the plan to an employee who is not a 5-percent owner and who attains age 70½ after 1998. This amendment satisfies this Q&A–10 and does not violate section 411(d)(6).

Example 3. Plan C, a profit-sharing plan, contains two distribution provisions. Under the first provision, in any year after an employee attains age 59½, the employee may elect a distribution of any specified amount not exceeding the balance of the employee's account. In addition, the plan provides a section 401(a)(9) override provision under which, if, during any year following the year that the employee attains age 70½, the employee does not elect an amount at least equal to the minimum amount necessary to satisfy section 401(a)(9) (calculated in accordance with a method specified in the plan), Plan C will distribute the difference by December 31 of that year (or for the year the employee attains age 70½, by April 1 of the following year). On December 31, 1996, Plan C is amended to provide that, for an employee other than an employee who is a 5-percent owner in the year the employee attains age 70½, in applying the section 401(a)(9) override provision, the later of the year of retirement or year of attainment of age 70½, is substituted for the year of attainment of age 70½. After the amendment, Plan C still permits each employee to elect to receive the same amount as was available before the amendment. Because this amendment does not eliminate an optional form of benefit, the amendment does not violate section 411(d)(6). Accordingly, the amendment is not required to satisfy the conditions of paragraph (b) of this Q&A–10.

(e) *Effective date.* This Q&A–10 applies to amendments adopted and effective after June 5, 1998.

PART 602—OMB CONTROL NUMBERS UNDER THE PAPERWORK REDUCTION ACT

Par. 3. The authority citation for part 602 continues to read as follows:

Authority: 26 U.S.C. 7805.

Par. 4. In § 602.101, paragraph (c) is amended by adding an entry in numerical order to the table to read as follows:

§ 602.101 OMB control numbers.

* * * * *

(c) * * *

CFR part or section where identified and described	Current OMB control No.
* * * * *	
1.411(d)–4	1545–1545
* * * * *	

Michael P. Dolan,

Deputy Commissioner of Internal Revenue.

Approved: May 11, 1998.

Donald C. Lubick,

Assistant Secretary of the Treasury.

[FR Doc. 98–14875 Filed 6–4–98; 8:45 am]

BILLING CODE 4830–01–U

EQUAL EMPLOYMENT OPPORTUNITY COMMISSION

29 CFR Part 1625

Waiver of Rights and Claims Under the Age Discrimination in Employment Act (ADEA)

AGENCY: Equal Employment Opportunity Commission.

ACTION: Final rule.

SUMMARY: EEOC is publishing this final regulation on agreements waiving rights and claims under the Age Discrimination in Employment Act, in order to set forth procedures for complying with the Older Workers Benefit Protection Act of 1990.

DATES: This final regulation will be effective on July 6, 1998.

FOR FURTHER INFORMATION CONTACT: Joseph N. Cleary, Assistant Legal Counsel, or Paul E. Boymel, Senior Attorney-Advisor, Office of Legal Counsel, 202–663–4692 (voice), 202–663–7026 (TDD).

SUPPLEMENTARY INFORMATION:

A. History

Congress amended the ADEA by enacting the Older Workers Benefit Protection Act of 1990 (OWBPA), Pub. L. 101–433, 104 Stat. 983 (1990), to clarify the prohibitions against discrimination on the basis of age. In Title II of OWBPA, Congress addressed waivers of rights and claims under the ADEA, amending section 7 of the ADEA by adding a new subsection (f), 29 U.S.C. 626(f).

Section 7(f)(1) provides that ''an individual may not waive any right or claim under the [ADEA] unless the waiver is knowing and voluntary.'' Section 7(f) sets out the minimum criteria for determining whether a waiver is knowing and voluntary.

In light of the OWBPA amendments, EEOC published an Advance Notice of Proposed Rulemaking (ANPRM) in the **Federal Register**, 57 FR 10626 (March 27, 1992), seeking information from the public on various issues under both titles of OWBPA. In response to the ANPRM, EEOC received approximately 40 comments, many of which presented detailed analyses of Title II issues, requesting EEOC to provide formal guidance on waivers of rights and claims under the ADEA. Since the publication of the ANPRM, EEOC also has received numerous written and telephone inquiries requesting information on how to comply with Title II.

On August 31, 1995, EEOC announced in the **Federal Register**, 60

FR 45388 (August 31, 1995), its intent to use negotiated rulemaking to develop a proposed Title II rule.

B. Purpose of Negotiated Rulemaking

Negotiated rulemaking, under procedures set out in the Negotiated Rulemaking Act, 5 U.S.C. 561 *et seq.*, Pub. L. 101–648, is a relatively new tool used by agencies in connection with the development of regulations. In using negotiated rulemaking, EEOC has reached out to employers, employees, and their representatives to take into account the concerns of all interested communities in the development and drafting of the proposed rule. This procedure contrasts with the more traditional ''notice and comment'' rulemaking where an agency receives public input only after the proposed rule is published for comment. The advantages of negotiated rulemaking include:

1. The negotiated rulemaking process allows public input from the start, permitting the stakeholders—individuals, organizations, and businesses actually affected by the rule—to explain their concerns and help shape the rule;

2. The agency gains the benefit of the expertise of the stakeholders, enabling it to draft a rule that reflects the realities of the workplace, not just the agency's views;

3. The negotiated rulemaking process requires consensus of the committee members. Since stakeholder representatives from all sides of the issues to be addressed are involved, the stakeholders will be more willing to accept the regulation without legal challenge. While no stakeholder will be happy with *every* provision of a rule, each will know that the rule represents a reasonable solution to shared problems.

C. Negotiated Rulemaking on Title II of OWBPA

The August 31, 1995, **Federal Register** notice set out nine issues that EEOC suggested might be discussed during the negotiated rulemaking process. EEOC left open the possibility that the Negotiated Rulemaking Committee would add other issues to the proposed rule and/or choose not to address one or more of the enumerated issues.

The notice also invited members of the public who were interested in serving on the Committee to inform EEOC of their interest and qualifications. EEOC received over 70 requests to participate on the Committee, representing a wide diversity of interests and backgrounds. EEOC chose 18 Committee participants from members of the public representing labor, management, and employee interests, along with 2 EEOC representatives to serve on the Committee. The members of the Committee were:

Elizabeth M. Barry, Esq., Harvard University, Cambridge, MA
William H. Brown, Esq., Schnader, Harrison, Segal & Lewis, Philadelphia, PA
Joseph N. Cleary, Esq., Equal Employment Opportunity Commission, Washington, DC
John C. Dempsey, Esq., AFSCME, AFL–CIO, Washington, DC
Raymond C. Fay, Esq., Bell Boyd & Lloyd, Washington, DC
Burton D. Fretz, Esq., National Senior Citizens Law Center, Washington, DC
Peter Kilgore, Esq., National Restaurant Association, Washington, DC
Lloyd C. Loomis, Esq., Atlantic Richfield Co., Los Angeles, CA
Benton J. Mathis, Esq., Drew, Eckl & Farnham, Atlanta, GA
Thomas R. Meites, Esq., Meites, Frackman, Mulder & Burger, Chicago, IL
Niall A. Paul, Esq., Spilman, Thomas & Battle, Charleston, WV
Markus L. Penzel, Esq., Garrison, Phelan, Levin-Epstein & Penzel, and National Employment Lawyers Assn., New Haven, CT
L. Steven Platt, Esq., Arnold and Kadjan, and National Employment Lawyers Assn., Chicago, IL
Pamela S. Poff, Esq., Paine Webber Inc., Weehawken, NJ
Michele C. Pollak, Esq., American Association of Retired Persons, Washington, DC
Jaime Ramon, Esq., Jackson Walker, Dallas, TX
Patrick W. Shea, Esq., Paul Hastings, Janofsky & Walker, Society for Human Resource Management, Stamford, CT
Paul H. Tobias, Esq., Tobias Kraus & Torchia, Cincinnati, OH
Ellen J. Vargyas, Esq., Equal Employment Opportunity Commission, Washington, DC
Robert Williams, Esq., McGuiness & Williams, Equal Employment Advisory Council, Washington, DC

The Negotiated Rulemaking Committee began work on December 6, 1995. Committee meetings were held on December 6–7, 1995, January 23–24, 1996, March 6–7, 1996, April 16–17, 1996, June 18–19, 1996, and July 23–24, 1996. The Committee discussed in detail the issues set out in the August 31, 1995 **Federal Register** notice, as well as other issues that the Committee considered needed to be resolved. The Committee functioned by consensus which it defined as the absence of objection by any Committee member.

The Committee unanimously forwarded a recommended proposed rule to EEOC for its consideration. As a result of the recommendations received from the Committee, and its deliberations regarding such recommendations, EEOC published for public comment the Committee's negotiated rule in a Notice of Proposed Rulemaking (NPRM) dated March 10, 1997, 62 FR 10787.

Comments on the NPRM

Fifteen comments were received from the public with regard to the NPRM. Following the end of the 60 day public comment period, members of the Negotiated Rulemaking Committee were given a period of 30 days to provide EEOC with their written views relating to the proposed rule and the comments received. Two Committee members submitted written comments. Several federal agencies provided oral comments during interagency coordination under Executive Order 12067.

EEOC has analyzed carefully the comments received. For the reasons set out herein, EEOC has determined to make only the two changes listed in sections (a)(4) and (b)(1), below. In taking this position, EEOC is particularly mindful of two factors. First, in a negotiated rulemaking involving the active participation of representatives of both employers and employees, it was clear from the outset that compromise would be an integral element of the formulation of the regulation.

Secondly, the fact that only fifteen comments were submitted by members of the public reinforces EEOC's view that the compromise reached and incorporated in this regulation sets forth appropriate standards and strikes a reasonable balance between the various interests. None of the comments was sufficiently persuasive, as a substantive matter, to warrant altering the negotiated rulemaking consensus reached by the Committee.

In analyzing the regulation and the comments, EEOC emphasizes that no inference should be drawn on any issue, including issues discussed in the analysis of the comments received, by reason of the regulation's silence with respect to such issue.

EEOC responds to the principal points raised in the comments on a section-by-section basis, as follows:

Section (a): Introduction

1. Several comments asked that section (a)(3) be amended to provide

guidance on the definition of ''a material mistake, omission, or misstatement.''

EEOC adopts the Committee's view that questions of whether particular changes, mistakes, omissions, or misstatements are material should be analyzed under the existing law regarding ''materiality.''

Additionally, EEOC does not accept the suggestion by one commentor that a material error will invalidate a waiver agreement only if an employee proves that the error was intentional and that he/she reasonably relied upon the misinformation. Reliance is not an element of proof either in the statute or the regulation, and errors need not be intentional to be material.

2. Another commentor asked for clarification on whether the provisions of a waiver agreement are severable (that is, whether the invalidity of one provision of a waiver agreement would invalidate the entire agreement). Section 7(f) of the ADEA sets out minimum standards for the validity of a waiver agreement. An agreement that fails to meet *all* of the requirements of that section will not be valid.

3. In its verbal comments during the Executive Order 12067 coordination process, one federal agency recommended that the regulation should state explicitly that it applies to employees of the United States Government. EEOC concurs, and has added new section (a)(4) to the regulation.

Section (b): Wording of Waiver Agreements

1. In section (b)(5) of the NPRM, the word ''plan'' was inserted erroneously in the quotation. The word is removed in the final rule.

2. One federal agency has pointed out correctly that, among the factors to be considered in determining, under section 7(f)(1)(A) of the ADEA and section (b)(3) of the regulation, whether a waiver agreement is ''written in a manner calculated to be understood by such individual, or by the average individual eligible to participate'' is a person's ability to understand the language in which the waiver is written. Because this is part of the necessary interpretation of the existing regulatory language, there was no need to amend the regulation.

Section (c): Waiver of Future Rights

Two employee representatives expressed concern that this section permits the waiver of future rights. The comments misunderstand the rule. The section only states that the waiver agreement properly may contain agreements to perform certain actions in the future (e.g., the employee may agree to retire at the end of a school year). Under the statute and the regulation, the waiver agreement cannot provide for the waiver of rights regarding new acts of discrimination that occur after the date of signing.

Section (d): Consideration

One commentor stated that the regulation should require the payment of ''substantial'' consideration in exchange for a waiver. Section 7(f)(1)(D) of the ADEA requires ''consideration in addition to anything of value to which the individual already is entitled,'' not ''substantial'' consideration. The regulation does clarify, however, that an employer may not eliminate, in contravention of a law or contract, a benefit or other thing of value and then claim that the subsequent offer of such benefit or thing of value constitutes the required consideration.

Section (e): Time Periods

1. One commentor suggested that employees and employers should be permitted to shorten the seven-day waiting period specified in section 7(f)(1)(G) of the ADEA. The legislative history of OWBPA makes it clear that the seven-day waiting period is mandatory, giving an employee the chance to reconsider a possibly hasty waiver of rights. Accordingly, EEOC does not adopt the comment.

2. Section (e)(4) of the regulation states that ''[m]aterial changes to the final offer restart the running of the 21 or 45 day period.'' Several commentors asked for a specific definition of the term ''material.'' As stated in #(a)(1), above, EEOC has determined that the well-established law regarding materiality will govern such determinations.

Section (f): Informational Requirements

1. Nine of the comments addressed the scope of the information that must be given pursuant to section 7(f)(1)(H) of the ADEA to employees ''* * * if a waiver is requested in connection with an exit incentive or other termination program offered to a group or class of employees * * * '' Six of these comments requested more details covering a wide range of specific fact patterns, relying in large part on the use of hypothetical questions.

The regulation was not designed to address every possible situation that might arise. Indeed, it is neither feasible nor desirable to provide such detailed guidance in a regulatory context. However, EEOC believes that the regulation does provide a thorough and practical framework for determining the scope of the informational requirements.

2. Four comments asked that the term ''program'' in section 7(f)(1)(H) of the ADEA be defined in greater depth. In general, these comments did not address the basic definition of a program, but sought clarification on how to determine how many programs exist, especially in the context of a reduction in force conducted over a period of months or in more than one facility of a large employer.

The regulation already addresses these questions. Section (f)(3)(ii) of the regulation discusses the definition of a program in the context of a reduction in force conducted over a period of time, and section (f)(4)(vi) addresses the question of multiple facilities. EEOC believes that the regulation provides adequate guidance as drafted.

3. Section 7(f)(1)(H)(ii) of the ADEA requires the employer to provide ''the job titles and ages of all individuals eligible or selected for the program, and the ages of all individuals in the same job classification or organizational unit who are not eligible or selected for the program.'' One commentor suggested that the regulation specifically require job titles, in addition to ages, for persons not eligible or selected.

Since the statutory language varies slightly, EEOC has declined to adopt this comment. However, the information about individuals who are not eligible or selected for the program should be provided in a format that compares them to individuals in the same job classification or organizational unit who were eligible or selected.

Section (g): Waivers Settling Charges and Lawsuits

No comments were received.

Section (h): Burden of Proof

Several employer representatives suggested that the burden of proving compliance or noncompliance with the OWPBA provisions should rest upon the employee. However, section 7(f)(3) of the ADEA states clearly that the party asserting the validity of a waiver has the burden of proving that a waiver was knowing and voluntary pursuant to section 7(f)(1) or (2) of the ADEA. Because the regulatory language is based directly upon the statute, EEOC has determined not to change the proposed regulation.

Section (i): EEOC's Enforcement Powers

Seven comments urged EEOC to permit employees to waive the right to file a charge of discrimination with EEOC or another civil rights agency. The proposed regulation prohibited such

waivers. EEOC does not adopt the suggestion to change the proposed regulation.

Section 7(f)(4) of the ADEA states that ''[n]o waiver agreement may affect the Commission's rights and responsibilities to enforce [the ADEA]. No waiver may be used to justify interfering with the protected right of an employee to file a charge or participate in an investigation or proceeding conducted by the Commission.'' EEOC believes that permitting such waivers would be inconsistent with this statutory provision. *See also*, EEOC's Enforcement Guidance on Non-Waivable Employee Rights under Equal Employment Opportunity Commission Enforced Statutes, No. 915.002 (April 10, 1997). Therefore, subsection (i) of the NPRM is adopted as published in the NPRM.

Section (j): Effective Date

No comments were received.

Section (k): Statutory Authority

No comments were received.

Additional Comments

1. Five of the commentors urged that the regulation address the question of whether employees can be required to tender back any consideration received under a waiver agreement before being permitted to challenge the waiver agreement in court. Three comments urged that a tender back requirement be included in the regulation, while two comments stated that the regulation should clarify that such a requirement would violate the ADEA.

The Supreme Court decided this issue in *Oubre* v. *Entergy Operations, Inc.*, 118 S.Ct. 838 (1998), holding that a release that does not comply with the OWBPA requirements cannot bar an employee's ADEA claims. The Court held that retention of the consideration given in exchange for a waiver does not amount to a ratification of the waiver agreement, and an employee seeking to challenge the validity of an ADEA waiver is not required to tender back the consideration to the employer before bringing legal action. EEOC is considering the appropriate form of guidance to issue in response to the *Oubre* decision, but has decided that, in order to avoid substantial delay, this regulation should not address the issue of tender back of consideration.

However, with regard to the administrative process, section (i)(3) of the regulation provides that a waiver agreement cannot impose ''any condition precedent, any penalty, or other limitation adversely affecting'' an individual's right to file a charge or complaint with EEOC or assist EEOC in an investigation. Thus, a requirement in a waiver agreement that an individual tender back the consideration before filing a charge or complaint of discrimination with EEOC or assisting EEOC in an investigation will be void.

2. Two commentors representing employee interests proposed a series of additions to the regulation. For example, the commentors recommended that the regulation: discuss in detail the various theories of discrimination under the ADEA; adopt a particular statistical framework for evaluating the data provided to employees; and set forth recordkeeping requirements.

EEOC believes that these issues fall beyond the scope of this rulemaking and should not be included in the final regulation.

Executive Order 12866, Regulatory Planning and Review:

Under section 3(f)(4) of Executive Order 12866, EEOC has determined that this regulation would be a ''significant regulatory action.'' Therefore, EEOC has coordinated the NPRM and this final regulation with the Office of Management and Budget. However, under section 3(f)(1) of Executive Order 12866, EEOC has determined that the regulation will not 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 or local or tribal governments or communities. The rule will not create a serious inconsistency or otherwise interfere with an action taken or planned by another agency. Therefore, EEOC has not needed to prepare a detailed cost-benefit assessment of the regulation.

Paperwork Reduction Act

The provisions of Title II of OWBPA do require employers to provide certain information to employees (but not to EEOC) in writing.

Accordingly, EEOC, as part of its continuing effort to reduce paperwork and respondent burden, has, as required by the Paperwork Reduction Act for all collections of information, solicited comments concerning the proposed rule with regard to the paperwork requirements contained in Title II of OWBPA. The provisions of the proposed and final rule dealing with informational requirements have been submitted to and approved by the Office of Management and Budget under section 3507 of the Paperwork Reduction Act, OMB Approval No. 3046–0042.

The public reporting and recordkeeping burden for this collection of information is estimated to be 41,139 hours in order for employers to collect the information and to determine: (1) what information must be given to employees; (2) which employees must be given the information; (3) how the information should be organized.

The estimated burden of collecting and distributing the information was calculated as follows:

Collection Title: Informational requirements under Title II of the Older Workers Benefit Protection Act of 1990 (OWBPA), 29 CFR Part 1625.

Form Number: None.

Frequency of Report: None required.

Type of Respondent: Business, state or local governments, not for profit institutions.

Description of the Affected Public: Any employer with 20 or more employees that seeks waiver agreements in connection with exit incentive or other employment termination programs (hereinafter, ''Programs'').

Responses: 13,713.

Reporting Hours: 41,139.

Number of Forms: None.

Abstract: This requirement does not involve record keeping. It consists of providing adequate information in waiver agreements offered to a group or class of persons in connection with a Program, to satisfy the requirements of the OWBPA.

Burden Statement: There is no reporting requirement nor additional record keeping associated with this rule. The only paperwork burden involved is the inclusion of the relevant data in waiver agreements. The rule applies only to those employers who have 20 or more employees and who offer waivers to a group or class of employees in connection with a Program.

There are 542,000 employers who have at least 20 employees. Programs come into play when, as a result of business activity, employers are forced to cut their work force. Based on statistics from EEOC's private employer survey, it is estimated that in any one year 4.6% of employers are involved in activities, such as mergers or downsizing, which occasion the use of Programs. It is further estimated, based on figures from a General Accounting Office study, and the Bureau of Labor Statistics, that at most 55% of those who use Programs require waivers and thus are affected by this rule.

Applying the above factors to the total number of employers: [(542,000 × .046 × .55) = 13,713] yields 13,713 employers that are affected by this requirement. The larger employers are assumed to have computerized record keeping, and

thus can produce the requisite notification with a minimum of effort, while smaller employers have far less information to process.

Therefore, it is estimated that, on the average, a notification can be produced in approximately 3 hours. This would then produce a maximum of (13,713 × 3) = 41,139 hours annually.

EEOC asked the public to comment on the information provisions contained in the proposed regulation to:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of EEOC, including whether the information shall have practical utility;
- Evaluate the accuracy of EEOC's estimate of the burden of the proposed collection of information;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of collection of information on those who are to respond, including through the use of automated collection techniques or other forms of information technology.

The only comment received in response to the NPRM with regard to the Paperwork Reduction Act, from the American Association of Retired Persons, agreed with EEOC's view of the requirements imposed by that Act. Accordingly, the Paperwork Reduction Act information herein is unchanged from the proposed regulation.

EEOC certifies under 5 U.S.C. 605(b), enacted by the Regulatory Flexibility Act (Pub. L. 96–354), that this regulation will not result in a significant economic impact on a substantial number of small entities. For this reason, a regulatory flexibility analysis is not required. A copy of the proposed rule was furnished to the Small Business Administration.

In addition, in accordance with Executive Order 12067, EEOC has solicited the views of affected Federal agencies with regard to the NPRM and the final regulation.

The final regulation appears below.

List of Subjects in 29 CFR Part 1625

Advertising, Age, Employee benefit plans, Equal employment opportunity, Retirement.

Signed at Washington, DC this 29th day of May, 1998.

Paul M. Igasaki,

Chairman.

Chapter XIV of title 29 of the Code of Federal Regulations is amended as follows:

PART 1625—AGE DISCRIMINATION IN EMPLOYMENT ACT

1. The authority citation for part 1625 continues to read as follows:

Authority: 81 Stat. 602; 29 U.S.C. 621, 5 U.S.C. 301, Secretary's Order No. 10–68; Secretary's Order No. 11–68; sec. 12, 29 U.S.C. 631, Pub. L. 99–592, 100 Stat. 3342; sec. 2, Reorg. Plan No. 1 of 1978, 43 FR 19807.

2. In part 1625, § 1625.22 is added to subpart B—Substantive Regulations to read as follows:

§ 1625.22 Waivers of rights and claims under the ADEA.

(a) *Introduction.* (1) Congress amended the ADEA in 1990 to clarify the prohibitions against discrimination on the basis of age. In Title II of OWBPA, Congress addressed waivers of rights and claims under the ADEA, amending section 7 of the ADEA by adding a new subsection (f).

(2) Section 7(f)(1) of the ADEA expressly provides that waivers may be valid and enforceable under the ADEA only if the waiver is ''knowing and voluntary''. Sections 7(f)(1) and 7(f)(2) of the ADEA set out the minimum requirements for determining whether a waiver is knowing and voluntary.

(3) Other facts and circumstances may bear on the question of whether the waiver is knowing and voluntary, as, for example, if there is a material mistake, omission, or misstatement in the information furnished by the employer to an employee in connection with the waiver.

(4) The rules in this section apply to all waivers of ADEA rights and claims, regardless of whether the employee is employed in the private or public sector, including employment by the United States Government.

(b) *Wording of Waiver Agreements.*

(1) Section 7(f)(1)(A) of the ADEA provides, as part of the minimum requirements for a knowing and voluntary waiver, that:

> The waiver is part of an agreement between the individual and the employer that is written in a manner calculated to be understood by such individual, or by the average individual eligible to participate.

(2) The entire waiver agreement must be in writing.

(3) Waiver agreements must be drafted in plain language geared to the level of understanding of the individual party to the agreement or individuals eligible to participate. Employers should take into account such factors as the level of comprehension and education of typical participants. Consideration of these factors usually will require the limitation or elimination of technical jargon and of long, complex sentences.

(4) The waiver agreement must not have the effect of misleading, misinforming, or failing to inform participants and affected individuals. Any advantages or disadvantages described shall be presented without either exaggerating the benefits or minimizing the limitations.

(5) Section 7(f)(1)(H) of the ADEA, relating to exit incentive or other employment termination programs offered to a group or class of employees, also contains a requirement that information be conveyed ''in writing in a manner calculated to be understood by the average participant.'' The same standards applicable to the similar language in section 7(f)(1)(A) of the ADEA apply here as well.

(6) Section 7(f)(1)(B) of the ADEA provides, as part of the minimum requirements for a knowing and voluntary waiver, that ''the waiver specifically refers to rights or claims under this Act.'' Pursuant to this subsection, the waiver agreement must refer to the Age Discrimination in Employment Act (ADEA) by name in connection with the waiver.

(7) Section 7(f)(1)(E) of the ADEA requires that an individual must be ''advised in writing to consult with an attorney prior to executing the agreement.''

(c) *Waiver of future rights.* (1) Section 7(f)(1)(C) of the ADEA provides that:

> A waiver may not be considered knowing and voluntary unless at a minimum . . . the individual does not waive rights or claims that may arise after the date the waiver is executed.

(2) The waiver of rights or claims that arise following the execution of a waiver is prohibited. However, section 7(f)(1)(C) of the ADEA does not bar, in a waiver that otherwise is consistent with statutory requirements, the enforcement of agreements to perform future employment-related actions such as the employee's agreement to retire or otherwise terminate employment at a future date.

(d) *Consideration.* (1) Section 7(f)(1)(D) of the ADEA states that:

> A waiver may not be considered knowing and voluntary unless at a minimum * * * the individual waives rights or claims only in exchange for consideration in addition to anything of value to which the individual already is entitled.

(2) ''Consideration in addition'' means anything of value in addition to that to which the individual is already entitled in the absence of a waiver.

(3) If a benefit or other thing of value was eliminated in contravention of law

or contract, express or implied, the subsequent offer of such benefit or thing of value in connection with a waiver will not constitute ''consideration'' for purposes of section 7(f)(1) of the ADEA. Whether such elimination as to one employee or group of employees is in contravention of law or contract as to other employees, or to that individual employee at some later time, may vary depending on the facts and circumstances of each case.

(4) An employer is not required to give a person age 40 or older a greater amount of consideration than is given to a person under the age of 40, solely because of that person's membership in the protected class under the ADEA.

(e) *Time periods.* (1) Section 7(f)(1)(F) of the ADEA states that:

> A waiver may not be considered knowing and voluntary unless at a minimum * * *
>
> (i) The individual is given a period of at least 21 days within which to consider the agreement; or
>
> (ii) If a waiver is requested in connection with an exit incentive or other employment termination program offered to a group or class of employees, the individual is given a period of at least 45 days within which to consider the agreement.

(2) Section 7(f)(1)(G) of the ADEA states:

> A waiver may not be considered knowing and voluntary unless at a minimum . . . the agreement provides that for a period of at least 7 days following the execution of such agreement, the individual may revoke the agreement, and the agreement shall not become effective or enforceable until the revocation period has expired.

(3) The term ''exit incentive or other employment termination program'' includes both voluntary and involuntary programs.

(4) The 21 or 45 day period runs from the date of the employer's final offer. Material changes to the final offer restart the running of the 21 or 45 day period; changes made to the final offer that are not material do not restart the running of the 21 or 45 day period. The parties may agree that changes, whether material or immaterial, do not restart the running of the 21 or 45 day period.

(5) The 7 day revocation period cannot be shortened by the parties, by agreement or otherwise.

(6) An employee may sign a release prior to the end of the 21 or 45 day time period, thereby commencing the mandatory 7 day revocation period. This is permissible as long as the employee's decision to accept such shortening of time is knowing and voluntary and is not induced by the employer through fraud, misrepresentation, a threat to withdraw or alter the offer prior to the expiration of the 21 or 45 day time period, or by providing different terms to employees who sign the release prior to the expiration of such time period. However, if an employee signs a release before the expiration of the 21 or 45 day time period, the employer may expedite the processing of the consideration provided in exchange for the waiver.

(f) *Informational requirements.* (1) Introduction. (i) Section 7(f)(1)(H) of the ADEA provides that:

> A waiver may not be considered knowing and voluntary unless at a minimum . . . if a waiver is requested in connection with an exit incentive or other employment termination program offered to a group or class of employees, the employer (at the commencement of the period specified in subparagraph (F)) [which provides time periods for employees to consider the waiver] informs the individual in writing in a manner calculated to be understood by the average individual eligible to participate, as to—
>
> (i) Any class, unit, or group of individuals covered by such program, any eligibility factors for such program, and any time limits applicable to such program; and
>
> (ii) The job titles and ages of all individuals eligible or selected for the program, and the ages of all individuals in the same job classification or organizational unit who are not eligible or selected for the program.

(ii) Section 7(f)(1)(H) of the ADEA addresses two principal issues: to whom information must be provided, and what information must be disclosed to such individuals.

(iii)(A) Section 7(f)(1)(H) of the ADEA references two types of ''programs'' under which employers seeking waivers must make written disclosures: ''exit incentive programs'' and ''other employment termination programs.'' Usually an ''exit incentive program'' is a voluntary program offered to a group or class of employees where such employees are offered consideration in addition to anything of value to which the individuals are already entitled (hereinafter in this section, ''additional consideration'') in exchange for their decision to resign voluntarily and sign a waiver. Usually ''other employment termination program'' refers to a group or class of employees who were involuntarily terminated and who are offered additional consideration in return for their decision to sign a waiver.

(B) The question of the existence of a ''program'' will be decided based upon the facts and circumstances of each case. A ''program'' exists when an employer offers additional consideration for the signing of a waiver pursuant to an exit incentive or other employment termination (e.g., a reduction in force) to two or more employees. Typically, an involuntary termination program is a standardized formula or package of benefits that is available to two or more employees, while an exit incentive program typically is a standardized formula or package of benefits designed to induce employees to sever their employment voluntarily. In both cases, the terms of the programs generally are not subject to negotiation between the parties.

(C) Regardless of the type of program, the scope of the terms ''class,'' ''unit,'' ''group,'' ''job classification,'' and ''organizational unit'' is determined by examining the ''decisional unit'' at issue. (*See* paragraph (f)(3) of this section, ''The Decisional Unit.'')

(D) A ''program'' for purposes of the ADEA need not constitute an ''employee benefit plan'' for purposes of the Employee Retirement Income Security Act of 1974 (ERISA). An employer may or may not have an ERISA severance plan in connection with its OWBPA program.

(iv) The purpose of the informational requirements is to provide an employee with enough information regarding the program to allow the employee to make an informed choice whether or not to sign a waiver agreement.

(2) To whom must the information be given. The required information must be given to each person in the decisional unit who is asked to sign a waiver agreement.

(3) The decisional unit. (i)(A) The terms ''class,'' ''unit,'' or ''group'' in section 7(f)(1)(H)(i) of the ADEA and ''job classification or organizational unit'' in section 7(f)(1)(H)(ii) of the ADEA refer to examples of categories or groupings of employees affected by a program within an employer's particular organizational structure. The terms are not meant to be an exclusive list of characterizations of an employer's organization.

(B) When identifying the scope of the ''class, unit, or group,'' and ''job classification or organizational unit,'' an employer should consider its organizational structure and decision-making process. A ''decisional unit'' is that portion of the employer's organizational structure from which the employer chose the persons who would be offered consideration for the signing of a waiver and those who would not be offered consideration for the signing of a waiver. The term ''decisional unit'' has been developed to reflect the process by which an employer chose certain employees for a program and ruled out others from that program.

(ii)(A) The variety of terms used in section 7(f)(1)(H) of the ADEA demonstrates that employers often use differing terminology to describe their

organizational structures. When identifying the population of the decisional unit, the employer acts on a case-by-case basis, and thus the determination of the appropriate class, unit, or group, and job classification or organizational unit for purposes of section 7(f)(1)(H) of the ADEA also must be made on a case-by-case basis.

(B) The examples in paragraph (f)(3)(iii), of this section demonstrate that in appropriate cases some subgroup of a facility's work force may be the decisional unit. In other situations, it may be appropriate for the decisional unit to comprise several facilities. However, as the decisional unit is typically no broader than the facility, in general the disclosure need be no broader than the facility. ''Facility'' as it is used throughout this section generally refers to place or location. However, in some circumstances terms such as ''school,'' ''plant,'' or ''complex'' may be more appropriate.

(C) Often, when utilizing a program an employer is attempting to reduce its workforce at a particular facility in an effort to eliminate what it deems to be excessive overhead, expenses, or costs from its organization at that facility. If the employer's goal is the reduction of its workforce at a particular facility and that employer undertakes a decision-making process by which certain employees of the facility are selected for a program, and others are not selected for a program, then that facility generally will be the decisional unit for purposes of section 7(f)(1)(H) of the ADEA.

(D) However, if an employer seeks to terminate employees by exclusively considering a particular portion or subgroup of its operations at a specific facility, then that subgroup or portion of the workforce at that facility will be considered the decisional unit.

(E) Likewise, if the employer analyzes its operations at several facilities, specifically considers and compares ages, seniority rosters, or similar factors at differing facilities, and determines to focus its workforce reduction at a particular facility, then by the nature of that employer's decision-making process the decisional unit would include all considered facilities and not just the facility selected for the reductions.

(iii) The following examples are not all-inclusive and are meant only to assist employers and employees in determining the appropriate decisional unit. Involuntary reductions in force typically are structured along one or more of the following lines:

(A) *Facility-wide:* Ten percent of the employees in the Springfield facility will be terminated within the next ten days;

(B) *Division-wide:* Fifteen of the employees in the Computer Division will be terminated in December;

(C) *Department-wide:* One-half of the workers in the Keyboard Department of the Computer Division will be terminated in December;

(D) *Reporting:* Ten percent of the employees who report to the Vice President for Sales, wherever the employees are located, will be terminated immediately;

(E) *Job Category:* Ten percent of all accountants, wherever the employees are located, will be terminated next week.

(iv) In the examples in paragraph (f)(3)(iii) of this section, the decisional units are, respectively:

(A) The Springfield facility;

(B) The Computer Division;

(C) The Keyboard Department;

(D) All employees reporting to the Vice President for Sales; and

(E) All accountants.

(v) While the particular circumstances of each termination program will determine the decisional unit, the following examples also may assist in determining when the decisional unit is other than the entire facility:

(A) A number of small facilities with interrelated functions and employees in a specific geographic area may comprise a single decisional unit;

(B) If a company utilizes personnel for a common function at more than one facility, the decisional unit for that function (i.e., accounting) may be broader than the one facility;

(C) A large facility with several distinct functions may comprise a number of decisional units; for example, if a single facility has distinct internal functions with no employee overlap (i.e., manufacturing, accounting, human resources), and the program is confined to a distinct function, a smaller decisional unit may be appropriate.

(vi)(A) For purposes of this section, higher level review of termination decisions generally will not change the size of the decisional unit unless the reviewing process alters its scope. For example, review by the Human Resources Department to monitor compliance with discrimination laws does not affect the decisional unit. Similarly, when a regional manager in charge of more than one facility reviews the termination decisions regarding one of those facilities, the review does not alter the decisional unit, which remains the one facility under consideration.

(B) However, if the regional manager in the course of review determines that persons in other facilities should also be considered for termination, the decisional unit becomes the population of all facilities considered. Further, if, for example, the regional manager and his three immediate subordinates jointly review the termination decisions, taking into account more than one facility, the decisional unit becomes the populations of all facilities considered.

(vii) This regulatory section is limited to the requirements of section 7(f)(1)(H) and is not intended to affect the scope of discovery or of substantive proceedings in the processing of charges of violation of the ADEA or in litigation involving such charges.

(4) Presentation of information. (i) The information provided must be in writing and must be written in a manner calculated to be understood by the average individual eligible to participate.

(ii) Information regarding ages should be broken down according to the age of each person eligible or selected for the program and each person not eligible or selected for the program. The use of age bands broader than one year (such as ''age 20–30'') does not satisfy this requirement.

(iii) In a termination of persons in several established grade levels and/or other established subcategories within a job category or job title, the information shall be broken down by grade level or other subcategory.

(iv) If an employer in its disclosure combines information concerning both voluntary and involuntary terminations, the employer shall present the information in a manner that distinguishes between voluntary and involuntary terminations.

(v) If the terminees are selected from a subset of a decisional unit, the employer must still disclose information for the entire population of the decisional unit. For example, if the employer decides that a 10% RIF in the Accounting Department will come from the accountants whose performance is in the bottom one-third of the Division, the employer still must disclose information for all employees in the Accounting Department, even those who are the highest rated.

(vi) An involuntary termination program in a decisional unit may take place in successive increments over a period of time. Special rules apply to this situation. Specifically, information supplied with regard to the involuntary termination program should be cumulative, so that later terminees are provided ages and job titles or job categories, as appropriate, for all persons in the decisional unit at the beginning of the program and all persons terminated to date. There is no

duty to supplement the information given to earlier terminees so long as the disclosure, at the time it is given, conforms to the requirements of this section.

(vii) The following example demonstrates one way in which the required information could be presented to the employees. (This example is not presented as a prototype notification agreement that automatically will comply with the ADEA. Each information disclosure must be structured based upon the individual case, taking into account the corporate structure, the population of the decisional unit, and the requirements of section 7(f)(1)(H) of the ADEA): Example: Y Corporation lost a major construction contract and determined that it must terminate 10% of the employees in the Construction Division. Y decided to offer all terminees $20,000 in severance pay in exchange for a waiver of all rights. The waiver provides the section 7(f)(1)(H) of the ADEA information as follows:

(A) The decisional unit is the Construction Division.

(B) All persons in the Construction Division are eligible for the program. All persons who are being terminated in our November RIF are selected for the program.

(C) All persons who are being offered consideration under a waiver agreement must sign the agreement and return it to the Personnel Office within 45 days after receiving the waiver. Once the signed waiver is returned to the Personnel Office, the employee has 7 days to revoke the waiver agreement.

(D) The following is a listing of the ages and job titles of persons in the Construction Division who were and were not selected for termination and the offer of consideration for signing a waiver:

Job Title	Age	No. Selected	No. not selected
(1) Mechanical Engineers, I	25	21	48
	26	11	73
	63	4	18
	64	3	11
(2) Mechanical Engineers, II	28	3	10
	29	11	17
	Etc., for all ages		
(3) Structural Engineers, I	21	5	8
	Etc., for all ages		
(4) Structural Engineers, II	23	2	4
	Etc., for all ages		
(5) Purchasing Agents	26	10	11
	Etc., for all ages		

(g) *Waivers settling charges and lawsuits.* (1) Section 7(f)(2) of the ADEA provides that:

> A waiver in settlement of a charge filed with the Equal Employment Opportunity Commission, or an action filed in court by the individual or the individual's representative, alleging age discrimination of a kind prohibited under section 4 or 15 may not be considered knowing and voluntary unless at a minimum—
>
> (A) Subparagraphs (A) through (E) of paragraph (1) have been met; and
>
> (B) The individual is given a reasonable period of time within which to consider the settlement agreement.

(2) The language in section 7(f)(2) of the ADEA, ''discrimination of a kind prohibited under section 4 or 15'' refers to allegations of age discrimination of the type prohibited by the ADEA.

(3) The standards set out in paragraph (f) of this section for complying with the provisions of section 7(f)(1) (A)–(E) of the ADEA also will apply for purposes of complying with the provisions of section 7(f)(2)(A) of the ADEA.

(4) The term ''reasonable time within which to consider the settlement agreement'' means reasonable under all the circumstances, including whether the individual is represented by counsel or has the assistance of counsel.

(5) However, while the time periods under section 7(f)(1) of the ADEA do not apply to subsection 7(f)(2) of the ADEA, a waiver agreement under this subsection that provides an employee the time periods specified in section 7(f)(1) of the ADEA will be considered ''reasonable'' for purposes of section 7(f)(2)(B) of the ADEA.

(6) A waiver agreement in compliance with this section that is in settlement of an EEOC charge does not require the participation or supervision of EEOC.

(h) *Burden of proof.* In any dispute that may arise over whether any of the requirements, conditions, and circumstances set forth in section 7(f) of the ADEA, subparagraph (A), (B), (C), (D), (E), (F), (G), or (H) of paragraph (1), or subparagraph (A) or (B) of paragraph (2), have been met, the party asserting the validity of a waiver shall have the burden of proving in a court of competent jurisdiction that a waiver was knowing and voluntary pursuant to paragraph (1) or (2) of section 7(f) of the ADEA.

(i) *EEOC's enforcement powers.* (1) Section 7(f)(4) of the ADEA states:

> No waiver agreement may affect the Commission's rights and responsibilities to enforce [the ADEA]. No waiver may be used to justify interfering with the protected right of an employee to file a charge or participate in an investigation or proceeding conducted by the Commission.

(2) No waiver agreement may include any provision prohibiting any individual from:

(i) Filing a charge or complaint, including a challenge to the validity of the waiver agreement, with EEOC, or

(ii) Participating in any investigation or proceeding conducted by EEOC.

(3) No waiver agreement may include any provision imposing any condition precedent, any penalty, or any other limitation adversely affecting any individual's right to:

(i) File a charge or complaint, including a challenge to the validity of the waiver agreement, with EEOC, or

(ii) Participate in any investigation or proceeding conducted by EEOC.

(j) *Effective date of this section.* (1) This section is effective July 6, 1998.

(2) This section applies to waivers offered by employers on or after the effective date specified in paragraph (j)(1) of this section.

(3) No inference is to be drawn from this section regarding the validity of waivers offered prior to the effective date.

(k) *Statutory authority.* The regulations in this section are legislative regulations issued pursuant to section 9 of the ADEA and Title II of OWBPA.

[FR Doc. 98–14908 Filed 6–4–98; 8:45 am]

BILLING CODE 6570–01–P

DEPARTMENT OF TRANSPORTATION

Coast Guard

33 CFR Part 100

[CGD 05–98–037]

Special Local Regulations for Marine Events; Norfolk Harbor, Elizabeth River, Norfolk and Portsmouth, VA

AGENCY: Coast Guard, DOT.

ACTION: Notice of implementation.

SUMMARY: This notice implements the special local regulations at 33 CFR 100.501 during the start of the Cock Island Race, a marine event to be held in the Elizabeth River, Norfolk and Portsmouth, Virginia on June 26, 1998. These special local regulations are necessary to control vessel traffic in the vicinity of Norfolk Harbor due to the confined nature of the waterway and expected vessel congestion during the start of the race. The effect will be to restrict general navigation in the regulated area for the safety of race participants, spectator craft and other vessels transiting the event area.

DATES: 33 CFR 100.501 is effective from 9 a.m. to 4 p.m. on June 26, 1998.

FOR FURTHER INFORMATION CONTACT: Chief Warrant Officer D. Merrill, Marine Events Coordinator, Commander, Coast Guard Group Hampton Roads, 4000 Coast Guard Blvd., Portsmouth, VA 23703–2199, (757) 483–8568.

SUPPLEMENTARY INFORMATION: Ports Events, Inc., will sponsor the Cock Island Race on June 26, 1998. The race will consist of 300 sailboats, ranging in length from 22′ to 60′. The participants will be divided into classes, with each class starting at 10 minute intervals from the Portsmouth Seawall area of the Elizabeth River. They will race to Hampton Roads and return. A large spectator fleet is anticipated. Therefore, to ensure the safety of the racers, spectators and transiting vessels, 33 CFR 100.501 will be in effect during the start of the race. Under provisions of 33 CFR 100.501, a vessel may not enter the regulated area unless it receives permission from the Coast Guard Patrol Commander. Because these restrictions will be in effect for a limited period, they should not result in a significant disruption of maritime traffic.

Dated: May 26, 1998.

P.M. Stillman,

Captain, U.S. Coast Guard, Acting Commander, Fifth Coast Guard District.

[FR Doc. 98–15035 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–15–M

DEPARTMENT OF TRANSPORTATION

Coast Guard

33 CFR Part 100

[CGD01–98–017]

RIN 2115–AE46

Special Local Regulation: Harvard-Yale Regatta, Thames River, New London, CT

AGENCY: Coast Guard, DOT.

ACTION: Temporary final rule.

SUMMARY: The Coast Guard is issuing a temporary rule to change the effective dates for the special local regulations for this year's Harvard-Yale Regatta. The Harvard-Yale Regatta will be held on June 6, 1998, on the Thames River in New London, Connecticut. This regulation is necessary to control vessel traffic within the immediate vicinity of the event due to the confined nature of the event, thus providing for the safety of life and property on the affected navigable waters.

DATES: This rule is effective on June 6, 1998, from 3 p.m. to 8 p.m. If the regatta is canceled due to weather, this rule will be in effect on the following day, Sunday June 7, 1998, from 6 a.m. to 11 a.m.

FOR FURTHER INFORMATION CONTACT: Lieutenant Commander Mark A. Cawthorn, Assistant Chief, Search and Rescue Branch, First Coast Guard District, (617) 223–8460.

SUPPLEMENTARY INFORMATION:

Regulatory History

The special local regulation in 33 CFR 100.101 for the annual Harvard-Yale Regatta was published on May 13, 1996 at 62 FR 21960. The regulation's effective date does not allow automatic implementation of the rule each year. This regulation is necessary to suspend paragraph (b) of 33 CFR 100.101 and add paragraph (d) specifying the effective dates for this year's event. Good cause exists for providing for this regulation to become effective in less than 30 days after **Federal Register** publication. Publishing an NPRM would require a 30-day comment period and the final rule would not be effective before the scheduled event. The Coast Guard believes delaying the event in order to provide a 30-day delayed effective date would be contrary to the public interest given this event's local popularity.

Background and Purpose

The Harvard-Yale regatta is an annual rowing race sponsored by the Harvard-Yard Regatta Committee. Participating rowboats require favorable navigable conditions. A portion of the Thames River in New London, Connecticut will be closed during the effective period. The regulated area is that area of the river between the Penn Central Drawbridge and Bartlett's Cove. This regulated area is needed to protect life and property during the event. For further information and restrictions regarding this event see 33 CFR 100.101.

Regulatory Evaluation

This rule is not a significant regulatory action under section 3(f) of Executive Order 12866, and does not require an assessment of potential costs and benefits under section 6(a)(3) of that order. The Office of Management and Budget has exempted this temporary rule from review under that order. This temporary rule is not significant under the regulatory policies and procedures of the Department of Transportation (DOT) (44 FR 11040, February 26, 1979). The Coast Guard expects the economic impact of this rule to be so minimal that a full Regulatory Evaluation, under paragraph 10e of the regulatory policies and procedures of DOT, is unnecessary. The effect of this temporary rule will not be significant for several reasons: Entry into the regulated area is restricted for a short duration; vessels may transit around the regulated area; and the extensive advance advisories that will be made.

Small Entities

Under the Regulatory Flexibility Act (5 U.S.C. 601 *et seq.*), the Coast Guard considered whether this rule would have a significant economic impact on a substantial number of small entities. ''Small entities'' may include (1) small businesses and not-for-profit organizations that are independently owned and operated and are not dominant in their fields and (2) governmental jurisdictions with populations of less than 50,000.

For the reasons discussed in the Regulatory Evaluation, 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.

Collection of Information

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

Federalism

The Coast Guard has analyzed this rule under the principles and criteria contained in Executive Order 12612 and

have determined that this rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

Environment

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

List of Subjects in 33 CFR Part 100

Marine safety; Navigation (water); Reporting and recordkeeping requirements; Waterways.

Final Regulation

For the reasons set out in the preamble, the Coast Guard temporarily amends 33 CFR part 100 as follows:

1. The authority citation for part 100 continues to read as follows:

Authority: 33 U.S.C. 1233 through 1236; 49 CFR 1.46 and 33 CFR 100.35.

2. From 3 p.m. to 8 p.m. on June 6, 1998, in § 100.101, paragraph (b) is suspended and a new paragraph (d) is added to read as follows:

§ 100.101 Harvard-Yale Regatta, Thames River, New London, CT.

(d) *Effective period.* This section is in effect on June 6, 1998, from 3 p.m. to 8 p.m. If the regatta is canceled due to weather, this section will be in effect on the following day, Sunday, June 7, 1998 from 6 a.m. to 11 a.m.

Dated: May 26, 1998.

James D. Garrison,

Captain, U.S. Coast Guard, Acting Commander, First Coast Guard District.

[FR Doc. 98–15034 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–15–M

DEPARTMENT OF TRANSPORTATION

Coast Guard

33 CFR Part 165

[CGD01–98–014]

RIN 2115–AA97

Safety Zone: Macy's Fourth of July Fireworks, East River, NY

AGENCY: Coast Guard, DOT.

ACTION: Temporary final rule.

SUMMARY: The Coast Guard is establishing a temporary safety zone for the Macy's Fourth of July fireworks program located on the East River. The safety zone is in effect from 7:30 p.m. until 11:30 p.m. on Saturday, July 4, 1998. This action is necessary to provide for the safety of life on navigable waters during the event. This action is intended to restrict vessel traffic in a portion of the East River.

DATES: This rule is effective from 7:30 p.m. until 11:30 on Saturday, July 4, 1998.

ADDRESSES: Comments may be mailed to the Waterways Oversight Branch (CGD01–98–014), Coast Guard Activities New York, 212 Coast Guard Drive, Staten Island, New York 10305, or may be delivered to room 205 at the same address between 8 a.m. and 3 p.m., Monday through Friday, except Federal holidays. The telephone number is (718) 354–4195.

The Waterways Oversight Branch of Coast Guard Activities New York maintains the public docket for this rulemaking. Comments, and documents as indicated in this preamble, will become part of this docket and will be available for inspection or copying at room 205, Coast Guard Activities New York, between 8 a.m. and 3 p.m., Monday through Friday, except Federal holidays.

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

SUPPLEMENTARY INFORMATION:

Regulatory History

Pursuant to 5 U.S.C. 553, a notice of proposed rulemaking (NPRM) was not published for this regulation. Good cause exists for not publishing an NPRM and for making this regulation effective less than 30 days after **Federal Register** publication. Due to the date this application was received, there was insufficient time to draft and publish an NPRM. Final plans for the event were not made until May 4, 1998. Any delay encountered in this regulation's effective date would be contrary to public interest since immediate action is needed to close a portion of the waterway and protect the maritime public from the hazards associated with this fireworks display, which is intended for pubic entertainment.

Background and Purpose

Macy's East, Inc. has submitted an Application for Approval of Marine Event to hold a fireworks program on the waters of the East River at Manhattan, New York. This regulation establishes a safety zone in all waters of the East River, north of the Brooklyn Bridge, and south of a line drawn from Lawrence Point (40°47′27″N 073°54′35″W NAD 1983) to Stony Point (40°47′48″N 073°54′42″W NAD 1983), and south of the Harlem River Foot Bridge, New York. This safety zone area also includes all waters of Newtown Creek west of the Pulaski Bascule Bridge. The safety zone is in effect from 7:30 p.m. until 11:30 p.m. on Saturday, July 4, 1998. The safety zone prevents vessels from transiting this portion of the East River and is needed to protect boaters from the hazards associated with fireworks launched from 4 separate barges in the area. No vessel may enter the safety zone without permission of the Captain of the Port New York. In order to facilitate an orderly viewing of and departure after the event, vessels will be allowed to take position within the zone as follows: vessels less than 20 meters (65.6 feet) in length, carrying persons for the purpose of viewing the fireworks, may take position in the northern area of the zone, north of the southern tip of Roosevelt Island and in the southern area of the zone, south of the Williamsburg Bridge, and in Newtown Creek, east of the Pulaski Bascule Bridge. Vessels equal to or greater than 20 meters (65.6 feet) in length, carrying persons for the purpose of viewing the fireworks, may take position in an area at least 200 yards off the bulkhead on the west bank and just off the pierhead faces on the east bank of the East River between the Williamsburg Bridge and a line drawn from East 15th Street, Manhattan, to a point due east on the Brooklyn shore at the north corner of the Bushwick Inlet entrance.

Once in position within the zone, all vessels must remain in position until released by the Captain of the Port New York. On scene patrol personnel will monitor the number of designated vessels taking position in the viewing areas of the zone. If it becomes apparent that any additional spectator vessels in a specific viewing area will create a safety hazard, the patrol commander may prevent additional vessels from entering into that viewing area. All vessels must be in their respective viewing areas no later than 7:30 p.m. After the event has concluded and the fireworks barges have safely relocated outside of the main channel, vessels will be allowed to depart by separate viewing area as directed by the patrol commander.

Vessels not complying with this criteria have a significant potential to create a hazardous condition in this area of the East River, due in great part, to the extremely strong currents.

This safety zone covers the minimum area needed and imposes the minimum restrictions necessary to ensure the

protection of all vessels and the fireworks handlers aboard the barges.

Regulatory Evaluation

This final rule is not a significant regulatory action under section 3(f) of Executive Order 12866 and does not require an assessment of potential costs and benefits under section 6(a)(3) of that Order. It has not been reviewed by the Office of Management and Budget under that Order. It is not significant under the regulatory policies and procedures of the Department of Transportation (DOT) (44 FR 11040, February 26, 1979). The Coast Guard expects the economic impact of this final rule to be so minimal that a full Regulatory Evaluation under paragraph 10e of the regulatory policies and procedures of DOT is unnecessary. This safety zone temporarily closes a major portion of the East River to vessel traffic. There is a regular flow of traffic through this area; however, the impact of this regulation is expected to be minimal for the following reasons: The limited duration of the event; the extensive, advance advisories that will be made to allow the maritime community to schedule transits before and after the event; the event is taking place at a late hour; the event has been held for twenty-one years in succession and is therefore anticipated annually, small businesses may experience an increase in revenue due to the event, the event sponsor has established and advertised a telephone ''hotline'' at (212) 494–3558 which waterways users may call prior to the event for details of the safety zone.

Small Entities

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

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

Collection of Information

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

Federalism

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

Environment

The Coast Guard has considered the environmental impact of this final rule and concluded that under Figure 2–1, paragraph 34(g), of Commandant Instruction M16475.1C, this final rule is categorically excluded from further environmental documentation. A ''Categorical Exclusion Determination'' is available in the docket for inspection or copying where indicted under **ADDRESSES**.

List of Subjects in 33 CFR Part 165

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

Regulation

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

PART 165—[AMENDED]

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

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

2. Add temporary § 165.T01–014 to read as follows:

§ 165.T01–014 Safety Zone: Macy's Fourth of July Fireworks, East River, New York.

(a) *Location*. The following area is a safety zone: all waters of the East River, north of the Brooklyn Bridge, and south of a line drawn from Lawrence Point (40°47′27″ N 073°54′35″ W NAD 1983) to Stony Point (40°47′48″ N 073°54′42″ W NAD 1983), and south of the Harlem River Foot Bridge, New York. This safety zone area also inlcudes all waters of Newtown Creek west of the Pulaski Bascule Bridge.

(b) *Effective period*. This section is effective from 7:30 p.m. until 11:30 p.m. on Saturday July 4, 1998.

(c) *Regulations*. (1) the general regulations contained in 33 CFR 165.23 apply.

(2) No vessels will be allowed to transit the safety zone without the permission of the Captain of the Port New York.

(3) Vessels may remain in the safety zone for the purpose of viewing the event in acordance with the following preestablished viewing areas:

(i) Vessels less than 20 meters (65.6 feet) in length, carrying persons for the purpose of viewing the fireworks, may take position in the northern area of the zone, north of the southern tip of Roosevelt Island, and in the southern area of the zone, south of the Williamsburg Bridge, and in Newtown Creek, east of the Pulaski Bascule Bridge.

(ii) Vessels equal to or greater than 20 meters (65.6 feet) in length, carrying persons for the purpose of viewing the fireworks, may take position in an area at least 200 yards off the bulkhead on the west bank and just off the pierhead faces on the east bank of the East River between the Williamsburg Bridge and a line drawn from East 15th Street, Manhattan, to a point due east on the Brooklyn shore at the north corner of the Bushwick Inlet entrance.

(iii) Vessels must be positioned in their respective viewing areas within the safety zone not later than 7:30 p.m.

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

Dated: May 29, 1998.

Richard C. Vlaun,

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

[FR Doc. 98–15033 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–15–M

LIBRARY OF CONGRESS

Copyright Office

37 CFR Parts 201, 251, 252, 253, 256, 257, 258, 259 and 260

Copyright Rules and Regulations: Copyright, Compulsory Licenses, Copyright Arbitration Royalty Panel

AGENCY: Copyright Office, Library of Congress.

ACTION: Final rule; technical amendments.

SUMMARY: The Copyright Office is making non-substantive housekeeping amendments to its regulations to update them and to correct minor errors.

EFFECTIVE DATE: June 5, 1998.

FOR FURTHER INFORMATION CONTACT: Marilyn J. Kretsinger, Assistant General

Counsel, Copyright GC/I&R, P.O. Box 70400, Southwest Station, Washington, DC 20024. Telephone: (202) 707–8380. Telefax: (202) 707–8366.

SUPPLEMENTARY INFORMATION: The Copyright Office periodically reviews its regulations as published in the Code of Federal Regulations (CFR) to correct minor or typographical errors in the published text. The Office has identified minor errors in the currently published rules. The following sections are amended to correct these errors: §§ 201.17(b)(2), 201.17(f)(4), 201.17(h)(3)(iii)(B)(*1*), 201.17(h)(9), 201.18(a)(3), 201.19(a)(3), 201.33(e)(1), 251.6(a), 251.30(a)(1), 251.32(d), 251.43(e), 251.46(c)(3), 251.46(d), 251.47(e), 251.47(f), 251.47(i), 251.47(k), 251.48(b), 251.60, 253.7(e), 256.2(b)(2), 258.1, and 260.3(e). Typographical errors are corrected in §§ 201.11(e)(3), 201.17(e)(2)(i), 201.17(e)(12), 201.29(e)(3), 251.3(a), 251.3(b), 252.4(a)(1), 257.4(a)(1), and 259.5(a)(1).

List of Subjects

37 CFR Part 201

Copyright, General provisions.

37 CFR Part 251

Administrative practice and procedure, Hearing and appeal procedures.

37 CFR Part 252

Cable television, Claims, Copyright.

37 CFR Part 253

Noncommercial educational broadcasting, Copyright.

37 CFR Part 256

Cable television, Copyright.

37 CFR Part 257

Claims, Copyright, Satellites.

37 CFR Part 258

Copyright, Satellites.

37 CFR Part 259

Claims, Copyright, Digital audio recording devices and media.

37 CFR Part 260

Copyright, Digital audio transmissions, Performance right, Sound recordings.

Final Rule

Accordingly, 37 CFR Chapter II is corrected by making the following corrections and amendments:

PART 201—GENERAL PROVISIONS

1. The authority citation for part 201 continues to read as follows:

Authority: 17 U.S.C. 702.

§ 201.11 [Amended]

2. Section 201.11(e)(3) is amended by removing ''super station'' and adding in its place the word ''superstation''.

§ 201.17 [Amended]

3. Section 201.17(b)(2) is amended by removing the phrase ''these regulations'' each place it appears and adding in its place the phrase ''this section''.

4. Section 201.17(e)(2)(i) is amended by removing ''The ≥owner≤ of the cable system * * *'' and adding in its place ''The 'owner' of the cable system. * * *''.

5. Section 201.17(e)(12) is amended by removing ''broadast'' and adding in its place the word ''broadcast''.

6. Section 201.17(f)(4) is amended by adding the word ''to'' after the word ''off'' the last time it appears in the paragraph.

7. Section 201.17(h)(3)(iii)(B)(*1*) is amended by adding the word ''a'' before the word ''cable'' the first time it appears.

8. Section 201.17(h)(9) introductory text is amended by removing ''37 CFR 308.2(c)'' and adding in its place ''37 CFR 256.2(c)''.

§ 201.18 [Amended]

9. Section 201.18(a)(3) is amended by removing ''coowners'' and adding the word ''co-owners'' in its place.

§ 201.19 [Amended]

10. Section 201.19(a)(3) is amended by removing ''coowner'' each place it appears and adding the word ''co-owner'' in its place and by removing ''coowners'' each place it appears and adding the word ''co-owners'' in its place.

§ 201.29 [Amended]

11. Section 201.29(e)(3) is amended by removing the word ''room'' and adding ''Room'' in its place.

§ 201.33 [Amended]

12. Section 201.33(e)(1) is amended by removing the ''$'' and adding the phrase ''U.S. dollars'' after the numeral ''32''.

PART 251—COPYRIGHT ARBITRATION ROYALTY PANEL RULES OF PROCEDURE

13. The authority citation for part 251 continues to read as follows:

Authority: 17 U.S.C. 801–803.

§ 251.3 [Amended]

14. Section 251.3(a) introductory text is amended by removing the date ''1988'' and adding in its place the date ''1998''.

15. Section 251.3(b) is amended by removing the date ''1988'' and adding in its place ''1998''.

§ 251.6 [Amended]

16. Section 251.6(b) is amended by removing the numeral ''10'' and adding in its place the word ''ten''.

§ 251.30 [Amended]

17. Section 251.30(a)(1) is amended by removing the word ''panel'' after the word ''CARP''.

§ 251.32 [Amended]

18. Section 251.32(d) is amended by removing the word ''panel'' after the word ''CARP''.

§ 251.43 [Amended]

19. Section 251.43(e) is amended by removing the word ''panel'' after the word ''CARP''.

§ 251.46 [Amended]

20. Sections 251.46(c)(3) and (d) are amended by removing the word ''panel'' after the word ''CARP''.

§ 251.47 [Amended]

21. Sections 251.47(e), (f), (i), and (k) are amended by removing the word ''panel'' after the word ''CARP''.

§ 251.48 [Amended]

22. Section 251.48(b) is amended by removing the word ''panel'' after the word ''CARP''.

§ 251.60 [Amended]

23. Section 251.60 is amended by removing the word ''transmission'' and adding in its place the word ''transmissions''.

PART 252—FILING OF CLAIMS TO CABLE ROYALTY FEES

24. The authority citation for part 252 continues to read as follows:

Authority: 17 U.S.C. 111(d)(4), 801, 803.

§ 252.4 [Amended]

25. Section 252.4(a)(1) is amended by removing the word ''room'' and adding ''Room'' in its place.

PART 253—USE OF CERTAIN COPYRIGHTED WORKS IN CONNECTION WITH NONCOMMERCIAL EDUCATIONAL BROADCASTING

26. The authority citation for part 253 continues to read as follows:

Authority: 17 U.S.C. 118, 801(b)(1), and 803.

§ 253.7 [Amended]

27. The heading for § 253.7(e) is amended by removing the phrase

''Copyright Arbitration Royalty Panel and/or Librarian of Congress.'' and adding in its place ''the Copyright Office.''

28. Section 253.7(e) is amended by removing the word ''CRT'' each place it appears and adding in its place ''Copyright Office''.

PART 256—ADJUSTMENT OF ROYALTY FEE FOR CABLE COMPULSORY LICENSE

29. The authority citation for part 256 continues to read as follows:

Authority: 17 U.S.C. 702, 802.

§ 256.2 [Amended]

30. Section 256.2(b)(2) is amended by removing the word ''basis'' before the word ''service'' and adding in its place the word ''basic'' and by removing the word ''that'' after the word ''more'' and adding in its place the word ''than''.

PART 257—FILING OF CLAIMS TO SATELLITE CARRIER ROYALTY FEES

31. The authority citation for part 257 continues to read as follows:

Authority: 17 U.S.C. 119(b)(4).

§ 257.4 [Amended]

32. Section 257.4(a)(1) is amended by removing the word ''room'' and adding ''Room'' in its place.

PART 258—ADJUSTMENT OF ROYALTY FEE FOR SECONDARY TRANSMISSIONS BY SATELLITE CARRIERS

33. The authority citation for part 258 continues to read as follows:

Authority: 17 U.S.C. 702, 802.

§ 258.1 [Amended]

34. Section 258.1 is amended by adding the word ''the'' after the word ''under''.

PART 259—FILING OF CLAIMS TO DIGITAL AUDIO RECORDING DEVICES AND MEDIA ROYALTY PAYMENTS

35. The authority citation for part 259 continues to read as follows:

Authority: 17 U.S.C. 1007(a)(1).

§ 259.5 [Amended]

36. Section 259.5(a)(1) is amended by removing the word ''room'' and adding ''Room'' in its place.

PART 260—USE OF SOUND RECORDINGS IN A DIGITAL PERFORMANCE

37. The authority citation for part 260 continues to read as follows:

Authority: 17 U.S.C. 114, 801(b)(1).

§ 260.3 [Amended]

38. Section 260.3(e) is amended by removing the word ''accounts'' after the word ''of'' and adding in its place the word ''account''.

Dated: June 1, 1998.

Marilyn J. Kretsinger,

Assistant General Counsel.

[FR Doc. 98–14824 Filed 6–4–98; 8:45 am]

BILLING CODE 1410–33–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 180

[OPP–300664; FRL–5793–6]

RIN 2070–AB78

Azoxystrobin; Pesticide Tolerances for Emergency Exemptions

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule.

SUMMARY: This regulation establishes a time-limited tolerance for combined residues of azoxystrobin or methyl (*E*)-2-(2-[6-(2-cyanophenoxy)pyrimidin-4-yloxy]phenyl)-3-methoxyacrylate) and its Z isomer in or on parsley . This action is in response to EPA's granting of an emergency exemption under section 18 of the Federal Insecticide, Fungicide, and Rodenticide Act authorizing use of the pesticide on parsley in Ohio. This regulation establishes maximum permissible levels for residues of azoxystrobin in this food commodity pursuant to section 408(l)(6) of the Federal Food, Drug, and Cosmetic Act, as amended by the Food Quality Protection Act of 1996. The tolerance will expire and is revoked on June 30, 1999.

DATES: This regulation is effective June 5, 1998. Objections and requests for hearings must be received by EPA on or before August 4, 1998.

ADDRESSES: Written objections and hearing requests, identified by the docket control number, [OPP–300664], must be submitted to: Hearing Clerk (1900), Environmental Protection Agency, Rm. M3708, 401 M St., SW., Washington, DC 20460. Fees accompanying objections and hearing requests shall be labeled ''Tolerance Petition Fees'' and forwarded to: EPA Headquarters Accounting Operations Branch, OPP (Tolerance Fees), P.O. Box 360277M, Pittsburgh, PA 15251. A copy of any objections and hearing requests filed with the Hearing Clerk identified by the docket control number, [OPP–300664], must also be submitted to: Public Information and Records Integrity Branch, Information Resources and Services Division (7502C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. In person, bring a copy of objections and hearing requests to Rm. 119, CM #2, 1921 Jefferson Davis Hwy., Arlington, VA.

A copy of objections and hearing requests filed with the Hearing Clerk may also be submitted electronically by sending electronic mail (e-mail) to: opp-docket@epamail.epa.gov. Copies of objections and hearing requests must be submitted as an ASCII file avoiding the use of special characters and any form of encryption. Copies of objections and hearing requests will also be accepted on disks in WordPerfect 5.1/6.1 file format or ASCII file format. All copies of objections and hearing requests in electronic form must be identified by the docket control number [OPP–300664]. No Confidential Business Information (CBI) should be submitted through e-mail. Electronic copies of objections and hearing requests on this rule may be filed online at many Federal Depository Libraries.

FOR FURTHER INFORMATION CONTACT: By mail: Virginia Dietrich, Registration Division (7505C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. Office location, telephone number, and e-mail address: Crystal Mall #2, 1921 Jefferson Davis Hwy., Arlington, VA, (703) 308-9359, e-mail: dietrich.virginia@epamail.epa.gov.

SUPPLEMENTARY INFORMATION: EPA, on its own initiative, pursuant to section 408(e) and (l)(6) of the Federal Food, Drug, and Cosmetic Act (FFDCA), 21 U.S.C. 346a(e) and (l)(6), is establishing a tolerance for combined residues of the fungicide azoxystrobin and its Z isomer, in or on fresh parsley at 0.5 and dried parsley at 1.0 part per million (ppm). This tolerance will expire and is revoked on June 30, 1999. EPA will publish a document in the **Federal Register** to remove the revoked tolerance from the Code of Federal Regulations.

I. Background and Statutory Authority

The Food Quality Protection Act of 1996 (FQPA) (Pub. L. 104–170) was signed into law August 3, 1996. FQPA amends both the FFDCA, 21 U.S.C. 301 *et seq.*, and the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), 7 U.S.C. 136 *et seq* . The FQPA amendments went into effect immediately. Among other things, FQPA amends FFDCA to bring all EPA pesticide tolerance-setting activities

under a new section 408 with a new safety standard and new procedures. These activities are described below and discussed in greater detail in the final rule establishing the time-limited tolerance associated with the emergency exemption for use of propiconazole on sorghum (61 FR 58135, November 13, 1996)(FRL-5572-9).

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

Section 18 of FIFRA authorizes EPA to exempt any Federal or State agency from any provision of FIFRA, if EPA determines that ''emergency conditions exist which require such exemption.'' This provision was not amended by FQPA. EPA has established regulations governing such emergency exemptions in 40 CFR part 166.

Section 408(l)(6) of the FFDCA requires EPA to establish a time-limited tolerance or exemption from the requirement for a tolerance for pesticide chemical residues in food that will result from the use of a pesticide under an emergency exemption granted by EPA under section 18 of FIFRA. Such tolerances can be established without providing notice or period for public comment.

Because decisions on section 18-related tolerances must proceed before EPA reaches closure on several policy issues relating to interpretation and implementation of the FQPA, EPA does not intend for its actions on such tolerance to set binding precedents for the application of section 408 and the new safety standard to other tolerances and exemptions.

II. Emergency Exemption for Azoxystrobin on Parsley and FFDCA Tolerances

The Ohio Department of Agriculture requested an emergency exemption in April of 1998 for the control of septoria leaf blight in parsley. No foliar fungicides are currently labeled for use on parsley. Seed treatment (disinfestation) is not practical due to the high seeding rate used, and seed testing does not appear to be sufficiently sensitive to identify Septoria contamination in seed lots. Once Septoria leaf blight occurs in a field, the field should not be planted to parsley or other umbelliferous crops for 4-5 years. Such long rotations are impractical for muck crop production areas in Ohio due to land availability restriction. Crop rotation also cannot assure disease control since the pathogen may originate on the seed. For these reasons, EPA has authorized under FIFRA section 18 the use of azoxystrobin on parsley for control of Septoria leaf blight in parsley in Ohio.

As part of its assessment of this emergency exemption, EPA assessed the potential risks presented by residues of azoxystrobin in or on parsley. In doing so, EPA considered the new safety standard in FFDCA section 408(b)(2), and EPA decided that the necessary tolerance under FFDCA section 408(l)(6) would be consistent with the new safety standard and with FIFRA section 18. Consistent with the need to move quickly on the emergency exemption in order to address an urgent non-routine situation and to ensure that the resulting food is safe and lawful, EPA is issuing this tolerance without notice and opportunity for public comment under section 408(e), as provided in section 408(l)(6). Although this tolerance will expire and is revoked on June 30, 1999, under FFDCA section 408(l)(5), residues of the pesticide not in excess of the amounts specified in the tolerance remaining in or on parsley after that date will not be unlawful, provided the pesticide is applied in a manner that was lawful under FIFRA, and the residues do not exceed a level that was authorized by this tolerance at the time of that application. EPA will take action to revoke this tolerance earlier if any experience with, scientific data on, or other relevant information on this pesticide indicate that the residues are not safe.

Because this tolerance is being approved under emergency conditions EPA has not made any decisions about whether azoxystrobin meets EPA's registration requirements for use on parsley or whether a permanent tolerance for this use would be appropriate. Under these circumstances, EPA does not believe that this tolerance serves as a basis for registration of azoxystrobin by a State for special local needs under FIFRA section 24(c). Nor does this tolerance serve as the basis for any State other than Ohio to use this pesticide on this crop under section 18 of FIFRA without following all provisions of section 18 as identified in 40 CFR part 166. For additional information regarding the emergency exemption for azoxystrobin, contact the Agency's Registration Division at the address provided above.

III. Risk Assessment and Statutory Findings

EPA performs a number of analyses to determine the risks from aggregate exposure to pesticide residues. First, EPA determines the toxicity of pesticides based primarily on toxicological studies using laboratory animals. These studies address many adverse health effects, including (but not limited to) reproductive effects, developmental toxicity, toxicity to the nervous system, and carcinogenicity. Second, EPA examines exposure to the pesticide through the diet (e.g., food and drinking water) and through exposures that occur as a result of pesticide use in residential settings.

A. Toxicity

1. *Threshold and non-threshold effects.* For many animal studies, a dose response relationship can be determined, which provides a dose that causes adverse effects (threshold effects) and doses causing no observed effects (the ''no-observed effect level'' or ''NOEL'').

Once a study has been evaluated and the observed effects have been determined to be threshold effects, EPA generally divides the NOEL from the study with the lowest NOEL by an uncertainty factor (usually 100 or more) to determine the Reference Dose (RfD). The RfD is a level at or below which daily aggregate exposure over a lifetime will not pose appreciable risks to human health. An uncertainty factor (sometimes called a ''safety factor'') of 100 is commonly used since it is assumed that people may be up to 10 times more sensitive to pesticides than the test animals, and that one person or subgroup of the population (such as infants and children) could be up to 10 times more sensitive to a pesticide than another. In addition, EPA assesses the potential risks to infants and children based on the weight of the evidence of the toxicology studies and determines whether an additional uncertainty factor

is warranted. Thus, an aggregate daily exposure to a pesticide residue at or below the RfD (expressed as 100% or less of the RfD) is generally considered acceptable by EPA. EPA generally uses the RfD to evaluate the chronic risks posed by pesticide exposure. For shorter term risks, EPA calculates a margin of exposure (MOE) by dividing the estimated human exposure into the NOEL from the appropriate animal study. Commonly, EPA finds MOEs lower than 100 to be unacceptable. This 100-fold MOE is based on the same rationale as the 100-fold uncertainty factor.

Lifetime feeding studies in two species of laboratory animals are conducted to screen pesticides for cancer effects. When evidence of increased cancer is noted in these studies, the Agency conducts a weight of the evidence review of all relevant toxicological data including short-term and mutagenicity studies and structure activity relationship. Once a pesticide has been classified as a potential human carcinogen, different types of risk assessments (e.g., linear low dose extrapolations or MOE calculation based on the appropriate NOEL) will be carried out based on the nature of the carcinogenic response and the Agency's knowledge of its mode of action.

2. *Differences in toxic effect due to exposure duration.* The toxicological effects of a pesticide can vary with different exposure durations. EPA considers the entire toxicity data base, and based on the effects seen for different durations and routes of exposure, determines which risk assessments should be done to assure that the public is adequately protected from any pesticide exposure scenario. Both short and long durations of exposure are always considered. Typically, risk assessments include ''acute,'' ''short-term,'' ''intermediate term,'' and ''chronic'' risks. These assessments are defined by the Agency as follows.

Acute risk, by the Agency's definition, results from 1-day consumption of food and water, and reflects toxicity which could be expressed following a single oral exposure to the pesticide residues. High end exposure to food and water residues are typically assumed.

Short-term risk results from exposure to the pesticide for a period of 1-7 days, and therefore overlaps with the acute risk assessment. Historically, this risk assessment was intended to address primarily dermal and inhalation exposure which could result, for example, from residential pesticide applications. However, since enaction of FQPA, this assessment has been expanded to include both dietary and non-dietary sources of exposure, and will typically consider exposure from food, water, and residential uses when reliable data are available. In this assessment, risks from average food and water exposure, and high-end residential exposure, are aggregated. High-end exposures from all three sources are not typically added because of the very low probability of this occurring in most cases, and because the other conservative assumptions built into the assessment assure adequate protection of public health. However, for cases in which high-end exposure can reasonably be expected from multiple sources (e.g. frequent and widespread homeowner use in a specific geographical area), multiple high-end risks will be aggregated and presented as part of the comprehensive risk assessment/characterization. Since the toxicological endpoint considered in this assessment reflects exposure over a period of at least 7 days, an additional degree of conservatism is built into the assessment; i.e., the risk assessment nominally covers 1-7 days exposure, and the toxicological endpoint/NOEL is selected to be adequate for at least 7 days of exposure. (Toxicity results at lower levels when the dosing duration is increased.)

Intermediate-term risk results from exposure for 7 days to several months. This assessment is handled in a manner similar to the short-term risk assessment.

Chronic risk assessment describes risk which could result from several months to a lifetime of exposure. For this assessment, risks are aggregated considering average exposure from all sources for representative population subgroups including infants and children.

B. Aggregate Exposure

In examining aggregate exposure, FFDCA section 408 requires that EPA take into account available and reliable information concerning exposure from the pesticide residue in the food in question, residues in other foods for which there are tolerances, residues in groundwater or surface water that is consumed as drinking water, and other non-occupational exposures through pesticide use in gardens, lawns, or buildings (residential and other indoor uses). Dietary exposure to residues of a pesticide in a food commodity are estimated by multiplying the average daily consumption of the food forms of that commodity by the tolerance level or the anticipated pesticide residue level. The Theoretical Maximum Residue Contribution (TMRC) is an estimate of the level of residues consumed daily if each food item contained pesticide residues equal to the tolerance. In evaluating food exposures, EPA takes into account varying consumption patterns of major identifiable subgroups of consumers, including infants and children. The TMRC is a ''worst case'' estimate since it is based on the assumptions that food contains pesticide residues at the tolerance level and that 100% of the crop is treated by pesticides that have established tolerances. If the TMRC exceeds the RfD or poses a lifetime cancer risk that is greater than approximately one in a million, EPA attempts to derive a more accurate exposure estimate for the pesticide by evaluating additional types of information (anticipated residue data and/or percent of crop treated data) which show, generally, that pesticide residues in most foods when they are eaten are well below established tolerances.

Percent of crop treated estimates are derived from federal and private market survey data. Typically, a range of estimates are supplied and the upper end of this range is assumed for the exposure assessment. By using this upper end estimate of percent of crop treated, the Agency is reasonably certain that exposure is not understated for any significant subpopulation group. Further, regional consumption information is taken into account through EPA's computer-based model for evaluating the exposure of significant subpopulations including several regional groups, to pesticide residues. For this pesticide, the most highly exposed population subgroup (nonursing infants (<1year old) was not regionally based.

IV. Aggregate Risk Assessment and Determination of Safety

Consistent with section 408(b)(2)(D), EPA has reviewed the available scientific data and other relevant information in support of this action, EPA has sufficient data to assess the hazards of azoxystrobin and to make a determination on aggregate exposure, consistent with section 408(b)(2), for a time-limited tolerance for combined residues of azoxystrobin and its Z isomer) on fresh parsley at 0.5 and for dried parsley at 1.0 ppm. EPA's assessment of the dietary exposures and risks associated with establishing the tolerance follows.

A. Toxicological Profile

EPA has evaluated the available toxicity data and considered its validity, completeness, and reliability as well as the relationship of the results of the

studies to human risk. EPA has also considered available information concerning the variability of the sensitivities of major identifiable subgroups of consumers, including infants and children. The nature of the toxic effects and The Agency's selection of toxicological endpoints upon which to assess risk caused by azoxystrobin are discussed below.

1. *Acute toxicity*. The Agency evaluated the existing toxicology database for azoxystrobin and did not identify an acute dietary endpoint. Therefore, a risk assessment is not required.

2. *Short - and intermediate - term toxicity*. The Agency evaluated the existing toxicology database for short- and intermediate-term dermal and inhalation exposure and determined that this risk assessment is not required.

Note: From a 21-day dermal toxicity study the NOEL was 1,000 milligrams/kilogram/day (mg/kg/day)(at the highest dose tested (HDT) (Acute inhalation toxicity category III).

3. *Chronic toxicity*. EPA has established the RfD for azoxystrobin at 0.18 mg/kg/day. This RfD is based on on a chronic toxicity study in rats with a NOEL of 18.2 mg/kg/day. Reduced body weights and bile duct lesions were observed at the lowest effect level (LEL) of 34 mg/kg/day. An Uncertainty Factor (UF) of 100 was used to account for both the interspecies extrapolation and the intraspecies variability.

4. *Carcinogenicity*. The HED RfD/Peer Review Committee (November 7, 1996) determined that azoxystrobin should be classified as ''Not Likely'' to be a human carcinogen according to the proposed revised Cancer Guidelines. This classification is based on the lack of evidence of carcinogenicity in long-term rat and mouse feeding studies.

B. Exposures and Risks

1. *From food and feed uses*. Permanent tolerances have been established (40 CFR 180.507(a)) for the combined residues of azoxystrobin and its Z isomer, in or on a variety of raw agricultural commodities at levels ranging from 0.01 ppm in pecans to 1.0 ppm in grapes. In addition, time-limited tolerances have been established (40 CFR 180.507(b)) at levels ranging from 0.006 ppm in milk to 20 ppm in rice hulls) in conjunction with previous section 18 requests. Risk assessments were conducted by EPA to assess dietary exposures and risks from azoxystrobin as follows:

i. *Acute exposure and risk*. Acute dietary risk assessments are performed for a food-use pesticide if a toxicological study has indicated the possibility of an effect of concern occurring as a result of a one day or single exposure. The Agency did not conduct an acute risk assessment because no toxicological endpoint of concern was identified during review of available data.

ii. *Chronic exposure and risk*. In conducting this chronic dietary risk assessment, HED has made very conservative assumptions -- 100% of all commodities having azoxystrobin tolerances will contain azoxystrobin residues and those residues would be at the level of the tolerance -- which result in an overestimation of human dietary exposure. Thus, in making a safety determination for this tolerance, HED is taking into account this conservative exposure assessment.

The existing azoxystrobin tolerances (published, pending, and including the necessary section 18 tolerance(s)) result in a Theoretical Maximum Residue Contribution (TMRC) that is equivalent to the following percentages of the RfD:

Population Sub-Group	TMRC (mg/kg/day)	% RFD
U.S. population (48 States).	0.002	1
Nursing infants (<1 year old).	0.004	2
Non-nursing infants (<1 year old).	0.009	5
Children (1-6 years old).	0.005	3
Children (7-12 years old).	0.003	2
Hispanics	0.003	2
Non-Hispanics Others.	0.005	3
U.S. Population (summer season).	0.003	2
Females (13-19, not pregnant or nursing).	0.002	1

The subgroups listed above are: (a) the U.S. population (48 states); (b) those for infants and children; (c) females (13-19 years old, not pregnant or nursing); and, (d) the other subgroups for which the percentage of the RfD occupied is greater than that occupied by the subgroup U.S. population (48 States).

2. *From drinking water*. There is no established Maximum Contaminant Level for residues of azoxystrobin in drinking water. No health advisory levels for azoxystrobin in drinking water have been established.

i. *Acute exposure and risk*. An assessment was not appropriate since no toxicological endpoint of concern was identified during review of the available data.

ii. *Chronic exposure and risk*. Based on the chronic dietary (food) exposure estimates, chronic drinking water levels of concern (DWLOC) for azoxystrobin were calculated and are summarized in the following table. The highest EEC for azoxystrobin in surface water is from the application of azoxystrobin on grapes (39 g/L) and is substantially lower than the DWLOCs calculated. Therefore, chronic exposure to azoxystrobin residues in drinking water do not exceed RAB2s level of concern.

DRINKING WATER LEVELS OF CONCERN

	RfD (mg/kg/day)	TMRC [Food Exposure] (mg/kg/day)	Max Water Exposure[1] (mg/kg/day)	DWLOC [2,3,4] (g/L)
US Population (48 States)	0.18	0.00231	0.178	6,200
Females (13 + years old, not pregnant or nursing).	0.18	0.00176	0.178	5,300
Non-nursing Infants (< 1 year old)	0.18	0.00879	0.171	1,700

[1] Maximum Water Exposure (mg/kg/day) = RfD (mg/kg/day) - TMRC from DRES (mg/kg/day)
[2] DWLOC(g/L) = Max water exposure (mg/kg/day) * body wt (kg) /[(10-3 mg/ g)*water consumed daily (L/day)]
[3] HED Default body wts for males, females, and children are 70 kg, 60 kg, and 10 kg respectively.
[4] HED Default Daily Drinking Rates are 2 L/Day for Adults and 1 L/Day for children.

3. *From non-dietary exposure*. Azoxystrobin is not currently registered for use on residential non-food sites.

4. *Cumulative exposure to substances with common mechanism of toxicity*. Azoxystrobin is related to the naturally occurring strobilurins. There are no other members of this class of fungicides registered with the Agency.

Section 408(b)(2)(D)(v) requires that, when considering whether to establish, modify, or revoke a tolerance, the Agency consider ''available information'' concerning the cumulative effects of a particular pesticide's residues and ''other substances that have a common mechanism of toxicity.'' The Agency believes that ''available information'' in this context might include not only toxicity, chemistry, and exposure data, but also scientific policies and methodologies for understanding common mechanisms of toxicity and conducting cumulative risk assessments. For most pesticides, although the Agency has some information in its files that may turn out to be helpful in eventually determining whether a pesticide shares a common mechanism of toxicity with any other substances, EPA does not at this time have the methodologies to resolve the complex scientific issues concerning common mechanism of toxicity in a meaningful way. EPA has begun a pilot process to study this issue further through the examination of particular classes of pesticides. The Agency hopes that the results of this pilot process will increase the Agency's scientific understanding of this question such that EPA will be able to develop and apply scientific principles for better determining which chemicals have a common mechanism of toxicity and evaluating the cumulative effects of such chemicals. The Agency anticipates, however, that even as its understanding of the science of common mechanisms increases, decisions on specific classes of chemicals will be heavily dependent on chemical specific data, much of which may not be presently available.

Although at present the Agency does not know how to apply the information in its files concerning common mechanism issues to most risk assessments, there are pesticides as to which the common mechanism issues can be resolved. These pesticides include pesticides that are toxicologically dissimilar to existing chemical substances (in which case the Agency can conclude that it is unlikely that a pesticide shares a common mechanism of activity with other substances) and pesticides that produce a common toxic metabolite (in which case common mechanism of activity will be assumed).

EPA does not have, at this time, available data to determine whether azoxystrobin has a common mechanism of toxicity with other substances or how to include this pesticide in a cumulative risk assessment. Unlike other pesticides for which EPA has followed a cumulative risk approach based on a common mechanism of toxicity, azoxystrobin does not appear to produce a toxic metabolite produced by other substances. For the purposes of this tolerance action, therefore, EPA has not assumed that azoxystrobin has a common mechanism of toxicity with other substances.

C. Aggregate Risks and Determination of Safety for U.S. Population

1. *Acute risk.* This is not applicable since no toxicological end-point of concern was identified during review of the available data.

2. *Chronic risk.* Using the conservative TMRC exposure assumptions described above, and taking into account the completeness and reliability of the toxicity data, HED has estimated the exposure to azoxystrobin from food will utilize 1% of the RfD for the U.S. population. HED generally has no concern for exposures below 100% of the RfD because the RfD represents the level at or below which daily aggregate dietary exposure over a lifetime will not pose appreciable risks to human health. Despite the potential for exposure to azoxystrobin in drinking water, HED does not expect the aggregate exposure to exceed 100% of the RfD. Under current HED guidelines, the registered non-dietary uses of azoxystrobin do not constitute a chronic exposure scenario. HED concludes that there is a reasonable certainty that no harm will result from chronic aggregate exposure to azoxystrobin residues. EPA concludes that there is a reasonable certainty that no harm will result from aggregate exposure to azoxystrobin residues.

3. *Short- and intermediate-term risk.* Short- and intermediate-term aggregate exposure takes into account chronic dietary food and water (considered to be a background exposure level) plus indoor and outdoor residential exposure. This risk assessment is not applicable since no indoor and outdoor residential exposure uses are currently registered for azoxystrobin.

D. Aggregate Risks and Determination of Safety for Infants and Children

1. *Safety factor for infants and children*— i. *In general.* In assessing the potential for additional sensitivity of infants and children to residues of azoxystrobin, EPA considered data from developmental toxicity studies in the rat and rabbit and a two-generation reproduction study in the rat. The developmental toxicity studies are designed to evaluate adverse effects on the developing organism resulting from maternal pesticide exposure during gestation. Reproduction studies provide information relating to effects from exposure to the pesticide on the reproductive capability of mating animals and data on systemic toxicity.

FFDCA section 408 provides that EPA shall apply an additional tenfold margin of safety for infants and children in the case of threshold effects to account for pre-and post-natal toxicity and the completeness of the database unless EPA determines that a different margin of safety will be safe for infants and children. Margins of safety are incorporated into EPA risk assessments either directly through use of a MOE analysis or through using uncertainty (safety) factors in calculating a dose level that poses no appreciable risk to humans. EPA believes that reliable data support using the standard MOE and uncertainty factor (usually 100 for combined inter- and intra-species variability)) and not the additional tenfold MOE/uncertainty factor when EPA has a complete data base under existing guidelines and when the severity of the effect in infants or children or the potency or unusual toxic properties of a compound do not raise concerns regarding the adequacy of the standard MOE/safety factor.

ii. *Developmental toxicity studies*— a. *Rabbit.* In the developmental toxicity study in rabbits, developmental NOEL was 500 mg/kg/day, at the HDT. Because there were no treatment-related effects, the developmental LEL was >500 mg/kg/day. The maternal NOEL was 150 mg/kg/day. The maternal LEL of 500 mg/kg/day was based on decreased body weight gain during dosing.

b. *Rat.* In the developmental toxicity study in rats, the maternal (systemic) NOEL was not established. The maternal LEL of 25 mg/kg/day at the lowest dose tested (LDT) was based on increased salivation. The developmental (fetal) NOEL was 100 mg/kg/day (HDT).

iii. *Reproductive toxicity study— Rat.* In the reproductive toxicity study (MRID #43678144) in rats, the parental (systemic) NOEL was 32.3 mg/kg/day. The parental LEL of 165.4 mg/kg/day was based on decreased body weights in males and females, decreased food consumption and increased adjusted liver weights in females, and cholangitis. The reproductive NOEL was 32.3 mg/kg/day. The reproductive LEL of 165.4 mg/kg/day was based on increased weanling liver weights and decreased body weights for pups of both generations.

iv. *Pre- and post-natal sensitivity.* The pre- and post-natal toxicology data base for azoxystrobin is complete with respect to current toxicological data requirements. The results of these

studies indicate that infants and children are not more sensitive to exposure, based on the results of the rat and rabbit developmental toxicity studies and the 2-generation reproductive toxicity study in rats. The additional 10x safety factor to account for sensitivity of infants and children was removed by an ad hoc FQPA Safety Factor Committee.

v. *Conclusion*. The results of these studies indicate that infants and children are not more sensitive to exposure, based on the results of the rat and rabbit developmental toxicity studies and the 2-generation reproductive toxicity study in rats. The additional 10x safety factor to account for sensitivity of infants and children was removed by an ad hoc FQPA Safety Factor Committee.

2. *Chronic risk*. Using the conservative exposure assumptions described above, EPA has concluded that aggregate exposure to azoxystrobin from food will utilize 2 to 5% of the RfD for infants and children. EPA generally has no concern for exposures below 100% of the RfD because the RfD represents the level at or below which daily aggregate dietary exposure over a lifetime will not pose appreciable risks to human health. Despite the potential for exposure to azoxystrobin in drinking water and from non-dietary, non-occupational exposure, EPA does not expect the aggregate exposure to exceed 100% of the RfD. EPA concludes that there is a reasonable certainty that no harm will result to infants and children from aggregate exposure to azoxystrobin residues.

V. Other Considerations

A. Metabolism In Plants and Animals

1. The nature of the residue in grapes is adequately understood. These data are being translated for watercress for this temporary tolerance.

2. The qualitative nature of the residue in animals is adequately understood for the purposes of this section 18 request. A ruminant metabolism study has been submitted, however the animal metabolism data have not been reviewed by the Office of Pesticide Program's Metabolism Assessment Review Committee. The residues of concern in ruminants appears to be different from that of plants. Unidentified metabolite compounds, designated metabolites 2, 20, and 28, appear to be the major components of the residue in ruminant tissues. For the purposes of these time-limited tolerances for emergency exemptions only, the residues of concern in animal tissues are azoxystrobin and its Z-isomer.

B. Analytical Enforcement Methodology

1. A method (SOP RAM 243/03, GLC/NPD) to determine residues of azoxystrobin and its Z isomer in banana, peach, peanut, tomato, and wheat commodities has been submitted. This method has been independently validated as per PR Notice 88-5. An Agency validation of this method is pending. The Agency concludes this method is adequate for enforcement of the requested section 18 tolerances on plant commodities.

2. GLC/NPD method RAM 255/01 is adequate for collection of residue data for azoxystrobin in animal commodities. Adequate independent method validation and concurrent method recovery data have been submitted. Method SOP RAM 255/01 has been submitted for Agency method validation. RAB2 concludes this method is adequate for enforcement of the necessary section 18 tolerances on livestock commodities.

C. Magnitude of Residues

Residues of azoxystrobin and its Z isomer are not expected to exceed 0.5 ppm in/on fresh parsley and 1.0 ppm in/on dried parsley as a result of this section 18 use. Time-limited tolerances should be established at this level.

D. International Residue Limits

There are no CODEX, Canadian, or Mexican Maximum Residue Limits (MRL) for azoxystrobin on parsley. Thus, harmonization is not an issue for these section 18 requests.

E. Rotational Crop Restrictions

Rotational crop data were previously submitted. Based on this information, a 45 day plantback interval is appropriate for all crops.

VI. Conclusion

Therefore, the tolerance is established for combined residues of azoxystrobin and its Z isomer in parsley at 0.5 and for dried parsley at 1.0 ppm.

VII. Objections and Hearing Requests

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

Any person may, by August 4, 1998, file written objections to any aspect of this regulation and may also request a hearing on those objections. Objections and hearing requests must be filed with the Hearing Clerk, at the address given above (40 CFR 178.20). A copy of the objections and/or hearing requests filed with the Hearing Clerk should be submitted to the OPP docket for this rulemaking. The objections submitted must specify the provisions of the regulation deemed objectionable and the grounds for the objections (40 CFR 178.25). Each objection must be accompanied by the fee prescribed by 40 CFR 180.33(i). If a hearing is requested, the objections must include a statement of the factual issues on which a hearing is requested, the requestor's contentions on such issues, and a summary of any evidence relied upon by the requestor (40 CFR 178.27). A request for a hearing will be granted if the Administrator determines that the material submitted shows the following: There is genuine and substantial issue of fact; there is a reasonable possibility that available evidence identified by the requestor would, if established, resolve one or more of such issues in favor of the requestor, taking into account uncontested claims or facts to the contrary; and resolution of the factual issues in the manner sought by the requestor would be adequate to justify the action requested (40 CFR 178.32). Information submitted in connection with an objection or hearing request may be claimed confidential by marking any part or all of that information as CBI. Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2. A copy of the information that does not contain CBI must be submitted for inclusion in the public record. Information not marked confidential may be disclosed publicly by EPA without prior notice.

VIII. Public Record and Electronic Submissions

EPA has established a record for this rulemaking under docket control number [OPP–300664] (including any comments and data submitted electronically). A public version of this record, including printed, paper versions of electronic comments, which does not include any information claimed as CBI, is available for inspection from 8:30 a.m. to 4 p.m.,

Monday through Friday, excluding legal holidays. The public record is located in Room 119 of the Public Information and Records Integrity Branch, Information Resources and Services Division (7502C), Office of Pesticide Programs, Environmental Protection Agency, Crystal Mall #2, 1921 Jefferson Davis Hwy., Arlington, VA.

Electronic comments may be sent directly to EPA at:

opp-docket@epamail.epa.gov.

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

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

IX. Regulatory Assessment Requirements

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

In addition, since these tolerances and exemptions that are established under FFDCA section 408 (l)(6), such as the tolerance in this final rule, do not require the issuance of a proposed rule, the requirements of the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 *et seq.*) do not apply. Nevertheless, the Agency has previously assessed whether establishing tolerances, exemptions from tolerances, raising tolerance levels or expanding exemptions might adversely impact small entities and concluded, as a generic matter, that there is no adverse economic impact. The factual basis for the Agency's generic certification for tolerance actions published on May 4, 1981 (46 FR 24950), and was provided to the Chief Counsel for Advocacy of the Small Business Administration.

X. Submission to Congress and the General Accounting Office

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

List of Subjects in 40 CFR Part 180

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

Dated: May 20, 1998.

James Jones,

Director, Registration Division, Office of Pesticide Programs.

Therefore, 40 CFR chapter I is amended as follows:

PART 180— [AMENDED]

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

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

2. Section 180.507 is amended in paragraph (b) by alphabetically adding the following commodities to the table to read as follows:

§ 180.507 Azoxystrobin; tolerances for residues.

* * * * *

(b) * * *

Commodity	Parts per million	Expiration/ revocation date
*	*	*
*	*	*
*		
Parsley, dried ..	1.0	6/30/99
Parsley, fresh ..	0.5	6/30/99
*	*	*
*	*	*
*		

* * * * *

[FR Doc. 98–15020 Filed 6–4–98; 8:45 am]

BILLING CODE 6560–50–F

FEDERAL EMERGENCY MANAGEMENT AGENCY

44 CFR Part 64

[Docket No. FEMA–7689]

List of Communities Eligible for the Sale of Flood Insurance

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Final rule.

SUMMARY: This rule identifies communities participating in the National Flood Insurance Program (NFIP). These communities have applied to the program and have agreed to enact certain floodplain management measures. The communities' participation in the program authorizes the sale of flood insurance to owners of property located in the communities listed.

EFFECTIVE DATES: The dates listed in the third column of the table.

ADDRESSES: Flood insurance policies for property located in the communities listed can be obtained from any licensed property insurance agent or broker serving the eligible community, or from the NFIP at: Post Office Box 6464, Rockville, MD 20849, (800) 638–6620.

FOR FURTHER INFORMATION CONTACT: Robert F. Shea, Jr., Division Director, Program Implementation Division, Mitigation Directorate, 500 C Street SW., room 417, Washington, DC 20472, (202) 646–3619.

SUPPLEMENTARY INFORMATION: The NFIP enables property owners to purchase flood insurance which is generally not otherwise available. In return, communities agree to adopt and administer local floodplain management measures aimed at protecting lives and new construction from future flooding.

Since the communities on the attached list have recently entered the NFIP, subsidized flood insurance is now available for property in the community.

In addition, the Associate Director of the Federal Emergency Management Agency has identified the special flood hazard areas in some of these communities by publishing a Flood Hazard Boundary Map (FHBM) or Flood Insurance Rate Map (FIRM). The date of the flood map, if one has been published, is indicated in the fourth column of the table. In the communities listed where a flood map has been published, Section 102 of the Flood Disaster Protection Act of 1973, as amended, 42 U.S.C. 4012(a), requires the purchase of flood insurance as a condition of Federal or federally related financial assistance for acquisition or construction of buildings in the special flood hazard areas shown on the map.

The Associate Director finds that the delayed effective dates would be contrary to the public interest. The Associate Director also finds that notice and public procedure under 5 U.S.C. 553(b) are impracticable and unnecessary.

National Environmental Policy Act

This rule is categorically excluded from the requirements of 44 CFR Part 10, Environmental Considerations. No environmental impact assessment has been prepared.

Regulatory Flexibility Act

The Associate Director certifies that this rule will not have a significant economic impact on a substantial number of small entities in accordance with the Regulatory Flexibility Act, 5 U.S.C. 601 *et seq.*, because the rule creates no additional burden, but lists those communities eligible for the sale of flood insurance.

Regulatory Classification

This final rule is not a significant regulatory action under the criteria of section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Paperwork Reduction Act

This rule does not involve any collection of information for purposes of the Paperwork Reduction Act, 44 U.S.C. 3501 *et seq.*

Executive Order 12612, Federalism

This rule involves no policies that have federalism implications under Executive Order 12612, Federalism, October 26, 1987, 3 CFR, 1987 Comp., p. 252.

Executive Order 12778, Civil Justice Reform

This rule meets the applicable standards of section 2(b)(2) of Executive Order 12778, October 25, 1991, 56 FR 55195, 3 CFR, 1991 Comp., p. 309.

List of Subjects in 44 CFR Part 64

Flood insurance, Floodplains.

Accordingly, 44 CFR part 64 is amended as follows:

PART 64—[AMENDED]

1. The authority citation for part 64 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.*, Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 64.6 [Amended]

2. The tables published under the authority of § 64.6 are amended as follows:

State/location	Community number	Effective date of eligibility	Current effective map date
NEW ELIGIBLES—Emergency Program			
Nebraska: Bushnell, village of, Kimball County	310255	April 1, 1998	March 26, 1976.
Michigan:			
Mikado, township of, Alcona County	261019	April 2, 1998.	
North Branch, township of, Lapeer County	260338	.....do..	
Sherwood, township of, Branch County	261020	.....do..	
Tennessee: Whiteville, township of, Hardeman County	470412	April 13, 1998	
Mississippi: Belmont, town of, Tishomingo County	280287	April 15, 1998	July 9, 1976.
Virginia: Crewe, town of, Nottoway County	510264	April 16, 1998	February 11, 1977.
Georgia: Hancock County, unincorporated areas	130563	April 17, 1998	
Maine: Otis, town of, Hancock County	230289	April 27, 1998	July 26, 1977.
Nebraska:			
Mullen, village of, Hooker County	310496	April 28, 1998	
Riverton, village of, Franklin County	310084	.....do	October 29, 1976.
NEW ELIGIBLES—Regular Program			
Michigan: Hazelton, township of, Schiawasee County	260925	April 2, 1998	November 5, 1997.
Missouri:			
Bragg City, city of, Pemiscot County	290274	.....do	June 1, 1978.
Whitewater, village of, Cape Girardeau County	290903	.....do	November 4, 1992.
Illinois: Volo, village of, Lake County	171042	April 3, 1998	December 5, 1997.
Wisconsin: Pleasant Prairie, village of Kenosha County	550613	.....do	December 5, 1996.
North Carolina: Seven Devils, town of, Watauga and Avery Counties.	370481	April 13, 1998	NSFHA.
Georgia: Wilcox County, unincorporated areas	130524	April 16, 1998	September 20, 1996.
Texas: Bulverde South, city of, Comal County [1]	481682	.....do	July 17, 1995.
Missouri: Allenville, village of, Cape Girardeau County [2].	290905	April 17, 1998	April 15, 1988.
Pennsylvania: New Morgan, borough of, Berks County	422755	April 20, 1998	December 5, 1997.

State/location	Community number	Effective date of eligibility	Current effective map date
Nebraska: Lewellen, village of, Garden County	310097	April 28, 1998	NSFHA.
REINSTATEMENTS			
Pennsylvania:			
Shoemakersville, borough of, Berks County	420149	March 26, 1974, Emerg; June 15, 1979, Reg; December 5, 1997, Susp; April 6, 1998, Rein.	December 5, 1997.
Windsor, town of, Westmoreland County	421125	April 17, 1975, Emerg; December 16, 1980, Reg; December 5, 1997, Susp; April 10, 1998, Rein.	December 5, 1997.
New Hampshire: Stewartstown, town of, Coos County	330194	February 12, 1981, Emerg; March 31, 1981, With; April 17, 1998, Rein.	January 10, 1975.
Washington: Odessa, town of, Lincoln County	530111	May 16, 1975, Emerg; September 30, 1988, Reg; September 30, 1988, Susp; April 28, 1998, Rein.	September 30, 1988.
REGULAR PROGRAM CONVERSION			
Region I			
Maine: Pittston, town of, Kennebec County	230243	April 6, 1998, Suspension Withdrawn	April 6, 1998.
New Hampshire:			
Salem, town of, Rockingham County	330142	.....do	Do.
Waterbury, town of, Washington County	500123	.....do	Do.
Waterbury, village of, Washington County	500122	.....do	Do.
Region III			
Pennsylvania: Plains, township of, Luzerne County	420621	.....do	Do.
Region V			
Indiana: Boone County, unincorporated areas	180011	.....do	Do.
Region IV			
Alabama:			
Gurley, town of, Madison County	010152	April 20, 1998, Suspension Withdrawn	April 20, 1998.
Huntsville, city of, Madison County	010153	.....do	Do.
New Hope, city of, Madison County	010154	.....do	Do.
Owens Cross Roads, town of, Madison County	010218	.....do	Do.
Triana, town of, Madison County	010155	.....do	Do.
Region V			
Minnesota:			
Cambridge, city of, Isanti County	270198	.....do	Do.
Isanti County, unincorporated areas	270197	.....do	Do.
Lakeville, city of, Dakota County	270107	.....do	Do.

[1] The City of Bulverde South has adopted the Comal County (CID #485463) Flood Insurance Rate Map dated July 17, 1995.
[2] The Village of Allenville has adopted the Cape Girardeau County (CID #290790) Flood Insurance Rate Map dated April 15, 1988, panel 0125B.
Code for reading third column: Emerg.—Emergency; Reg.—Regular; Rein.—Reinstatement; Susp.—Suspension; With.—Withdrawn; NSFHA—Non Special Flood Hazard Area.

(Catalog of Federal Domestic Assistance No. 83.100, ''Flood Insurance.'')

Issued: May 26, 1998.

Michael J. Armstrong,

Associate Director for Mitigation.

[FR Doc. 98–14997 Filed 6–4–98; 8:45 am]

BILLING CODE 6718–05–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 679

[Docket No. 971208297–8054–02; I.D. 052998A]

Fisheries of the Exclusive Economic Zone Off Alaska; Pollock in Statistical Area 610

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

ACTION: Closure.

SUMMARY: NMFS is prohibiting directed fishing for pollock in Statistical Area 610 in the Gulf of Alaska (GOA). This action is necessary to prevent exceeding the second seasonal apportionment of pollock total allowable catch (TAC) in this area.

DATES: Effective 1200 hrs, Alaska local time (A.l.t.), June 3, 1998, until 1200 hrs, A.l.t., September 1, 1998.

FOR FURTHER INFORMATION CONTACT: Tom Pearson, 907–486-6919.

SUPPLEMENTARY INFORMATION: The groundfish fishery in the GOA exclusive economic zone is managed by NMFS according to the Fishery Management Plan for Groundfish of the Gulf of Alaska (FMP) prepared by the North Pacific Fishery Management Council under authority of the Magnuson-Stevens Fishery Conservation and Management Act. Fishing by U.S. vessels is governed by regulations implementing the FMP at subpart H of 50 CFR part 600 and 50 CFR part 679.

The second seasonal apportionment of pollock TAC in Statistical Area 610 was established by the Final 1998 Harvest Specifications (63 FR 12027, March 12, 1998) as 7,978 metric tons (mt), determined in accordance with § 679.20(c)(3)(ii).

In accordance with § 679.20(d)(1)(i), the Administrator, Alaska Region, NMFS (Regional Administrator), has determined that the second seasonal apportionment of pollock TAC in Statistical Area 610 will be reached. Therefore, the Regional Administrator is establishing a directed fishing allowance of 7,478 mt, and is setting aside the remaining 500 mt as bycatch to support other anticipated groundfish fisheries. In accordance with § 679.20(d)(1)(iii), the Regional

Administrator finds that this directed fishing allowance has been reached. Consequently, NMFS is prohibiting directed fishing for pollock in Statistical Area 610 until 1200 hrs, A.l.t., September 1, 1998.

Maximum retainable bycatch amounts for applicable gear types may be found in the regulations at § 679.20(e) and (f).

Classification

This action responds to the second seasonal TAC limitations and other restrictions on the fisheries. It must be implemented immediately to prevent overharvesting the second seasonal apportionment of pollock TAC in Statistical Area 610 of the GOA. A delay in the effective date is impracticable and contrary to the public interest. Further delay would only result in overharvest. NMFS finds for good cause that the implementation of this action should not be delayed for 30 days. Accordingly, under 5 U.S.C. 553(d), a delay in the effective date is hereby waived.

This action is required by § 679.20 and is exempt from review under E.O. 12866.

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

Dated: June 1, 1998.

Bruce C. Morehead,

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

[FR Doc. 98–15029 Filed 6–2–98; 4:53 pm]

BILLING CODE 3510–22–F

Proposed Rules

Federal Register
Vol. 63, No. 108
Friday, June 5, 1998

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

DEPARTMENT OF AGRICULTURE

Animal and Plant Health Inspection Service

7 CFR Part 319

[Docket No. 97–107–1]

Importation of Fruits and Vegetables

AGENCY: Animal and Plant Health Inspection Service, USDA.

ACTION: Proposed rule.

SUMMARY: We are proposing to amend the Fruits and Vegetables regulations to list a number of fruits and vegetables from certain parts of the world as eligible, under specified conditions, for importation into the United States. All of the fruits and vegetables, as a condition of entry, would be inspected and subject to disinfection at the port of first arrival as may be required by a U.S. Department of Agriculture inspector. In addition, some of the fruits and vegetables would be required to meet other special conditions. This action would provide the United States with additional kinds and sources of fruits and vegetables while continuing to provide protection against the introduction of injurious plant pests by imported fruits and vegetables.

We are also proposing to declare certain areas in Mexico as fruit fly-free areas. Those areas would include three municipalities in the State of Baja California Sur, six municipalities in the State of Chihuahua, and six municipalities in the State of Sonora. This action would relieve restrictions while continuing to prevent the introduction of plant pests into the United States.

DATES: Consideration will be given only to comments received on or before August 4, 1998.

ADDRESSES: Please send an original and three copies of your comments to Docket No. 97–107–1, Regulatory Analysis and Development, PPD, APHIS, suite 3C03, 4700 River Road Unit 118, Riverdale, MD 20737–1238. Please state that your comments refer to Docket No. 97–107–1. Comments received may be inspected at USDA, room 1141, South Building, 14th Street and Independence Avenue SW., Washington, DC, between 8 a.m. and 4:30 p.m., Monday through Friday, except holidays. Persons wishing to inspect comments are requested to call ahead on (202) 690–2817 to facilitate entry into the comment reading room.

FOR FURTHER INFORMATION CONTACT: Mr. Ronald Campbell, Import Specialist, Phytosanitary Issues Management Team, PPQ, APHIS, 4700 River Road Unit 140, Riverdale, MD 20737–1236; (301) 734–6799; or E-mail: rcampbell@aphis.usda.gov.

SUPPLEMENTARY INFORMATION:

Background

The regulations in 7 CFR 319.56 through 319.56–8 (referred to below as ''the regulations'') prohibit or restrict the importation of fruits and vegetables into the United States from certain parts of the world to prevent the introduction and dissemination of fruit flies and other injurious plant pests that are new to or not widely distributed within and throughout the United States.

We are proposing to amend the regulations to list a number of fruits and vegetables from certain parts of the world as eligible, under specified conditions, for importation into the United States. We are proposing this action at the request of various importers and foreign ministries of agriculture, and after conducting pest risk analyses [1] that indicate the fruits or vegetables can be imported under certain conditions without significant pest risk.

All of the fruits and vegetables included in this document would have to be imported under permit and subject to the requirements in § 319.56–6 of the regulations. Section 319.56–6 provides, among other things, that all imported fruits and vegetables, as a condition of entry, shall be inspected, and shall be subject to such disinfection at the port of first arrival as may be required by a U.S. Department of Agriculture (USDA) inspector, to detect and eliminate plant pests. Section 319.56–6 also provides that any shipment of fruits and vegetables may be refused entry if the shipment is so infested with fruit flies or other injurious plant pests that an inspector determines that it cannot be cleaned or treated.

Some of the fruits and vegetables proposed for importation would be required to meet other special conditions. The proposed conditions of entry, which are discussed in greater detail below, appear adequate to prevent the introduction and dissemination of fruit flies and other injurious plant pests by the importation of these fruits and vegetables.

Subject to Inspection and Treatment Upon Arrival

We are proposing to amend the list in § 319.56–2t to recognize the following fruits and vegetables as eligible for importation into the United States from the country or locality indicated in accordance with § 319.56–6 and all other applicable requirements of the regulations:

Country/locality	Common name	Botanical name	Plant part(s)
Ecuador	Cole and mustard crops, including cabbages, broccoli, cauliflower, turnips, mustards, and related varieties.	*Brassica* spp	Whole plant of edible varieties only.
El Salvador	Cole and mustard crops, including cabbages, broccoli, cauliflower, turnips, mustards, and related varieties.	*Brassica* spp	Whole plant of edible varieties only.

[1] Information on these pest risk analyses and any other pest risk analysis referred to in this document may be obtained by writing to the person listed under **FOR FURTHER INFORMATION CONTACT** or by calling the Plant Protection and Quarantine (PPQ) fax vault at 301–734–3560.

Country/locality	Common name	Botanical name	Plant part(s)
Guatemala	Rhubarb	*Rheum rhabarbarum*	Above ground parts.
Israel	Parsley	*Petroselinum crispum*	Above ground parts.
Mexico	Salicornia	*Salicornia* spp	Above ground parts.
Nicaragua	Cole and mustard crops, including cabbages, broccoli, cauliflower, turnips, mustards, and related varieties.	*Brassica* spp	Whole plant of edible varieties only.
	Mint	*Mentha* spp	Above ground parts.
	Parsley	*Petroselinum crispum*	Above ground parts.
	Rosemary	*Rosmarinus officinalla*	Above ground parts.
Peru	Cole and mustard crops, including cabbages, broccoli, cauliflower, turnips, mustards, and related varieties.	*Brassica* spp	Whole plant of edible varieties only.
	Swiss chard	*Beta vulgaris*	Leaf and stem.
Panama	Belgian endive, chicory, and endive.	*Cichorium* spp	Above ground parts.
South Africa	Pineapple	*Ananas* spp	Fruit.

Pest risk analyses conducted by the Animal and Plant Health Inspection Service (APHIS) have shown that the fruits and vegetables listed above are not attacked by fruit flies or other injurious plant pests, either because they are not hosts to the pests or because the pests are not present in the country or locality of origin. In addition, we have determined that any other injurious plant pests that might be carried by any of the listed fruits or vegetables would be readily detectable by a USDA inspector. Therefore, the provisions at § 319.56–6 concerning inspection and disinfection at the port of first arrival appear adequate to prevent the introduction into the United States of fruit flies or other injurious plant pests by the importation of these fruits and vegetables.

Subject to Inspection and Treatment Upon Arrival; Additional Conditions

We propose to allow the following fruits and vegetables to be imported into the United States from the countries indicated subject to the prescribed conditions and in accordance with § 319.56–6 and all other applicable requirements of the regulations:

Watermelon From Brazil and Cantaloupe, Honeydew Melon, and Watermelon From Venezuela

We are proposing to allow watermelon from Brazil and cantaloupe, honeydew melon, and watermelon from Venezuela to be imported into the United States under the same conditions currently in place for the importation of cantaloupe and honeydew melon from Brazil (see § 319.56–2aa). Cantaloupe and honeydew melon from Brazil have been imported into the United States under the growing, packing, and labeling conditions described below since 1995 and 1993, respectively, and we believe these conditions are also adequate to ensure the safe importation of watermelon from Brazil and cantaloupe, honeydew melon, and watermelon from Venezuela.

Because cantaloupe, honeydew melon, and watermelon can be hosts of the South American cucurbit fly (*Anastrepha grandis*), we would require that the melons and cantaloupe intended for importation into the United States from Brazil and Venezuela be subject to certain special conditions, which are described below. The proposed special conditions for the importation of these fruits from Brazil and Venezuela are as follows:

1. The cantaloupe, honeydew melon, and watermelon must have been grown in the area of Brazil or the area of Venezuela considered by APHIS to be free of the South American cucurbit fly. The area for Brazil would remain the same as it is described in § 319.56–2aa of the regulations for the importation of cantaloupe and honeydew melon from Brazil: That portion of Brazil bounded on the north by the Atlantic Ocean; on the east by the River Assu (Acu) from the Atlantic Ocean to the city of Assu; on the south by Highway BR 304 from the city of Assu (Acu) to Mossoro, and by Farm Road RN–015 from Mossoro to the Ceara State line; and on the west by the Ceara State line to the Atlantic Ocean. The area for Venezuela would be the Paraguana Peninsula, located in the State of Falcon, bounded on the north and east by the Caribbean Ocean, on the south by the Gulf of Coro and an imaginary line dividing the autonomous districts of Falcon and Miranda, and on the west by the Gulf of Venezuela.

This condition would help ensure that the melons and cantaloupe were grown in an area of Brazil or Venezuela that is free of South American cucurbit fly and would, therefore, provide protection against the introduction of that pest into the United States. The areas described were determined to be free of the South American cucurbit fly in accordance with § 319.56–2(e)(4) and (f). Paragraph (e)(4) of § 319.56–2 allows the importation of a fruit or vegetable without treatment for certain injurious insects that attack it if the fruit or vegetable is imported from a definite area or district of the country of origin that is free from those injurious insects, and provided that all other injurious insects that attack the fruit or vegetable in the area or district of the country of origin have been eliminated from the fruit or vegetable by treatment or any other procedures that may be prescribed by the Administrator. The South American cucurbit fly is the only insect pest known to attack watermelon in Brazil and cantaloupe, honeydew melon, and watermelon in Venezuela that is not readily detectable by inspection. Paragraph (f) of § 319.56–2 contains the criteria by which the Administrator may designate definite areas or districts as free from injurious insects.

2. All shipments of cantaloupe, honeydew melon, and watermelon must be accompanied by a phytosanitary certificate issued either by the Departmento de Defesa e Inspeção Vegetal (Brazilian Department of Plant Health and Inspection) or the Servicio Autonomo de Sanidad Agropecuaria (the plant protection service of Venezuela) that states that the melons or cantaloupe were grown in an area recognized to be free of the South American cucurbit fly.

This condition would help ensure that only melons and cantaloupe grown in areas free of the South American

cucurbit fly are imported into the United States.

3. Cartons of cantaloupe, honeydew melon, and watermelon must be packed for shipment in an enclosed shipping container or vehicle, or must be covered by a pest-proof screen or plastic tarpaulin in a manner to prevent the entry of pests, while in transit to the United States.

This condition would help ensure that harvested melons and cantaloupe would not be at risk for infestation by plant pests while en route to the United States.

4. In accordance with § 319.56–2(g) of the regulations, each carton of cantaloupe, honeydew melon, and watermelon must be clearly labeled with the name of the orchard or grove of origin, or the name of the grower; the name of the municipality and State in which the fruit was produced; and the type and amount of fruit in the carton.

This information would allow an inspector to readily identify shipments of melons and cantaloupe from Brazil and Venezuela and to easily trace those shipments back to their orchard or grove of origin.

Because the conditions described above have proven effective in preventing the introduction into the United States of South American cucurbit fly and other plant pests in shipments of cantaloupe and honeydew melon from Brazil, we believe that they, as well as all other applicable requirements in § 319.56–6, would also be adequate to allow the importation of watermelon from Brazil and cantaloupe, honeydew melon, and watermelon from Venezuela.

Peppers From Spain

We are proposing to allow peppers (*Capsicum* spp.) from Spain to be imported into the United States under certain conditions. Because peppers can be hosts of several serious plant pests, including the Mediterranean fruit fly (*Ceratitis capitata*) (Medfly), we would require that the peppers be grown in registered greenhouses in the Almeria Province; that the peppers be packed and shipped in accordance with certain phytosanitary conditions; and that certain fruit fly trapping requirements are met. These conditions are explained below.

1. The peppers must be grown in the Almeria Province of Spain in pest-proof greenhouses registered with, and inspected by, the Spanish Ministry of Agriculture, Fisheries, and Food (MAFF).

This condition would provide protection against the introduction of plant pests into the United States by ensuring that peppers intended for importation from Spain would be grown only in pest-proof greenhouses registered with and inspected by MAFF in Almeria Province. Trapping records demonstrate that fruit fly population levels in Almeria Province are low, the area is situated in a region where environmental conditions are not favorable for reproducing fruit fly populations, and Almeria Province is prepared to manage pepper production and packing through the use of registered pest-proof greenhouses, as well as the other elements of the systems approach described below.

2. The peppers may be shipped only from December 1 through April 30, inclusive.

This condition would help ensure that peppers from Almeria Province are shipped to the United States during those months that the Medfly population in Almeria Province is at its lowest density. Therefore, this condition would help reduce the risk of Medfly introduction into the United States.

3. Beginning on October 1, and continuing through April 30, MAFF must set and maintain Medfly traps baited with trimedlure inside the greenhouses at a rate of four traps per hectare. In all outside areas, including urban and residential areas, within 8 kilometers of the greenhouses, MAFF must set and maintain Medfly traps baited with trimedlure at a rate of four traps per square kilometer. All traps must be checked every 7 days.

This condition would ensure the earliest possible detection of the presence of fruit flies in and around greenhouses where peppers are grown.

4. Capture of a single Medfly in a registered greenhouse will immediately halt exports from that greenhouse until APHIS determines that the source of infestation has been identified, that all Medflies have been eradicated, and that measures have been taken to preclude any future infestation. Capture of a single Medfly within 2 kilometers of a registered greenhouse will require increasing trap density in order to determine whether there is a reproducing population in the area. Capture of two Medflies within 2 kilometers of a registered greenhouse during a 1-month period will halt exports from all registered greenhouses within 2 kilometers of the capture, until the source of infestation is determined and all Medflies are eradicated.

This condition would ensure that appropriate measures, including halting imports of peppers, are taken to prevent the introduction of fruit flies into the United States with peppers from Spain.

5. The peppers must be safeguarded against fruit fly infestation from harvest to export. Such safeguarding includes covering newly harvested peppers with fruit fly-proof mesh screen or plastic tarpaulin in a manner to prevent the entry of pests, while in transit from the greenhouse to the packing house and while awaiting packing, and packing the peppers in fruit fly-proof cartons, or cartons covered with fruit-fly proof mesh screen or plastic tarpaulin, and placing those cartons in enclosed shipping containers for transit to the airport and subsequent shipment to the United States.

This condition would help ensure that harvested peppers would not be at risk for infestation by fruit flies or other plant pests while en route to the packing house, during packing, or during shipment to the United States.

6. The peppers must be packed within 24 hours of harvest.

Because fruit fly host crops become better host material as they ripen, and because such crops ripen more quickly after they are harvested, this condition would further reduce the likelihood that Medfly would attack the fruit before it is packed.

7. During shipment, the peppers may not transit any other fruit fly-supporting areas unless shipping containers are sealed by MAFF with an official seal whose number is noted on the phytosanitary certificate.

This condition would provide additional protection against exposure of the peppers to fruit flies while the peppers are en route to the United States.

8. A phytosanitary certificate issued by MAFF and bearing the following declaration, ''These peppers were grown in registered greenhouses in Almeria Province in Spain,'' must accompany the shipment.

This condition would help ensure that peppers from Spain imported into the United States were grown only in approved locations.

We believe that the proposed conditions described above, as well as all other applicable requirements in § 319.56–6, would be adequate to prevent the introduction of Medfly and other plant pests into the United States with peppers imported from Spain.

Fruit Fly-Free Areas in Mexico

The regulations at § 319.56–2(h) list the municipalities in the State of Sonora, Mexico, that are recognized, in accordance with the criteria for definite areas in § 319.56–2(e)(4) and (f), as areas free of the following fruit flies: Medfly, Mexican fruit fly (*Anastrepha ludens*), dark fruit fly (*Anastrepha serpentina*),

West Indian fruit fly (*Anastrepha obliqua*), and South American fruit fly (*Anastrepha fraterculus*). The listed municipalities are: Altar, Atil, Caborca, Carbo, Empalme, Guaymas, Hermosillo, Pitiquito, Puerto Penasco, San Luis Rio Colorado, and San Miguel. Apples, apricots, grapefruit, oranges, peaches, persimmons, pomegranates, and tangerines may be imported from these municipalities without treatment for the fruit flies listed above.

Recently, Mexico provided APHIS with the trapping data that demonstrates that additional municipalities meet the criteria of § 319.56(e) and (f) for a definite area with respect to these same fruit flies. Therefore, we are proposing to add the following three municipalities in the State of Baja California Sur, six municipalities in the State of Chihuahua, and six municipalities in the State of Sonora to the list of municipalities in § 319.56–2(h): Comondú, Loreto, and Mulegé in the State of Baja California Sur; Bachiniva, Casas Grandes, Cuahutemoc, Guerrero, Namiquipa, and Nuevo Casas Grandes in the State of Chihuahua; and Bacum, Benito Juarez, Cajeme, Etchojoa, Huatabampo, and Navajoa in the State of Sonora.

Miscellaneous

We are proposing to make a minor editorial change to § 319.56–2(h) to correct an out-of-date reference to the municipality of Guaymas. Guaymas has been divided into two sections: the northern section now named Guaymas, and the southern section now named San Rio Muerto. Therefore, we are adding San Rio Muerto to the list in § 319.56–2(h) to reflect the division.

We are also proposing to make several other nonsubstantive editorial changes for clarity and consistency.

Executive Order 12866 and Regulatory Flexibility Act

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

In accordance with 5 U.S.C. 603, we have performed an Initial Regulatory Flexibility Analysis, which is set out below, regarding the impact of this proposed rule on small entities. Based on the information we have, there is no basis to conclude that adoption of this proposed rule would result in any significant economic impact on a substantial number of small entities. However, we do not currently have all of the data necessary for a comprehensive analysis of the effects of this proposed rule on small entities. Therefore, we are inviting comments on potential effects. In particular, we are interested in determining the number and kind of small entities that may incur benefits or costs from the implementation of this proposed rule.

Under the Federal Plant Pest Act (7 U.S.C. 150aa–150jj) and the Plant Quarantine Act (7 U.S.C. 151–165, and 167), the Secretary of Agriculture is authorized to regulate the importation of fruits and vegetables to prevent the introduction of injurious plant pests.

We are proposing to amend the Fruits and Vegetables regulations to list a number of fruits and vegetables from certain parts of the world as eligible, under specified conditions, for importation into the United States. All of the fruits and vegetables, as a condition of entry, would be inspected and subject to such disinfection at the port of first arrival as may be required by a U.S. Department of Agriculture inspector. In addition, some of the fruits and vegetables would be required to meet other special conditions. This action would provide the United States with additional kinds and sources of fruits and vegetables while continuing to provide protection against the introduction and dissemination of injurious plant pests by imported fruits and vegetables.

Our proposal is based on pest risk assessments that were conducted by APHIS at the request of various importers and foreign ministries of agriculture. The pest risk assessments indicate that the fruits or vegetables listed in this proposed rule could, under certain conditions, be imported into the United States without significant pest risk.

We are also proposing to declare certain areas in Mexico as fruit fly-free areas. Those areas would include three municipalities in the State of Baja California Sur, six municipalities in the State of Chihuahua, and six municipalities in the State of Sonora.

Availability of Data

For many of the commodities proposed for importation into the United States in this document, data on the levels of production and the anticipated import volume is unavailable for a number of reasons. First, many of these commodities are not produced in significant quantities either in the United States or in the country that would be exporting the commodity to the United States; generally, less statistical data is collected—and therefore available—for commodities produced in small quantities when compared to a country's more heavily produced commodities. Second, some of these commodities do not appear to be produced in the United States at all; therefore, data on the U.S. production and export levels for those commodities does not exist. Finally, estimates of potential exports of commodities from foreign countries to the United States are often difficult to obtain, due in part to the uncertainty surrounding the cost and availability of transportation and the demand for the commodity in the United States.

Watermelon From Brazil

Complete information is not available on U.S. watermelon production. However, data shows that, in 1996, a total of 459,180 metric tons of watermelon, of which 22 percent was imported, was shipped to 18 major U.S. cities.

The United States is a net importer of watermelons. In 1996, imports totaled 207,000 metric tons, valued at $49.9 million, compared to 116,000 metric tons exported, worth $30.4 million.

Data on the number or size of watermelon producers in the United States is not available. However, since most U.S. vegetable and melon farms are small by Small Business Administration (SBA) standards, it is very likely that the U.S. farms that produce watermelons are also small.

If the proposed rule is adopted, watermelons would be allowed to be exported to the United States from that part of Brazil considered free of the South American cucurbit fly. Information on the quantity of watermelons produced in that area of Brazil and on the quantity of watermelons expected to be imported from Brazil is not available, but we do not expect that amount to be large enough to adversely affect U.S. growers.

Brassica spp. from Ecuador, El Salvador, Nicaragua, and Peru

Brassica spp. include a variety of crops, some of which are more familiar (such as broccoli, cauliflower, and cabbage) than others (such as pak choi, tatsoi, celery mustard, and celery cabbage).

For the two major *Brassica* sub-varieties, broccoli and cauliflower, U.S. commercial production in 1996 was valued at about $397 million (649,600 metric tons) and $217 million (297,560 metric tons), respectively. Although U.S. production data is not available for other *Brassica* species, information on quantities shipped fresh to 18 major U.S. cities illustrates their relative importance to those markets. While fresh shipments of broccoli and

cauliflower totaled 170,830 metric tons and 87,270 metric tons, respectively, fresh shipments of cabbage totaled 219,360 metric tons; Chinese cabbage, 27,490 metric tons; turnips-rutabagas, 10,800 metric tons; and Brussels sprouts, 6,080 metric tons.

In 1996, the value of U.S. exports of major *Brassica* spp. totaled about $188 million, compared to U.S. imports of $146 million. This means that the United States is a net exporter of these vegetables.

Information on U.S. production of less popular *Brassica* varieties and sub-varieties, such as *Brassica rapa, Brassica chinensis,* and *Brassica pekinensis,* is generally very limited for a number of reasons. Data that is recorded for the production of these commodities is usually presented in an aggregated format, under ''Chinese'' or ''Oriental'' vegetables or more broadly under a ''Miscellaneous'' category. Even when data specifically addresses one or more of these commodities, the information may still provide an incomplete picture of overall production. For example, statistics obtained from county lists of pesticide permittees only include crops treated with pesticides for which permits are required.

Bearing in mind these limitations, APHIS has made inquiries at the county and producer levels in principal production areas of California and Florida regarding number of growers, acreage, and quantities and values of production. Though most domestic production probably occurs in California and Florida, some production of these commodities takes place in other States as well. For example, one large-scale producer in California regularly grows mizuna and tatsoi in California for 37 weeks and in Arizona during the remaining weeks of the year. However, most domestically grown *Brassica rapa* and *Brassica chinensis* are probably produced in California and Florida.

Twenty-five counties in California were surveyed for production of these commodities. No information was available from seven of the counties. Of the remaining 18 counties, ''Oriental'' vegetables are grown on about 12,250 acres, with total annual production valued at about $33 million. Nine of the 18 counties were found to record information on areas planted in specific sub-varieties of *Brassica rapa* and *Brassica chinensis.* Those counties reported a combined production area of about 3,500 acres for these varieties. Only four of the nine counties could provide information on the value of production for certain sub-varieties; in those counties, the sub-varieties were grown on a total of 1,012 acres and were valued at about $4.9 million.

Because most of the data on California's production of these commodities is aggregated, there is little that can be stated with confidence about the individual quantities grown. However, it would appear that the value of California's annual production of *Brassica rapa* and *Brassica chinensis* probably lies well above $5 million, but below $30 million. By far, most producers are small entities by SBA standards. Even the larger operations can probably be considered small entities (with annual sales below $0.5 million).

In Florida, most production of *Brassica rapa* and *Brassica chinensis* takes place in Palm Beach County, by both small- and large-scale producers. It is possible that a couple of the larger ones may have annual sales exceeding $0.5 million. In 1995–96, over 1,260 acres were planted with these commodities in Palm Beach County, with production valued at almost $2.3 million. Assuming this amount represents about 80 percent of the State's total, Florida's overall production may be worth more than $2.8 million.

To these estimates for California and Florida should be added production taking place in other States where conducive growing conditions are found. When all growers are considered, U.S. producers of *Brassica rapa* and *Brassica chinensis* may number in the hundreds, with most of the operations very small-scale. The value of U.S. production is probably in the tens of millions of dollars.

Although statistics are not available on U.S. production of Chinese cabbage (*Brassica pekinensis*), fresh shipments to 18 major U.S. cities in 1996 totaled about 27,490 metric tons, of which less than 2 percent was imported (about 320 metric tons from Mexico and 180 metric tons from Canada). California was the origin of nearly 95 percent of fresh shipments of domestically grown Chinese cabbage. Between 1994 and 1996, shipments to the 18 major U.S. cities grew by more than 20 percent.

Of the surveyed counties in California, only four offered specific information on the number of acres planted with Chinese cabbage and the value of production. They reported Chinese cabbage grown on 845 acres and worth $5.5 million.

The most recent data on Ecuador's production of principal *Brassica* vegetables indicate relative small quantities compared to those of the United States. In 1996, Ecuador produced 11,132 metric tons of cabbage, 4,000 metric tons of broccoli, and 1,421 metric tons of cauliflower. However, it has not been possible to gather information on the quantity of *Brassica* spp. expected to be imported from Ecuador, but the amounts are unlikely to be large enough to affect U.S. entities.

Certain *Brassica oleracea* varieties, including cabbage, cauliflower, broccoli, Brussels sprouts, and kale, grown in El Salvador have been entering the United States under permit for many years. Therefore, the impact of allowing entry of all *Brassica* spp. would be based on the potential imports of the more minor species, such as *Brassica rapa* varieties. Research is being conducted in El Salvador on some of the minor *Brassica* varieties, such as Chinese cabbage, but they are not established commercial crops. Therefore, no impacts are expected in allowing the importation into the United States of *Brassica* spp. from El Salvador.

The only information available on the production of *Brassica* spp. by Nicaragua concerns broccoli and cauliflower. Nicaragua's annual levels of production of these two vegetables are reported to be 158 metric tons and 308 metric tons, respectively. These quantities represent less than 0.03 percent and 0.1 percent, respectively, of U.S. broccoli and cauliflower production. Also, in a recent year, Nicaragua exported about 162 tons of cabbage to El Salvador and Honduras. Given these relatively low levels of production and export, potential importation of *Brassica* spp. from Nicaragua is expected to have a negligible impact on U.S. entities.

Certain *Brassica oleracea* varieties, including cabbage, cauliflower, broccoli, Brussels sprouts, and kale, grown in Peru have been entering the United States under permit for many years. In 1996, Peru exported approximately 211 metric tons of cabbage and 6 metric tons of Brussels sprouts to the United States. Therefore, the impact of allowing entry of all *Brassica* spp. would be based on the potential imports of the more minor species, such as *Brassica rapa* varieties. Information is not available on the quantity of these commodities grown in or expected to be imported from Peru, but the amounts are unlikely to be large enough to adversely affect U.S. entities.

Rhubarb From Guatemala

No official data is available on U.S. rhubarb production, but in 1996, shipments of fresh rhubarb to 18 major U.S. cities totaled about 454 metric tons, with 90 percent coming from Washington and 10 percent from Oregon. In 1995, there were 3,732

metric tons of frozen rhubarb shipped commercially to the same cities from western States (California, Colorado, Idaho, Montana, Oregon, Washington, and Wyoming). In general, U.S. rhubarb imports and exports are very minor.

Although the demand for rhubarb is fairly stable, with little change among long-time commercial buyers, production in Washington is expected to expand. An additional 300 acres are being brought into production, and the growing season has been lengthened, from January-July to December-September, by using hot house and covered field production in addition to open field production.

In Guatemala, rhubarb is produced in very small quantities for domestic sales only. Commercial production could increase if importation to the United States were allowed. However, any impact on the U.S. rhubarb market would probably be negligible, given the small amount produced by Guatemala and the current absence of Guatemalan rhubarb exports.

Parsley From Israel and Nicaragua

California leads all States in parsley production. In 1996, there were 45,411 tons of parsley produced from 2,982 acres in California. That same year, fresh parsley imports (together with fresh tarragon and marjoram imports) to the United States totaled 1,509 metric tons and were valued at $3.1 million. In other words, U.S. imports represented about 3 percent or less of California's production. No U.S. exports of fresh parsley were recorded in 1996.

Israel, with a total 1997 production of about 4,500 tons of parsley, is already an important source of imported dehydrated (manufactured) parsley in the United States. It is estimated that Israel's annual fresh parsley exports to the United States could amount to about 50 tons. This quantity represents an extremely small fraction (only about 3 percent) of current fresh parsley imports by the United States, and it is a negligible amount compared to U.S. domestic production. Therefore, if parsley from Israel were allowed to be imported into the United States, no significant impacts would be expected for U.S. parsley producers or other small entities.

The quantity of parsley expected to be imported from Nicaragua is not known, but given the relatively low level of current imports of parsley from all sources, which amount to only 3 percent of California's production, no significant impacts are expected for U.S. parsley producers or other entities.

Salicornia From Mexico

Salicornia is a succulent grown primarily as an oil seed crop. Much like asparagus, the tips of the salicornia plant are consumed as food in many countries; in Europe, for example, salicornia is widely eaten. The demand for salicornia as a food item in the United States is still a niche market, although some is produced along coastlines, such as in Texas and California. Domestic production is limited to one or two months of the year.

Information is not available on the number of U.S. producers of salicornia or on the quantity produced, but it is assumed to be a very minor crop in the United States. The quantity expected to be imported from Mexico is also not known, and will depend upon market development. Since it is to be grown on irrigated land in Mexico, exports to the United States could potentially be year-round. APHIS has no information to suggest that U.S. entities may be adversely affected by salicornia imports from Mexico.

Mint From Nicaragua

An average of 151,600 acres of mint were harvested annually in the United States between 1994 and 1996, for the production of peppermint oil and spearmint oil. The average annual value of the oils produced during these years was about $150 million. Statistics are not available on the production of mint leaves for purposes other than oil production. The annual value of mint leaves imported by the United States from 1992 through 1994 averaged approximately $407,000, increasing to $422,000 in 1996 and $469,000 in 1997. Thus, the current value of mint leaf imports is not significant compared to the value of U.S. mint oil production.

The quantity of mint expected to be imported from Nicaragua is not known, but given existing levels of U.S. production, potential imports of mint from Nicaragua are not expected to have an impact on U.S. producers or other entities.

Rosemary From Nicaragua

No information is readily available on rosemary production or imports for the United States. Similarly, no estimates were possible regarding Nicaragua's production or potential exports of rosemary to the United States. However, there is no reason to believe that allowing rosemary imports from Nicaragua would have negative impacts on U.S. entities.

Belgian Endive, Chicory, and Endive From Panama

Although there is no information on U.S. production of Belgian endive, chicory, and endive, fresh endive shipments to 18 major U.S. cities in 1996 totaled about 17,550 metric tons, of which imports contributed about 1,135 metric tons (1,000 tons from Belgium, 90 tons from Canada, and 45 tons from The Netherlands). California and Florida were the sources of about 40 percent and 28 percent, respectively, of domestically grown shipments. Between 1994 and 1996, endive shipments to those 18 major U.S. cities grew by more than 77 percent. In 1996, the value of imports, $11.45 million, was three times that of exports, $3.9 million.

It has not been possible to gather information on the production levels or expected import quantities of Belgian endive, chicory, and endive from Panama. However, if the proposed rule were adopted, we do not expect the importation of these commodities from Panama to significantly impact U.S. entities.

Pineapple From South Africa

Pineapple production in the United States is concentrated in Hawaii, and, in 1996, totaled about 314,800 metric tons, of which 7,800 metric tons were exported. U.S. imports of pineapple in the same year reached 135,260 metric tons. In other words, about 30 percent of the pineapples consumed in the United States are imported.

South Africa produces about 46,000 metric tons of pineapple, of which approximately 4,000 metric tons are exported to the European Union and parts of Asia. It is estimated that South Africa could potentially export about 2,000 metric tons a year to the United States, depending on demand and available airfreight space. This amount represents less than one percent of U.S. production, and about 1½ percent of U.S. imports. Therefore, we expect that, if the proposed rule is adopted, U.S. producers and other entities would not be significantly affected by the importation of pineapple from South Africa.

Peppers From Spain

Although there is no information on U.S. production of *Capsicum* species, there were about 240,230 metric tons of fresh bell peppers and 36,150 metric tons of other fresh peppers shipped to 18 major U.S. cities in 1996. Nearly 30 percent of the bell pepper shipments were imported, as were more than one-half of other pepper shipments. In 1996, pepper imports (fresh and chilled) by

the United States totaled 277,320 metric tons and were valued at $217 million. That same year, U.S. pepper exports amounted to 60,470 metric tons, valued at $48.4 million. As such, the United States is clearly a net importer of peppers.

The size distribution of U.S. pepper producers is similar to that of most crops, with numerous small-scale operations and fewer very large operations. For example, in Florida in 1992, there were 199 sweet pepper farms with a total of 19,554 harvested acres. More than half were farms of less than 15 acres. Most pepper producers in the United States are small entities (less than $0.5 million in annual sales).

Between 1994 and 1996, fresh bell pepper shipments to the 18 major U.S. cities grew by about 3.5 percent, while shipments of other fresh peppers increased by more than 58 percent.

Peppers from Spain would be required to have been grown in insect-proof greenhouses in the Province of Almeria. Currently, about 20,000 metric tons of the 200,000 metric tons of peppers produced annually in Province of Almeria are grown in insect-proof greenhouses. It is expected that about 1,500 metric tons would be shipped yearly to the United States. Annual shipments could increase to as much as 4,000 metric tons, depending on production and market developments.

This higher estimate, 4,000 metric tons, represents only 1.4 percent of current U.S. pepper imports, and even a smaller fraction of U.S. domestic production. Pepper imports from Spain would have a negligible impact on U.S. entities. However, they may help to satisfy the rapidly increasing U.S. demand for fresh peppers.

Cantaloupe, Honeydew Melon, and Watermelon From Venezuela

The U.S. melon season runs from May to November, with most domestic shipments taking place in May, June, and July. Production statistics are available only for honeydew melon; in 1996, the commercial crop totaled 242,490 metric tons and was valued at $91.3 million. Although such information is not available for cantaloupe or watermelon, quantities shipped to 18 major U.S. cities in 1996 are as follows: Cantaloupe, 325,230 metric tons (30 percent imported); honeydew melon, 130,770 metric tons (40 percent imported); and watermelon, 459,180 metric tons (22 percent imported).

California dominates cantaloupe and honeydew melon production, while Florida, Georgia, and Texas devote the most acreage to watermelon production. Most melon and cantaloupe producers can be considered small entities, but probably a major share of production is by a relatively few large-scale operations having annual sales greater than $0.5 million.

U.S. trade in cantaloupes, honeydew melons, and watermelons demonstrates that the United States is a net importer of these commodities. In 1996, overall fresh melon imports were valued at $205 million, and exports worth $81 million.

The Paraguana Peninsula, because it is considered free of the South American cucurbit fly, is the area in Venezuela from which cantaloupe, honeydew melons, and watermelons would be allowed to be exported to the United States. When melons were last shipped from the Paraguana Peninsula to the United States in 1985, 2,000 metric tons of honeydew melon and 400 metric tons of watermelon were exported. (No cantaloupe was exported.) In 1986, shipments were discontinued because of phytosanitary restrictions.

With removal of the restrictions, projected annual exports to the United States are 6,000 metric tons of cantaloupe, 3,000 metric tons of honeydew melon, and 2,000 metric tons of watermelon. In each case, these amounts represent about 1 percent or less of U.S. domestic production. The export season for the melons would be October to April, the period of the year when domestic supply is at its lowest.

The proposed shipments from Venezuela would improve the year-round availability of melons for consumers by augmenting existing off-season imports. The relatively small amounts expected to be shipped are likely to have only a negligible impact on U.S. producers of cantaloupe, honeydew melon, and watermelon.

Addition of Fruit Fly-Free Areas in the Mexican States of Baja California Sur, Chihuahua, and Sonora

With the addition of fruit fly-free areas in the Mexican States of Baja California Sur, Chihuahua, and Sonora, the importation into the United States of four types of fruit would be affected. Those fruits are apple, orange, peach, and tangerine. We project that increases in exports to the United States of those fruits would be as follows: Apples, 4,000 metric tons; oranges, 28,144 metric tons; peaches, 2,000 metric tons; and tangerines, 280 metric tons. Import levels of apricots, grapefruits, persimmons, and pomegranates, the other fruits eligible for importation into the United States from Mexico under § 319.56–2(h), are not expected to be affected by this proposed rule.

U.S. apple production in 1996 totaled 4,732,860 metric tons and was worth $1.84 billion. Projected additional imports from Mexico of 4,000 metric tons represent less than 0.1 percent of U.S. production. Further, the United States is a net exporter of apples, exporting more than three times as many apples as it imports.

U.S. orange production in 1996 totaled 10,634,920 metric tons and was worth $1.895 billion. Projected additional imports from Mexico of 28,144 metric tons represent less than 0.3 percent of U.S. production. In 1996, the quantity of oranges exported by the United States was 22 times greater than the quantity imported.

U.S. peach production in 1996 totaled 938,940 metric tons and was worth $378 million. Projected additional imports from Mexico of 2,000 metric tons represent about 0.2 percent of U.S. production. Further, the United States is a net exporter of peaches, exporting 1.7 times as many peaches as it imports.

U.S. tangerine production in 1996 totaled 315,700 metric tons and was worth $112 million. Projected additional imports from Mexico of 280 metric tons represent less than 0.1 percent of U.S. production. Further, the United States is a net exporter of tangerines, exporting six times as many tangerines as it imports.

In the case of each of these four fruits, projected additional exports to the United States due to the newly recognized fruit fly-free areas are extremely small amounts compared to U.S. production. Also, in each case, the United States is a net exporter of the fruit, reflecting excess supply. Impacts on costs or prices for U.S. producers and consumers is expected to be negligible. APHIS does not anticipate any adverse effects on small entities or the ability of U.S. entities to compete in domestic and export markets.

The alternative to this proposed rule was to make no changes in the regulations. After consideration, we rejected this alternative because there is no biological reason to prohibit the importation into the United States of the fruits and vegetables listed in this document.

The proposed changes to the regulations would result in new information collection or recordkeeping requirements, as described below under the heading ''Paperwork Reduction Act.''

Executive Order 12988

This proposed rule would allow certain fruits and vegetables to be imported into the United States from certain parts of the world. If this

proposed rule is adopted, State and local laws and regulations regarding the importation of fruits and vegetables under this rule would be preempted while the fruits and vegetables are in foreign commerce. Fresh fruits and vegetables are generally imported for immediate distribution and sale to the consuming public, and would remain in foreign commerce until sold to the ultimate consumer. The question of when foreign commerce ceases in other cases must be addressed on a case-by-case basis. If this proposed rule is adopted, no retroactive effect will be given to this rule, and this rule will not require administrative proceedings before parties may file suit in court challenging this rule.

Paperwork Reduction Act

In accordance with section 3507(d) of the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), the information collection or recordkeeping requirements included in this proposed rule have been submitted for approval to the Office of Management and Budget (OMB). Please send written comments to the Office of Information and Regulatory Affairs, OMB, Attention: Desk Officer for APHIS, Washington, DC 20503. Please state that your comments refer to Docket No. 97–107–1. Please send a copy of your comments to: (1) Docket No. 97–107–1, Regulatory Analysis and Development, PPD, APHIS, suite 3C03, 4700 River Road Unit 118, Riverdale, MD 20737–1238, and (2) Clearance Officer, OIRM, USDA, room 404–W, 14th Street and Independence Avenue SW., Washington, DC 20250. A comment to OMB is best assured of having its full effect if OMB receives it within 30 days of publication of this proposed rule.

The paperwork associated with the importation of the fruits and vegetables named in this document would include the completion of phytosanitary certificates and fruit fly monitoring records.

We are soliciting comments from the public (as well as affected agencies) concerning our proposed information collection and recordkeeping requirements. We need this outside input to help us:

(1) Evaluate whether the proposed information collection is necessary for the proper performance of our agency's functions, including whether the information will have practical utility;

(2) Evaluate the accuracy of our estimate of the burden of the proposed information collection, 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 information collection on those who are to respond (such as 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).

Estimate of burden: Public reporting burden for this collection of information is estimated to average 1.158 hours per response.

Respondents: Foreign plant health protection authorities.

Estimated annual number of respondents: 32.

Estimated annual number of responses per respondent: 32.625.

Estimated annual number of responses: 1,044.

Estimated total annual burden on respondents: 1,209 hours.

Copies of this information collection can be obtained from: Clearance Officer, OIRM, USDA, Room 404–W, 14th Street and Independence Ave., SW, Washington, DC 20250.

List of Subjects in 7 CFR Part 319

Bees, Coffee, Cotton, Fruits, Honey, Imports, Incorporation by reference, Nursery Stock, Plant diseases and pests, Quarantine, Reporting and recordkeeping requirements, Rice, Vegetables.

Accordingly, we propose to amend 7 CFR part 319 as follows:

PART 319—FOREIGN QUARANTINE NOTICES

1. The authority citation for part 319 would continue to read as follows:

Authority: 7 U.S.C. 150dd, 150ee, 150ff, 151–167, 450, 2803, and 2809; 21 U.S.C. 136 and 136a; 7 CFR 2.22, 2.80, and 371.2(c).

2. In § 319.56–2, paragraph (h) would be revised to read as follows:

§ 319.56–2 Restrictions on entry of fruits and vegetables.

* * * * *

(h) The Administrator has determined that the following municipalities in Mexico meet the criteria of § 319.56–2(e) and (f) with regard to the plant pests *Ceratitis capitata, Anastrepha ludens, A. serpentina, A. obliqua,* and *A. fraterculus:* Comondú, Loreto, and Mulegé in the State of Baja California Sur; Bachiniva, Casas Grandes, Cuahutemoc, Guerrero, Namiquipa, and Nuevo Casas Grandes in the State of Chihuahua; and Altar, Atil, Bacum, Benito Juarez, Caborca, Cajeme, Carbo, Empalme, Etchojoa, Guaymas, Hermosillo, Huatabampo, Navajoa, Pitiquito, Puerto Penasco, San Luis Rio Colorado, San Miguel, and San Rio Muerto in the State of Sonora. Apples, apricots, grapefruit, oranges, peaches, persimmons, pomegranates, and tangerines may be imported from these areas without treatment for the pests named in this paragraph.

* * * * *

3. In § 319.56–2t, the table would be amended by adding, in alphabetical order, the following entries:

§ 319.56–2t Administrative instructions: conditions governing the entry of certain fruits and vegetables.

* * * * *

Country/locality	Common name	Botanical name	Plant part(s)
* * * * * * *			
Ecuador			
* * * * * * *			
	Cole and mustard crops, including cabbages, broccoli, cauliflower, turnips, mustards, and related varieties.	*Brassica* spp	Whole plant of edible varieties only.
* * * * * * *			
El Salvador			

Country/locality	Common name	Botanical name	Plant part(s)
* * * * * * *			
	Cole and mustard crops, including cabbages, broccoli, cauliflower, turnips, mustards, and related varieties.	*Brassica* spp	Whole plant of edible varieties only.
* * * * * * *			
Guatemala			
* * * * * * *			
	Rhubarb	*Rheum rhabarbarum*	Above ground parts.
* * * * * * *			
Israel			
* * * * * * *			
	Parsley	*Petroselinum crispum*	Above ground parts.
* * * * * * *			
Mexico			
* * * * * * *			
	Salicornia	*Salicornia* spp	Above ground parts.
* * * * * * *			
Nicaragua			
* * * * * * *			
	Cole and mustard crops, including cabbages, broccoli, cauliflower, turnips, mustards, and related varieties.	*Brassica spp*	Whole plant of edible varieties only.
* * * * * * *			
	Mint	*Mentha* spp.	Above ground parts.
	Parsley	*Petroselinum crispum*	Above ground parts.
* * * * * * *			
	Rosemary	*Rosmarinus officinalla*	Above ground parts.
* * * * * * *			
Panama			
* * * * * * *			
	Belgian endive	*Cichorium spp*	Above ground parts.
	Chicory	*Cichorium* spp	Above ground parts.
* * * * * * *			
	Endive	*Cichorium* spp	Above ground parts.
* * * * * * *			
Peru			
* * * * * * *			
	Cole and mustard crops, including cabbages, broccoli, cauliflower, turnips, mustards, and related varieties.	*Brassica* spp.	Whole plant of edible varieties only.
* * * * * * *			
	Swiss chard	*Beta vulgaris*	Leaf and stem.
* * * * * * *			
South Africa			
* * * * * * *			
	Pineapple	*Ananas* spp.	Fruit.
* * * * * * *			

* * * * *

4. Section 319.56–2aa would be revised to read as follows:

§ 319.56–2aa Administrative instructions governing the entry of cantaloupe, honeydew melons, and watermelon from Brazil and Venezuela.

Cantaloupe, honeydew melons, and watermelon may be imported into the United States from Brazil and Venezuela only under permit, and only in accordance with this section and all other applicable requirements of this subpart:

(a) The cantaloupe, honeydew melons, or watermelon must have been grown in the area of Brazil or the area of Venezuela considered by the Animal and Plant Health Inspection Service to be free of the South American cucurbit fly, (*Anastrepha grandis*), in accordance with § 319.56–2(e)(4) of this subpart. In addition, all shipments of cantaloupe, honeydew melons, and watermelon must be accompanied by a phytosanitary certificate issued either by the Departmento de Defesa e Inspeção Vegetal (Brazilian Department of Plant Health and Inspection) or the Servicio Autonomo de Sanidad Agropecuaria (the plant protection service of Venezuela) that includes a declaration indicating that the cantaloupe or melons were grown in an area recognized to be free of the South American cucurbit fly.

(1) *Area considered free of the South American cucurbit fly in Brazil.* The following area in Brazil is considered free of the South American cucurbit fly: That portion of Brazil bounded on the north by the Atlantic Ocean; on the east by the River Assu (Acu) from the Atlantic Ocean to the city of Assu; on the south by Highway BR 304 from the city of Assu (Acu) to Mossoro, and by Farm Road RN–015 from Mossoro to the Ceara State line; and on the west by the Ceara State line to the Atlantic Ocean.

(2) *Area considered free of the South American cucurbit fly in Venezuela.* The following area in Venezuela is considered free of the South American cucurbit fly: The Paraguana Peninsula, located in the State of Falcon, bounded on the north and east by the Caribbean Ocean, on the south by the Gulf of Coro and an imaginary line dividing the autonomous districts of Falcon and Miranda, and on the west by the Gulf of Venezuela.

(b) *Shipping requirements.* The cantaloupe, honeydew melons, and watermelon must be packed in an enclosed container or vehicle, or must be covered by a pest-proof screen or plastic tarpaulin while in transit to the United States.

(c) *Labeling.* All shipments of cantaloupe, honeydew melons, and watermelon must be labeled in accordance with § 319.56–2(g) of this subpart.

5. A new § 319.56–2gg would be added to read as follows:

§ 319.56–2gg Administrative instructions; conditions governing the entry of peppers from Spain.

Peppers (fruit) (*Capsicum* spp.) may be imported into the United States from Spain only under permit, and only in accordance with this section and all other applicable requirements of this subpart:

(a) The peppers must be grown in the Almeria Province of Spain in pest-proof greenhouses registered with, and inspected by, the Spanish Ministry of Agriculture, Fisheries, and Food (MAFF);

(b) The peppers may be shipped only from December 1 through April 30, inclusive;

(c) Beginning October 1, and continuing through April 30, MAFF must set and maintain Mediterranean fruit fly (Medfly) traps baited with trimedlure inside the greenhouses at a rate of four traps per hectare. In all outside areas, including urban and residential areas, within 8 kilometers of the greenhouses, MAFF must set and maintain Medfly traps baited with trimedlure at a rate of four traps per square kilometer. All traps must be checked every 7 days;

(d) Capture of a single Medfly in a registered greenhouse will immediately halt exports from that greenhouse until the Deputy Administrator determines that the source of infestation has been identified, that all Medflies have been eradicated, and that measures have been taken to preclude any future infestation. Capture of a single Medfly within 2 kilometers of a registered greenhouse will necessitate increased trap density in order to determine whether there is a reproducing population in the area. Capture of two Medflies within 2 kilometers of a registered greenhouse during a 1-month period will halt exports from all registered greenhouses within 2 kilometers of the capture, until the source of infestation is determined and all Medflies are eradicated;

(e) The peppers must be safeguarded against fruit fly infestation from harvest to export. Such safeguarding includes covering newly harvested peppers with fruit fly-proof mesh screen or plastic tarpaulin while in transit to the packing house and while awaiting packing, and packing the peppers in fruit fly-proof cartons, or cartons covered with fruit-fly proof mesh or plastic tarpaulin, and placing those cartons in enclosed shipping containers for transit to the airport and subsequent shipment to the United States;

(f) The peppers must be packed for shipment within 24 hours of harvest;

(g) During shipment, the peppers may not transit other fruit fly-supporting areas unless shipping containers are sealed by MAFF with an official seal whose number is noted on the phytosanitary certificate; and

(h) A phytosanitary certificate issued by MAFF and bearing the declaration, ''These peppers were grown in registered greenhouses in Almeria Province in Spain,'' must accompany the shipment.

Done in Washington, DC, this 2nd day of June, 1998.

Charles P. Schwalbe,

Acting Administrator, Animal and Plant Health Inspection Service.

[FR Doc. 98–14957 Filed 6–4–98; 8:45 am]

BILLING CODE 3410–34–P

DEPARTMENT OF AGRICULTURE

Agricultural Marketing Service

7 CFR Part 920

[Docket No. FV98–920–2 PR]

Kiwifruit Grown in California; Temporary Suspension of an Inspection Requirement

AGENCY: Agricultural Marketing Service, USDA.

ACTION: Proposed rule.

SUMMARY: This rule invites comments on the temporary suspension of an inspection requirement for kiwifruit covered under the California kiwifruit marketing order. The marketing order regulates the handling of kiwifruit grown in California, and is administered locally by the Kiwifruit Administrative Committee (Committee). Currently, certification of any kiwifruit which is inspected and certified as meeting grade, size, quality, or maturity requirements in effect under the marketing order is valid until December 31 of the current fiscal year or 21 days from the date of inspection, whichever is later. Any kiwifruit not shipped before the end of this certification period must be reinspected and recertified before shipping. This rule would temporarily suspend this provision for the 1998–99 fiscal year and would enable handlers to ship kiwifruit without the necessity for reinspection and recertification and the costs associated with such requirements. This temporary

suspension was unanimously recommended by the Committee and is expected to reduce handler costs and to increase grower returns, while continuing to provide consumers with the same high quality fruit as is available under current requirements.

DATES: Comments must be received by July 6, 1998.

ADDRESSES: Interested persons are invited to submit written comments concerning this proposal. Comments must be sent to the Docket Clerk, Fruit and Vegetable Programs, AMS, USDA, Room 2525–S, P.O. Box 96456, Washington, DC 20090–6456; Fax: (202) 205–6632. All comments should reference the docket number and the date and page number of this issue of the **Federal Register** and will be available for public inspection in the Office of the Docket Clerk during regular business hours.

FOR FURTHER INFORMATION CONTACT: Rose Aguayo, Marketing Specialist, California Marketing Field Office, Fruit and Vegetable Programs, AMS, USDA, 2202 Monterey Street, suite 102B, Fresno, California 93721; telephone: (209) 487–5901, Fax: (209) 487–5906; or George Kelhart, Technical Advisor, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, room 2525–S, P.O. Box 96456, Washington, DC 20090–6456; telephone: (202) 720–2491, Fax: (202) 205–6632. Small businesses may request information on compliance with this regulation by contacting Jay Guerber, Marketing Order Administration Branch, Fruit and Vegetable Programs, AMS, USDA, room 2525–S, P.O. Box 96456, Washington, DC 20090–6456; telephone: (202) 720–2491, Fax: (202) 205–6632.

SUPPLEMENTARY INFORMATION: This proposal is issued under Marketing Order No. 920 (7 CFR part 920), as amended, regulating the handling of kiwifruit grown in California, hereinafter referred to as the ''order.'' The order is effective under the Agricultural Marketing Agreement Act of 1937, as amended (7 U.S.C. 601–674), hereinafter referred to as the ''Act.''

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

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

The Act provides that administrative proceedings must be exhausted before parties may file suit in court. Under section 608c(15)(A) of the Act, any handler subject to an order may file with the Secretary a petition stating that the order, any provision of the order, or any obligation imposed in connection with the order is not in accordance with law and request a modification of the order or to be exempted therefrom. A handler is afforded the opportunity for a hearing on the petition. After the hearing the Secretary would rule on the petition. The Act provides that the district court of the United States in any district in which the handler is an inhabitant, or has his or her principal place of business, has jurisdiction to review the Secretary'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 proposal invites comments on the temporary suspension of an inspection requirement for kiwifruit covered under the California kiwifruit marketing order. This rule would temporarily suspend the current limitation of the inspection certificate validation period and would enable handlers to ship kiwifruit without the necessity for reinspection and recertification. The rule would be in effect for the 1998–99 fiscal year.

Section 920.55 of the order requires that prior to handling any variety of California kiwifruit, such kiwifruit shall be inspected by the Federal or Federal-State Inspection Service (inspection service) and certified as meeting the applicable grade, size, quality, or maturity requirements in effect pursuant to § 920.52 or § 920.53. Section 920.55 also provides authority for the establishment through the order's administrative rules and regulations of a period prior to shipment during which inspections must be performed.

Section 920.155 of the order's administrative rules and regulations prescribes that the certification of grade, size, quality, and maturity of kiwifruit pursuant to § 920.52 or § 920.53 during each fiscal year is valid until December 31 of such year or 21 days from the date of inspection, whichever is later. Any inspected kiwifruit to be shipped after the certification period lapses is required to be reinspected and recertified before shipping.

At its meeting on February 11, 1998, the Committee unanimously recommended suspending § 920.155 for the 1998–99 fiscal year. The Committee made this recommendation in an effort to reduce the additional costs of reinspection. In recent years, after cultural and post-harvest expenses have been paid, many kiwifruit growers have lost money or merely recovered their production costs with little or no profit. Because storage and handling operations have improved in the industry, and as a result of a fruit ripening program being utilized by the industry, the Committee believes it may no longer be necessary to have fruit reinspected to provide consumers with a high quality product. The recommended suspension is for a one-year period so the effects can be evaluated. The Committee further recommended that this suspension be in effect no later than September 1, 1998, to enable handlers to make operational decisions in time for the 1998 harvest and shipping season.

When the order was promulgated, authority was included to limit the length of time inspection certificates would be valid. This authority was provided because the condition of kiwifruit can change while it is held in cold storage. The current inspection requirements are intended to help ensure that all fruit meets order requirements prior to shipment.

The industry has estimated that approximately 30 percent of the inspected kiwifruit is subject to reinspection each year at a cost of approximately $0.03 per tray equivalent (a tray equivalent being 7 pounds of kiwifruit), and that a minimal amount, approximately 1 percent, of reinspected fruit fails to meet order requirements.

Although the inspection service has not yet established the 1998–99 inspection rates, based on the past season's rates, total reinspection costs for the industry are expected to be approximately $50,000 for the 1998–99 fiscal year.

Handlers would like to reduce handling costs and believe that they can do so by conducting their own reinspection of fruit before shipment, when necessary. The Committee believes that consumers would be provided with the same high quality fruit as available under current reinspection requirements. Handlers have continually upgraded their cold storage and handling operations, resulting in fewer fruit condition problems. In recent seasons, improved storage facilities have resulted in fewer storage-related condition problems, such as black sooty mold. In addition, processing and packing equipment utilized by handlers has improved in recent years, resulting in less damage to fruit in the handling process, thus resulting in fewer condition problems. Finally, the industry's ripening program has resulted in earlier seasonal shipments and a decreased amount of inspected fruit remaining in cold storage

beyond the maximum time for which an inspection certificate is valid.

The Committee believes that eliminating the reinspection requirement would not have a negative impact on any aspect of the industry; however, it wishes to approach this issue with caution. Thus, the Committee recommended temporarily suspending § 920.155 for the 1998–99 fiscal year as a ''pilot test,'' so it can evaluate the results after the season. The Committee expects this action to reduce handler costs by $50,000, resulting in increased grower returns, while continuing to provide consumers with the same high quality fruit as is available under current reinspection requirements.

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

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

There are approximately 60 handlers of California kiwifruit subject to regulation under the marketing order and approximately 450 producers in the production area. Small agricultural producers are defined by the Small Business Administration (13 CFR 121.601) as those whose annual receipts are less than $500,000, and small agricultural service firms are defined as those whose annual receipts are less than $5,000,000. One of the 60 handlers subject to regulation has annual kiwifruit sales of at least $5,000,000, excluding receipts from any other sources. The remaining 59 handlers have annual receipts less than $5,000,000, excluding receipts from other sources. In addition, 10 of the 450 producers subject to regulation have annual sales of at least $500,000, excluding receipts from any other sources. The remaining 440 producers have annual sales less than $500,000, excluding receipts from any other sources. Therefore, a majority of handlers and producers are classified as small entities.

This proposal invites comments on the temporary suspension of an inspection requirement for kiwifruit covered under the California kiwifruit marketing order. This rule would temporarily suspend the current limitation of the inspection certificate validation period and would enable handlers to ship kiwifruit without the necessity for reinspection and recertification. The rule would be in effect for the 1998–99 fiscal year.

Section 920.55 of the order requires that prior to handling any variety of California kiwifruit, such kiwifruit shall be inspected by the inspection service and certified as meeting the applicable grade, size, quality, or maturity requirements in effect pursuant to § 920.52 or § 920.53. Section 920.55 also provides authority for the establishment through the order's administrative rules and regulations of a period prior to shipment during which inspections must be performed.

Section 920.155 of the order's administrative rules and regulations prescribes that the certification of grade, size, quality, and maturity of kiwifruit pursuant to § 920.52 or § 920.53 during each fiscal year is valid until December 31 of such year or 21 days from the date of inspection, whichever is later. Any inspected kiwifruit to be shipped after the certification period lapses is required to be reinspected and recertified before shipping.

At its meeting on February 11, 1998, the Committee unanimously recommended suspending § 920.155 for the 1998–99 fiscal year. The Committee made this recommendation in an effort to reduce the additional costs of reinspection. In recent years, after cultural and post-harvest expenses have been paid, many kiwifruit growers have lost money or merely recovered their production costs with little or no profit. Also, because storage and handling operations have improved in the industry, and as a result of a fruit ripening program being utilized by the industry, the Committee believes it may no longer be necessary to have fruit reinspected to provide consumers with a high quality product. The recommended suspension is for a one-year period so the effects can be evaluated. The Committee further recommended that this suspension be in effect no later than September 1, 1998, to enable handlers to make operational decisions in time for the 1998 harvest and shipping season.

When the order was promulgated, authority was included to limit the length of time inspection certificates would be valid. This authority was provided because the condition of kiwifruit can change while it is held in cold storage. The current inspection requirements are intended to help ensure that all fruit meets order requirements prior to shipment.

The industry has estimated that approximately 30 percent of the inspected kiwifruit is subject to reinspection each year at a cost of approximately $0.03 per tray equivalent (a tray equivalent being 7 pounds of kiwifruit), and that a minimal amount, approximately 1 percent, of reinspected fruit fails to meet order requirements.

Although the inspection service has not yet established the 1998–99 inspection rates, based on the past season's rates, total reinspection costs for the industry are expected to be approximately $50,000 for the 1998–99 fiscal year.

Handlers would like to reduce handling costs and believe that they can do so by conducting their own reinspection of fruit before shipment, when necessary. The Committee believes that consumers would be provided with the same high quality fruit as available under current reinspection requirements. Handlers have continually upgraded their cold storage and handling operations, resulting in fewer fruit condition problems. In recent seasons, improved storage facilities have resulted in fewer storage-related condition problems, such as black sooty mold. In addition, processing and packing equipment utilized by handlers has improved in recent years, resulting in less damage to fruit in the handling process, thus resulting in fewer fruit condition problems. Finally, the industry's ripening program has resulted in earlier seasonal shipments and a decreased amount of inspected fruit remaining in cold storage beyond the maximum time for which an inspection certificate is valid.

The Committee believes that eliminating the reinspection requirement would not have a negative impact on any aspect of the industry; however, it wishes to approach this issue with caution. Thus, the Committee recommended temporarily suspending § 920.155 for the 1998–99 fiscal year as a ''pilot test,'' so it can evaluate the results after the season. The Committee expects this action to reduce handler costs by $50,000, resulting in increased grower returns, while continuing to provide consumers with the same high quality fruit as is available under current reinspection requirements.

The 1998–99 kiwifruit crop is estimated to be 10 to 12 million tray equivalents (a tray equivalent being equal to 7 pounds). Based on recent experience, approximately 30 percent of the inspected kiwifruit is subject to reinspection. At the current estimates

for the 1998–99 crop, that would amount to 3.0 to 3.6 million tray equivalents requiring reinspection. The 1998–99 reinspection fees have not yet been established by the inspection service, however, utilizing the 1997–98 rates ($0.032 per tray/volume fill/count fill container, $0.047 per 3 layer/master container, and $0.0047 per pound for bins), it is estimated that the 1998–99 costs for reinspection would be around $42,000. Adding mileage and overtime fees charged by the inspection service would result in total annual costs for reinspection for the 1998–99 fiscal year of approximately $50,000.

The Committee discussed a number of alternatives to this rule, including making inspection certificates valid to January 31, or modifying the reinspection process by requiring inspection for condition only, but it was determined that neither of these alternatives would reduce reinspection costs. The Committee also discussed the possibility of reducing the sample size from the current one-half of 1 percent; however, the inspection service advised the Committee that further reduction of the sample size would jeopardize the integrity of the inspection.

Another alternative discussed was the elimination of in-line inspections altogether, but this was determined to be unacceptable to the industry. Use of in-line inspection allows handlers to be assured that the fruit is making grade at the time of packing. Any problems that may exist can be identified immediately and corrected, thus avoiding the additional costs of repacking at the time of shipment.

The Committee also considered increasing the use of inspection waivers as a means to lower costs. However, the Committee could not reach a consensus on an acceptable and equitable means to increase the issuance of waivers throughout the industry, and, thus, it was determined to be an unacceptable alternative to this proposal.

As another possibility, the Committee discussed alternative inspection methods. It was decided that they would not be a viable option at this time.

Following discussion of these alternatives, the Committee concluded that temporarily suspending § 920.155 would be in the best interest of the industry at this time, as it is expected to save as much as $50,000 in reinspection fees and to increase grower returns, while continuing to provide consumers with the same high quality fruit as provided under current reinspection requirements.

This action would not impose any additional reporting or recordkeeping requirements on either small or large kiwifruit 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.

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

The Committee's February 11, 1998, meeting was widely publicized throughout the kiwifruit industry and all interested persons were invited to attend the meeting and participate in Committee deliberations on all issues. Like all Committee meetings, the February 11, 1998, meeting was a public meeting and all entities, both large and small, were able to express views on this issue. The Committee itself is composed of 12 members. Two of these members are handlers and producers, 9 are producers only, and one is a public member. The majority of the Committee members are small entities. In addition, a survey on the options of eliminating or keeping the reinspection requirement was mailed to all growers and handlers of California kiwifruit. Of the 485 surveys mailed, 159 were returned to the Committee by the deadline of February 6, 1998, for a response rate of 33 percent. Growers accounted for 77 percent of the total surveys returned by the deadline, and of those, 67 percent were in favor of eliminating reinspection. Finally, interested persons are invited to submit information on the regulatory and informational impacts of this action on small businesses.

A 30-day comment period is provided to allow interested persons to respond to this proposal, including any regulatory and informational impacts of this action on small businesses. Thirty days is deemed appropriate because: (1) The industry would like the changes proposed in this rule to be in place by September 1 to provide sufficient time to plan for the upcoming marketing season; and (2) this action was unanimously recommended by the Committee at a public meeting and is not expected to be controversial. All written comments received within the comment period will be considered before a final determination is made on this matter.

List of Subjects in 7 CFR Part 920

Kiwifruit, Marketing agreements, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, 7 CFR part 920 is proposed to be amended as follows:

PART 920—KIWIFRUIT GROWN IN CALIFORNIA

1. The authority citation for 7 CFR part 920 continues to read as follows:

Authority: 7 U.S.C. 601–674.

§ 920.155 [Suspended]

2. In Part 920, § 920.155 is suspended in its entirety effective August 1, 1998, through July 31, 1999.

Dated: May 29, 1998.

Sharon Bomer Lauritsen,

Acting Deputy Administrator, Fruit and Vegetable Programs.

[FR Doc. 98–15001 Filed 6–4–98; 8:45 am]

BILLING CODE 3410–02–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 96–CE–23–AD]

RIN 2120–AA64

Airworthiness Directives; Aviat Aircraft, Inc. Models S–1S, S–1T, S–2, S–2A, S–2S, and S–2B Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: This document proposes to revise Airworthiness Directive (AD) 96–12–03 R1, which applies to Aviat Aircraft, Inc. (Aviat) Models S–1S, S–1T, S–2, S–2A, S–2S, and S–2B airplanes that are equipped with aft lower fuselage wing attach fittings incorporating part number (P/N) 76090, P/N 2–2107–1, or P/N 1–210–102. That AD currently requires repetitively inspecting the aft lower fuselage wing attach fitting on both wings for cracks, and modifying any cracked aft lower fuselage wing attach fitting. Modifying both aft lower fuselage wing attach fittings eliminates the repetitive inspection requirement of AD 96–12–03. Aviat started incorporating modified aft lower fuselage wing attach fittings on newly manufactured airplanes beginning with serial number 5337, instead of 5349 as referenced in the existing AD. This proposed AD would retain the repetitive inspection and possible modification requirements of AD 96–12–03 R1, and would change the applicability accordingly. The actions specified by the proposed AD are intended to prevent possible in-flight separation of the wing from the airplane caused by a cracked fuselage wing attach fitting.

DATES: Comments must be received on or before July 30, 1998.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Central Region, Office of the Regional Counsel, Attention: Rules Docket No. 96–CE–23–AD, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106. Comments may be inspected at this location between 8 a.m. and 4 p.m., Monday through Friday, holidays excepted.

Service information that applies to the proposed AD may be obtained from Aviat Aircraft, Inc., P.O. Box 1240, Afton, Wyoming 83110; telephone: (307) 886–3151; facsimile: (307) 886–9674. This information also may be examined at the Rules Docket at the address above.

FOR FURTHER INFORMATION CONTACT: Mr. Roger Caldwell, Aerospace Engineer, FAA, Denver Aircraft Certification Office, 26805 E. 68th Avenue, Room 214, Denver, Colorado 80249; telephone: (303) 342–1086; facsimile: (303) 342–1088.

SUPPLEMENTARY INFORMATION:

Comments Invited

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

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

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket No. 96–CE–23–AD.'' The postcard will be date stamped and returned to the commenter.

Availability of NPRMs

Any person may obtain a copy of this NPRM by submitting a request to the FAA, Central Region, Office of the Regional Counsel, Attention: Rules Docket No. 96–CE–23–AD, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106.

Discussion

AD 96–12–03 R1, Amendment 39–10109 (62 FR 44535, ugust 22, 1997), currently requires the following on Aviat Models S–1S, S–1T, S–2, S–2A, S–2S, and S–2B airplanes that are equipped with aft lower fuselage wing attach fittings incorporating P/N 76090, P/N 2–2107–1, or P/N 1–210–102:

—repetitively inspecting the aft lower fuselage wing attach fitting on both wings for cracks; and

—modifying any cracked aft lower fuselage wing attach fitting. Modifying both aft lower fuselage wing attach fittings eliminates the repetitive inspection requirement of AD 96–12–03.

Accomplishment of the actions required by AD 96–12–03 R1 is in accordance with Aviat Service Bulletin (SB) No. 25, dated April 3, 1996, Revised November 12, 1996.

AD 96–12–03 R1 replaced AD 96–12–03, Amendment 39–9645 (61 FR 28730, June 6, 1996), and incorporated an ending serial number of 5348 on the Aviat Model S–2B airplanes. AD 96–12–03 required the current actions on all serial numbers of the affected airplanes.

Actions Since Issuance of Previous Rule

Since issuance of AD 96–12–03 R1, Aviat has reported to the FAA that the ending serial number for the Model S–2B airplanes is incorrect. The correct serial number should be 5336 instead of 5348.

Aviat has revised Service Bulletin No. 25 (dated April 3, 1996; Revised November 12, 1996; Revised November 11, 1997) to reflect this serial number change.

The FAA's Determination

After examining the circumstances and reviewing all available information related to the incidents described above, the FAA has determined that (1) the applicability in AD 96–12–03 R1 of the Aviat Model S–2B airplanes should be changed from an ending serial number of 5348 to 5336; and (2) AD action should be taken to continue to prevent possible in-flight separation of the wing from the airplane caused by a cracked fuselage wing attach fitting.

Explanation of the Provisions of the Proposed AD

Since an unsafe condition has been identified that is likely to exist or develop in other Aviat Models S–1S, S–1T, S–2, S–2A, S–2S, and S–2B airplanes of the same type design that are equipped with aft lower fuselage wing attach fittings incorporating P/N 76090, P/N 2–2107–1, or P/N1–210–102, the FAA is proposing AD action to revise AD 96–12–03 R1. The proposed AD would retain the repetitive inspection and possible modification requirements of AD 96–12–03 R1, and would change the applicability of the Model S–2B airplanes from an ending serial number of 5348 to an ending serial number of 5336.

Cost Impact

The FAA estimates that 500 airplanes in the U.S. registry would be affected by the proposed AD, that it would take approximately 2 workhours per airplane to accomplish the initial inspection, and that the average labor rate is approximately $60 an hour. Parts to accomplish the inspections cost approximately $100 per airplane. Based on these figures, the total cost impact of the proposed AD on U.S. operators is estimated to be $110,000. These figures do not take into account the cost of repetitive inspections. The FAA has no way of determining how many repetitive inspections each owner/operator may incur over the life of each airplane.

AD 96–12–03 R1 currently requires the same actions on the affected airplanes as is proposed in this NPRM. The only difference between the proposed AD and AD 96–12–03 R1 is a change in the ending serial number of the Model S–2B airplanes. Therefore, the proposed AD has no additional cost impact over that already required by AD 96–12–03 R1.

Regulatory Impact

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

For the reasons discussed above, I certify that this action (1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034, February 26, 1979); and (3) if promulgated, will not have a significant economic impact, positive or negative, on a substantial number of small entities under the criteria of the Regulatory

Flexibility Act. A copy of the draft regulatory evaluation prepared for this action has been placed in the Rules Docket. A copy of it may be obtained by contacting the Rules Docket at the location provided under the caption **ADDRESSES**.

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

The Proposed Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

2. Section 39.13 is amended by removing Airworthiness Directive (AD) 96–12–03 R1, Amendment 39–10109 (62 FR 44535, August 22, 1997), and by adding a new AD to read as follows:

Aviat Aircraft, Inc.: Docket No. 96–CE–23–AD; Revises AD 96–12–03 R1, Amendment 39–10109.

Applicability: The following airplane models and serial numbers, certificated in any category, that are equipped with aft lower fuselage wing attach fittings incorporating part number (P/N) 76090, P/N 2–2107–1, or P/N 1–210–102, and where these aft lower fuselage wing attach fittings on both wings have not been modified in accordance with the ACCOMPLISHMENT INSTRUCTIONS section of one of the following service bulletins (SB):

Service Bulletins

—Aviat SB No. 25, dated April 3, 1996, Revised November 12, 1996, Revised November 11, 1997;
—Aviat SB No. 25, dated April 3, 1996, Revised November 12, 1996; or
—Aviat SB No. 25, dated April 3, 1996.

Airplanes Affected

—Models S–1S, S–1T, S–2, S–2A, and S–2S airplanes, all serial numbers.
—Model S–2B airplanes, serial numbers 5000 through 5336.

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

Compliance: Required as indicated in the body of this AD.

To prevent possible in-flight separation of the wing from the airplane caused by a cracked aft lower fuselage wing attach fitting, accomplish the following:

(a) Within 50 hours time-in-service (TIS) after October 3, 1997 (the effective date of AD 96–12–03 R1), unless already accomplished (compliance with either AD 96–12–03 R1 or AD 96–12–03), and thereafter at intervals not to exceed 50 hours TIS, inspect the aft lower fuselage wing attach fitting on both wings for cracks. Accomplish these inspections in accordance with the ACCOMPLISHMENT INSTRUCTIONS section of one of the following SB's:

(1) Aviat SB No. 25, dated April 3, 1996, Revised November 12, 1996, Revised November 11, 1997;

(2) Aviat SB No. 25, dated April 3, 1996, Revised November 12, 1996; or

(3) Aviat SB No. 25, dated April 3, 1996.

(b) If any cracked aft lower fuselage wing attach fitting is found during any inspection required by this AD, prior to further flight, modify the cracked aft lower fuselage wing attach fitting in accordance with the ACCOMPLISHMENT INSTRUCTIONS section of one of the SB's referenced in paragraphs (a)(1), (a)(2), and (a)(3) of this AD. Repetitive inspections are no longer necessary on an aft lower fuselage wing attachment fitting that was found cracked and has the referenced modification incorporated.

(c) Modifying the aft lower fuselage wing attach fitting on both wings in accordance with the ACCOMPLISHMENT INSTRUCTIONS section of one of the SB's referenced in paragraphs (a)(1), (a)(2), and (a)(3) of this AD is considered terminating action for the repetitive inspection requirement of this AD.

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

(e) An alternative method of compliance or adjustment of the initial or repetitive compliance times that provides an equivalent level of safety may be approved by the Manager, Denver Aircraft Certification Office, 26805 E. 68th Avenue, Room 214, Denver, Colorado 80249.

(1) The request shall be forwarded through an appropriate FAA Maintenance Inspector, who may add comments and then send it to the Manager, Denver ACO.

(2) Alternative methods of compliance approved in accordance with AD 96–12–03 R1 or AD 96–12–03 are considered approved for this AD.

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

(f) All persons affected by this directive may obtain copies of the document referred to herein upon request to Aviat Aircraft, Inc., P.O. Box 1240, Afton, Wyoming 83110; or may examine this document at the FAA, Central Region, Office of the Regional Counsel, Room 1558, 601 E. 12th Street, Kansas City, Missouri 64106.

(g) This amendment revises AD 96–12–03 R1, Amendment 39–10109.

Issued in Kansas City, Missouri, on May 29, 1998.

Michael Gallagher,

Manager, Small Airplane Directorate, Aircraft Certification Service.

[FR Doc. 98–14906 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 97–SW–55–AD]

Airworthiness Directives; Agusta S.p.A. Model A109C and A109K2 Helicopters

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: This document proposes the adoption of a new airworthiness directive (AD) that is applicable to Agusta S.p.A. Model A109C and A109K2 helicopters. This proposal would require removing the main rotor pitch link assemblies, measuring the radial play of the upper and lower spherical bearings (bearings), and replacing any unairworthy bearings. This proposal is prompted by four reports of increased vibration of the helicopters caused by wear in the bearings of the main rotor pitch change link assembly. The actions specified by the proposed AD are intended to detect unairworthy bearings on the pitch change link assembly and to prevent increased vibration and subsequent reduced controllability of the helicopter.

DATES: Comments must be received on or before July 6, 1998.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Office of the Regional Counsel, Southwest Region, Attention: Rules Docket No. 97–SW–55–AD, 2601 Meacham Blvd., Room 663, Fort Worth, Texas 76137. Comments may be inspected at this location between 9:00 a.m. and 3:00 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: Mr. Shep Blackman, Aerospace Engineer, FAA, Rotorcraft Directorate, Rotorcraft

Standards Staff, 2601 Meacham Blvd., Fort Worth, Texas 76137, telephone (817) 222–5296, fax (817) 222–5961.

SUPPLEMENTARY INFORMATION:

Comments Invited

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

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

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket No. 97–SW–55–AD.'' The postcard will be date stamped and returned to the commenter.

Availability of NPRMs

Any person may obtain a copy of this NPRM by submitting a request to the FAA, Office of the Regional Counsel, Southwest Region, Attention: Rules Docket No. 97–SW–55–AD, 2601 Meacham Blvd., Room 663, Fort Worth, Texas 76137.

Discussion

The Registro Aeronautico Italiano (RAI), which is the airworthiness authority for Italy, recently notified the FAA that an unsafe condition may exist on Agusta Model A109C and A109K2 helicopters. The RAI advises that there have been instances of increased vibration in Agusta Model A109C helicopters, which necessitated an AD requiring compliance in accordance with Agusta Bollettino Technico Telegraphico No. 109–9, dated March 23, 1995.

Agusta has issued Agusta Bollettino Technico Telegraphico Nos. 109–9 and 109K–2, both dated March 23, 1995, which specify a procedure to measure the radial play of both the upper and lower spherical bearings of the main rotor pitch change link assemblies. The RAI classified these service bulletins as mandatory and issued RAI AD's 95–082 and 95–083, both dated March 28, 1995, to assure the continued airworthiness of these helicopters in Italy.

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

Since an unsafe condition has been identified that is likely to exist or develop on other Agusta Model A109C and A109K2 helicopters of the same type design registered in the United States, the proposed AD would require inspection of the main rotor pitch link assemblies Part Number (P/N) 109–0110–71, and if the radial play of the spherical bearings exceeds 0.2 millimeters, or .008 inches, replacement of the affected bearings prior to further flight

The FAA estimates that 3 helicopters of U.S. registry would be affected by this proposed AD, that it would take approximately 3 work hours per helicopter to accomplish the proposed actions, and that the average labor rate is $60 per work hour. Required parts would cost approximately $1,122 for the upper bearing and $995 for the lower bearing per helicopter. Based on these figures, the total cost impact of the proposed AD on U.S. operators is estimated to be $6,891.

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

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

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

The Proposed Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

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

Agusta S.p.A.: Docket No. 97–SW–55–AD.

Applicability: Model A109C and A109K2 helicopters, certificated in any category.

Note 1: This AD applies to each helicopter identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For helicopters that have been modified, altered, or repaired so that the performance of the requirements of this AD. For helicopters that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must use the authority provided in paragraph (d) to request approval from the FAA. This approval may address either no action, if the current configuration eliminates the unsafe condition, or different actions necessary to address the unsafe condition described in this AD. Such a request should include an assessment of the effect of the changed configuration on the unsafe condition addressed by this AD. In no case does the presence of any modification, alteration, or repair remove any helicopter from the applicability of this AD.

Compliance: Required as indicated, unless accomplished previously.

To prevent main rotor pitch change link spherical bearing axial play due to wear, which could result in an increase in the vibration level and reduced controllability of the helicopter, accomplish the following:

(a) Within the next 10 hours time in service (TIS) and thereafter at intervals not to exceed 100 hours TIS, remove the pitch change link assembly, part number (P/N) 109–0110–71.

(b) Measure the radial play at both the upper and lower spherical bearings. If the radial play of a bearing exceeds 0.2 millimeters, or .008 inches, replace the affected bearing with an airworthy bearing prior to further flight.

Note 2: Agusta Bollettino Technico Telegrafico No. 109–9, dated March 23, 1995, pertains to the subject of this AD.

(c) Reinstall the pitch change link assembly.

(d) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, FAA, Rotorcraft Directorate, Rotorcraft Standards Staff. Operators shall submit their requests through an FAA Principal Maintenance Inspector, who may concur or comment and then send it to the Manager, Rotorcraft Standards Staff.

Note 3: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Rotorcraft Standards Staff.

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

Note 4: The subject of this AD is addressed in Registro Aeronautico Italiano (Italy) AD's 95–082 and 95–083, both dated March 28, 1995.

Issued in Fort Worth, Texas, on May 28, 1998.

Henry A. Armstrong,

Manager, Rotorcraft Directorate, Aircraft Certification Service.

[FR Doc. 98–14912 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 97–SW–64–AD]

Airworthiness Directives; Eurocopter France Model AS–365N, N1, and N2 Helicopters

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: This document proposes the adoption of a new airworthiness directive (AD) that is applicable to Eurocopter France Model AS–365N, N1, and N2 helicopters, with certain main rotor head frequency adapters (frequency adapters) installed. This proposal would require inspecting the frequency adapter to determine if a certain frequency adapter is installed, and if so, removing and replacing the frequency adapter with an airworthy frequency adapter before further flight. This proposal is prompted by a report of disbonding of the metal center section of a frequency adapter from the elastomer on a main rotor head, caused by a lack of adherence during the production process. The actions specified by the proposed AD are intended to prevent increased vibrations caused by disbonding of the center section of a frequency adapter from the elastomer and subsequent reduced controllability of the helicopter.

DATES: Comments must be received on or before July 6, 1998.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Office of the Regional Counsel, Southwest Region, Attention: Rules Docket No. 97–SW–64–AD, 2601 Meacham Blvd., Room 663, Fort Worth, Texas 76137. Comments may be inspected at this location between 9:00 a.m. and 3:00 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT: Mr. Mike Mathias, Aerospace Engineer, Rotorcraft Standards Staff, Rotorcraft Directorate, FAA, 2601 Meacham Blvd., Fort Worth, Texas 76137, telephone (817) 222–5123, fax (817) 222–5961.

SUPPLEMENTARY INFORMATION:

Comments Invited

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

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

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket No. 97–SW–64–AD.'' The postcard will be date stamped and returned to the commenter.

Availability of NPRMs

Any person may obtain a copy of this NPRM by submitting a request to the FAA, Office of the Regional Counsel, Southwest Region, Attention: Rules Docket No. 97–SW–64–AD, 2601 Meacham Blvd., Room 663, Fort Worth, Texas 76137.

Discussion

The Direction General De L'Aviation Civile (DGAC), which is the airworthiness authority for France, recently notified the FAA that an unsafe condition may exist on Eurocopter France Model AS–365N, N1, and N2 helicopters that have been fitted with a frequency adapter, part number (P/N) 704A33–640–031 (E1T2624–01A), or delivered in pairs under the P/N 365A31–1858–01, manufactured before April 1, 1991, with a serial number (S/N) equal to or less than 8188; or P/N 704A33–640–046 (E1T3023–01), or delivered in pairs under the P/N 365A31–1858–02, manufactured before April 1, 1991, with a S/N equal to or less than 3122. The DGAC advises that disbonding between the center metal section and the elastomer of the frequency adapter may occur.

Eurocopter France has issued Eurocopter France AS–365 Service Bulletin, No. 01.00.44, dated May 9, 1996, which specifies a visual inspection of the frequency adapter face to determine its P/N, S/N, and date of manufacture and to remove and replace certain frequency adapters with an unaffected frequency adapter. The DGAC classified this service bulletin as mandatory and issued AD 96–117–040(B), dated June 19, 1996, in order to assure the continued airworthiness of these helicopters in France.

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

certificated for operation in the United States.

Since an unsafe condition has been identified that is likely to exist or develop on other Eurocopter France Model AS–365N, N1, and N2 helicopters of the same type design registered in the United States, the proposed AD would require removing any frequency adapter affected by this AD and replacing it with an airworthy frequency adapter.

The FAA estimates that 91 helicopters of U.S. registry would be affected by this proposed AD, that it would take approximately 6 work hours per helicopter to accomplish the proposed actions, and that the average labor rate is $60 per work hour. Required parts would cost approximately $5,200 per helicopter. Based on these figures, the total cost impact of the proposed AD on U.S. operators is estimated to be $505,960.

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

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

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

The Proposed Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§ 39.13 [Amended]

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

Eurocopter France: Docket No. 97–SW–64–AD.

Applicability: Model AS–365N, N1, and N2 helicopters, certificated in any category.

Note 1: This AD applies to each helicopter identified in the preceding applicability provision, regardless of whether it has been modified, altered, or repaired in the area subject to the requirements of this AD. For helicopters that have been modified, altered, or repaired so that the performance of the requirements of this AD is affected, the owner/operator must use the authority provided in paragraph (c) to request approval from the FAA. This approval may address either no action, if the current configuration eliminates the unsafe condition, or different actions necessary to address the unsafe condition described in this AD. Such a request should include an assessment of the effect of the changed configuration on the unsafe condition addressed by this AD. In no case does the presence of any modification, alteration, or repair remove any helicopter from the applicability of this AD.

Compliance: Required within the next 100 hours time-in-service or 6 calendar months, whichever occurs first, unless accomplished previously.

To prevent vibrations caused by disbonding of the center section of a frequency adapter from the elastomer on the main rotor head and subsequent reduced controllability of the helicopter, accomplish the following:

(a) Determine the part number, serial number, and date of manufacture of the main rotor head frequency adapter (frequency adapter).

(b) If frequency adapter part number (P/N) 704A33–640–031 (E1T2624–01A), or delivered in pairs under the P/N 365A31–1858–01, manufactured before April 1, 1991, with a serial number (S/N) equal to or less than 8188; or P/N 704A33–640–046 (E1T3023–01), or delivered in pairs under the P/N 365A31–1858–02, manufactured before April 1, 1991, with a S/N equal to or less than 3122, is installed, remove the frequency adapter and replace it with an airworthy frequency adapter.

Note 2: Eurocopter France AS–365 Service Bulletin No. 01.00.44, dated May 9, 1996, pertains to the subject of this AD.

(c) An alternative method of compliance or adjustment of the compliance time that provides an acceptable level of safety may be used if approved by the Manager, FAA, Rotorcraft Directorate, Rotorcraft Standards Staff. Operators shall submit their requests through an FAA Principal Maintenance Inspector, who may concur or comment and then send it to the Manager, Rotorcraft Standards Staff.

Note 3: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Rotorcraft Standards Staff.

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

Note 4: The subject of this AD is addressed in Direction General De L'Aviation Civile (France) AD 96–117–040(B), dated June 19, 1996.

Issued in Fort Worth, Texas, on May 29, 1998.

Henry A. Armstrong,

Manager, Rotorcraft Directorate, Aircraft Certification Office.

[FR Doc. 98–14928 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AGL–38]

Proposed Modification of Class E Airspace; Superior, WI

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: This notice proposes to modify Class E Superior, WI. A Global Positioning System (GPS) Standard Instrument Approach Procedure (SIAP) to Runway (Rwy) 03 has been developed for Richard I. Bong Airport. Controlled airspace extending upward from 700 to 1200 feet above ground level (AGL) is needed to contain aircraft executing the approach. This action would increase the radius of the existing controlled airspace for Richard I. Bong Airport.

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

ADDRESSES: Send comments on the proposal in triplicate to: Federal Aviation Administration, Office of the Assistant Chief Counsel, AGL–7, Rules Docket No. 98–AGL–38, 2300 East Devon Avenue, Des Plaines, Illinois 60018.

The official docket may be examined in the Office of the Assistant Chief Counsel, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois. An informal docket may also be examined during normal business hours at the Air Traffic Division, Airspace Branch, Federal Aviation Administration, 2300

East Devon Avenue, Des Plaines, Illinois.

FOR FURTHER INFORMATION CONTACT: Michelle M. Behm, Air Traffic Division, Airspace Branch, AGL–520, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested parties are invited to participate in this proposed rulemaking by submitting such written data, views, or arguments as they may desire. Comments that provide the factual basis supporting the views and suggestions presented are particularly helpful in developing reasoned regulatory decisions on the proposal. Comments are specifically invited on the overall regulatory, aeronautical, economic, environmental, and energy-related aspects of the proposal. Communications should identify the airspace docket number and be submitted in triplicate to the address listed above. Commenters wishing the FAA to acknowledge receipt of their comments on this notice must submit with those comments a self-addressed, stamped postcard on which the following statement is made: ''Comments to Airspace Docket No. 98–AGL–38.'' The postcard will be date/time stamped and returned to the commenter. All communications received on or before the specified closing date for comments will be considered before taking action on the proposed rule. The proposal contained in this notice may be changed in light of comments received. All comments submitted will be available for examination in the Rules Docket, FAA, Great Lakes Region, Office of the Assistant Chief Counsel, 2300 East Devon Avenue, Des Plaines, Illinois, both before and after the closing date for comments. A report summarizing each substantive public contact with FAA personnel concerned with this rulemaking will be filed in the docket.

Availability of NPRM's

Any person may obtain a copy of this Notice of Proposed Rulemaking (NPRM) by submitting a request to the Federal Aviation Administration, Office of Public Affairs, Attention: Public Inquiry Center, APA–230, 800 Independence Avenue, S.W., Washington, DC 20591, or by calling (202) 267–3484. Communications must identify the notice number of this NPRM. Persons interested in being placed on a mailing list for future NPRM's should also request a copy of Advisory Circular No. 11–2A, which describes the application procedure.

The Proposal

The FAA is considering an amendment to 14 CFR part 71 to modify Class E airspace at Superior, WI, to accommodate aircraft executing the proposed GPS Rwy 03 SIAP at Richard I. Bong Airport by increasing the radius of the existing controlled for the airport. Controlled airspace extending upward from 700 to 1200 feet AGL is needed to contain aircraft executing the approach. The area would be depicted on appropriate aeronautical charts. Class E airspace designations for airspace areas extending upward from 700 feet or more above the surface of the earth are published in paragraph 6005 of FAA Order 7400.9E dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document would be published subsequently in the Order.

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

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

The Proposed Amendment

Accordingly, pursuant to the authority delegated to me, the Federal Aviation Administration proposes to amend 14 CFR part 71 as follows:

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

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

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

§ 71.1 [Amended]

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

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

* * * * *

AGL WI E5 Superior, WI [Revised]

Superior, Richard I. Bong Airport, WI
(Lat. 46°41′23″ N, Long. 92°05′40″ W)

That airspace extending upward from 700 feet above the surface within a 6.7-mile radius of Richard I. Bong Airport, excluding that airspace within the Duluth International Airport, MN, Class D and Class E airspace areas.

* * * * *

Issued in Des Plaines, Illinois on May 22, 1998.

Maureen Woods,

Manager, Air Traffic Division.

[FR Doc. 98–15046 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AGL–39]

Proposed Modification of Class E Airspace; Glenwood, MN

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: This notice proposes to modify Class E Glenwood, MN. A Global Positioning System (GPS) Standard Instrument Approach Procedure (SIAP) to Runway (Rwy) 33 has been developed for Glenwood Municipal Airport. Controlled airspace extending upward from 700 to 1200 feet above ground level (AGL) is needed to contain aircraft executing the approach. This action would increase the radius of the existing controlled airspace for Glenwood Municipal Airport.

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

ADDRESSES: Send comments on the proposal in triplicate to: Federal Aviation Administration, Office of the Assistant Chief Counsel, AGL–7, Rules Docket No. 98–AGL–39, 2300 East

Devon Avenue, Des Plaines, Illinois 60018.

The official docket may be examined in the Office of the Assistant Chief Counsel, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois. An informal docket may also be examined during normal business hours at the Air Traffic Division, Airspace Branch, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois.

FOR FURTHER INFORMATION CONTACT: Michelle M. Behm, Air Traffic Division, Airspace Branch, AGL–520, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested parties are invited to participate in this proposed rulemaking by submitting such written data, views, or arguments as they may desire. Comments that provide the factual basis supporting the views and suggestions presented are particularly helpful in developing reasoned regulatory decisions on the proposal. Comments are specifically invited on the overall regulatory, aeronautical, economic, environmental, and energy-related aspects of the proposal. Communications should identify the airspace docket number and be submitted in triplicate to the address listed above. Commenters wishing the FAA to acknowledge receipt of their comments on this notice must submit with those comments a self-addressed, stamped postcard on which the following statement is made: ''Comments to Airspace Docket No. 98–AGL–39.'' The postcard will be date/time stamped and returned to the commenter. All communications received on or before the specified closing date for comments will be considered before taking action on the proposed rule. The proposal contained in this notice may be changed in light of comments received. All comments submitted will be available for examination in the Rules Docket, FAA, Great Lakes Region, Office of the Assistant Chief Counsel, 2300 East Devon Avenue, Des Plaines, Illinois, both before and after the closing date for comments. A report summarizing each substantive public contact with FAA personnel concerned with this rulemaking will be filed in the docket.

Availability of NPRM's

Any person may obtain a copy of this Notice of Proposed rulemaking (NPRM) by submitting a request to the Federal Aviation Administration, Office of Public Affairs, Attention: Public Inquiry Center, APA–230, 800 Independence Avenue, S.W., Washington, DC 20591, or by calling (202) 267–3484. Communications must identify the notice number of this NRPM. Persons interested in being placed on a mailing list for future NRPM's should also request a copy of Advisory Circular No. 11–2A, which describes the application procedure.

The Proposal

The FAA is considering an amendment to 14 CFR part 71 to modify Class E airspace at Glenwood, MN, to accommodate aircraft executing the proposed GPS Rwy 33 SIAP at Glenwood Municipal airport by increasing the radius of the existing controlled for the airport. Controlled airspace extending upward from 700 to 1200 feet AGL is needed to contain aircraft executing the approach. The area would be depicted on appropriate aeronautical charts. Class E airspace designations for airspace areas extending upward from 700 feet or more above the surface of the earth are published in paragraph 6005 of FAA Order 74000.9E dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document would be published subsequently in the Order.

The FAA has determined that this proposed regulation only involves an established body of technical regulations for which frequent and routine amendments are necessary to keep them operationally current. Therefore, this, proposed regulation—(1) is not a ''significant regulatory action'' under Executive Order 12866; (2) is not a ''significant rule'' under DOT Regulatory Policies and Procedures (44 FR 11034; February 27, 1979); and (3) does not warrant preparation of a Regulatory Evaluation as the anticipated impact is so minimal. Since this is a routine matter that will only affect air traffic procedures and air navigation, it is certified that this proposed rule will not have a significant economic impact on a substantial number of small entities under the criteria of the Regulatory Flexibility Act.

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

The Proposed Amendment

Accordingly, pursuant to the authority delegated to me, the Federal Aviation Administration proposes to amend 14 CFR part 71 as follows:

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

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

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

§ 71.1 [Amended]

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

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

* * * * *

AGL MN E5 Glenwood, MN [Revised]

Glenwood Municipal Airport, MN
(Lat. 45°38′38″ N, Long. 95°19′14″ W)

That airspace extending upward from 700 feet above the surface within a 6.5-mile radius of Glenwood Municipal Airport.

* * * * *

Issued in Des Plaines, Illinois on May 22, 1998.

Maureen Woods,

Manager, Air Traffic Division.

[FR Doc. 98–15047 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AGL–40]

Proposed Modification of Class E Airspace; Moorhead, MN

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking.

SUMMARY: This notice proposes to modify Class E airspace at Moorhead, MN. A VHF Omnidirectional Range–A (VOR–A) Standard Instrument Approach Procedure (SIAP) has been developed for Moorhead Municipal Airport, MN. Controlled airspace extending upward from 700 to 1200 feet above ground level (AGL) is needed to contain aircraft executing the approach. This action proposes to increase the radius of the existing controlled airspace for this airport.

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

ADDRESSES: Send comments on the proposal in triplicate to: Federal Aviation Administration, Office of the Assistant Chief Counsel, AGL–7, Rules Docket No. 98–AGL–40, 2300 East Devon Avenue, Des Plaines, Illinois 60018.

The official docket may be examined in the Office of the Assistant Chief Counsel, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois. An informal docket may also be examined during normal business hours at the Air Traffic Division, Airspace Branch, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois.

FOR FURTHER INFORMATION CONTACT: Michelle M. Behm, Air Traffic Division, Airspace Branch, AGL–520, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested parties are invited to participate in this proposed rulemaking by submitting such written data, views, or arguments as they may desire. Comments that provide the factual basis supporting the views and suggestions presented are particularly helpful in developing reasoned regulatory decisions on the proposal. Comments are specifically invited on the overall regulatory, aeronautical, economic, environmental, and energy-related aspects of the proposal. Communications should identify the airspace docket number and be submitted in triplicate to the address listed above. Commenters wishing the FAA to acknowledge receipt of their comments on this notice must submit with those comments a self-addressed, stamped postcard on which the following statement is made: ''Comments to Airspace Docket No. 98–AGL–40.'' The postcard will be date/time stamped and returned to the commenter. All communications received on or before the specified closing date for comments will be considered before taking action on the proposed rule. The proposal contained in this notice may be changed in light of comments received. All comments submitted will be available for examination in the Rules Docket, FAA, Great Lakes Region, Office of the Assistant Chief Counsel, 2300 East Devon Avenue, Des Plaines, Illinois, both before and after the closing date for comments. A report summarizing each substantive public contact with FAA personnel concerned with this rulemaking will be filed in the docket.

Availability of NPRM's

Any person may obtain a copy of this Notice of Proposed Rulemaking (NPRM) by submitting a request to the Federal Aviation Administration, Office of Public Affairs, Attention: Public Inquiry Center, APA–230, 800 Independence Avenue, S.W., Washington, DC 20591, or by calling (202) 267–3484. Communications must identify the notice number of this NPRM. Persons interested in being placed on a mailing list for future NPRM's should also request a copy of Advisory Circular No. 11–2A, which describes the application procedure.

The Proposal

The FAA is considering an amendment to 14 CFR part 71 to modify Class E airspace at Moorhead, MN to accommodate aircraft executing the proposed VOR–A SIAP at Moorhead Municipal Airport, MN, by increasing the radius of the existing controlled airspace. Controlled airspace extending upward from 700 to 1200 feet AGL is needed to contain aircraft executing the approach. The area would be depicted on appropriate aeronautical charts. Class E airspace designations for airspace areas extending upward from 700 feet or more above the surface of the earth are published in paragraph 6005 of FAA Order 7400.9E dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The Class E airspace designation listed in this document would be published subsequently in the Order.

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

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

The Proposed Amendment

Accordingly, pursuant to the authority delegated to me, the Federal Aviation Administration proposes to amend 14 CFR part 71 as follows:

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

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

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

§ 71.1 [Amended]

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

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

* * * * *

AGL MN E5 Moorhead, MN [Revised]

Moorhead Municipal Airport, MN
(Lat. 46°50′21″N., long. 96°39′47″ W.)

That airspace extending upward from 700 feet above the surface within an 8.0-mile radius of the Moorhead Municipal Airport excluding that airspace within the Fargo, ND, Class C and Class E and the Hawley, MN, Class E airspace areas.

* * * * *

Issued in Des Plaines, Illinois on May 22, 1998

Maureen Woods,

Manager, Air Traffic Division.

[FR Doc. 98–15049 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 98–AAL–6]

RIN 2120–AA66

Proposed Modification of Colored Federal Airway Amber 4 (A–4) and Proposed Revocation of Amber 6 (A–6); Alaska

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: This action proposes to modify Colored Federal Airway Amber 4 (A–4) and to revoke Colored Federal Airway Amber 6 (A–6) due to the decommissioning and subsequent removal of the Umiat Nondirectional Radio Beacon (NDB), AK, from the National Airspace System (NAS).

DATES: Comments must be received on or before July 6, 1998.

ADDRESSES: Send comments on the proposal in triplicate to: Manager, Air Traffic Division, AAL–500, Docket No. 98–AAL–6, Federal Aviation Administration, 222 West 7th Avenue, #14, Anchorage, AK 99533.

The official docket may be examined in the Rules Docket, Office of the Chief Counsel, Room 916, 800 Independence Avenue, SW., Washington DC, weekdays, except Federal holidays, between 8:30 a.m. and 5:00 p.m.

An informal docket may also be examined during normal business hours at the office of the Regional Air Traffic Division.

FOR FURTHER INFORMATION CONTACT: William C. Nelson, Airspace and Rules Division, ATA–400, Office of Air Traffic Airspace Management, Federal Aviation Administration, 800 Independence Avenue, SW., Washington, DC 20591; telephone: (202) 267–8783.

SUPPLEMENTARY INFORMATION:

Comments Invited

Interested parties are invited to participate in this proposed rulemaking by submitting such written data, views, or arguments as they may desire. Comments that provide the factual basis supporting the views and suggestions presented are particularly helpful in developing reasoned regulatory decisions on the proposal. Comments are specifically invited on the overall regulatory, aeronautical, economic, environmental, and energy-related aspects of the proposal. Communications should identify the airspace docket number and be submitted in triplicate to the address listed above. Commenters wishing the FAA to acknowledge receipt of their comments on this notice must submit with those comments a self-addressed, stamped postcard on which the following statement is made: ''Comments to Airspace Docket No. 98–AAL–6.'' The postcard will be date/time stamped and returned to the commenter. All communications received on or before the specified closing date for comments will be considered before taking action on the proposed rule. The proposal contained in this notice may be changed in light of comments received. All comments submitted will be available for examination in the Rules Docket both before and after the closing date for comments. A report summarizing each substantive public contact with FAA personnel concerned with this rulemaking will be filed in the docket.

Availability of NPRM's

An electronic copy of this document may be downloaded, using a modem and suitable communications software, from the FAA regulations section of the Fedworld electronic bulletin board service (telephone: 703–321–3339) or the **Federal Register**'s electronic bulletin board service (telephone: 202–512–1661).

Internet users may reach the **Federal Register**'s web page at http://www.access.gpo.gov/su__docs for access to recently published rulemaking documents.

Any person may also obtain a copy of this NPRM by submitting a request to the Federal Aviation Administration, Office of Air Traffic Airspace Management, ATA–400, 800 Independence Avenue, SW., Washington, DC 20591, or by calling (202) 267–8783. Communications must identify the notice number of the NPRM. Persons interested in being placed on a mailing list for future NPRM's should request a copy of Advisory Circular No. 11–2A, Notice of Proposed Rulemaking Distribution System, which describes the application procedure.

The Proposal

The FAA is proposing an amendment to 14 CFR part 71 to modify Colored Federal Airway A–4 by removing that portion of the airway that extends beyond the Anaktuvuk, NDB, AK, and revoking Colored Federal Airway A–6. The FAA is proposing this action due to the decommissioning and subsequent removal of the Umiak, NDB, AK, from the NAS.

Colored Federal airways are published in paragraph 6009 of FAA Order 7400.9E dated September 10, 1997, and effective September 16, 1997, which is incorporated by reference in 14 CFR 71.1. The colored Federal airways listed in this document would be published subsequently in or removed from the Order.

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

List of Subjects in 14 CFR Part 71

Airspace, Incorporation by reference, Navigation (air).

The Proposed Amendment

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

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

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

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

§ 71.1 [Amended]

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

Paragraph 6009(c)—Amber Federal Airways

* * * * *

A–4 [Revised]

From Evansville, NDB, AK to Anaktuvuk Pass, NDB, AK.

* * * * *

A–6 [Revoked]

* * * * *

Issued in Washington, DC, on June 1, 1998.

Reginald C. Matthews,

Acting Program Director for Air Traffic Airspace Management.

[FR Doc. 98–15054 Filed 6–4–98 8:45 am]

BILLING CODE 4910–13–P

COMMODITY FUTURES TRADING COMMISSION

17 CFR Part 1

Recordkeeping

AGENCY: Commodity Futures Trading Commission.

ACTION: Proposed rules.

SUMMARY: The Commodity Futures Trading Commission (''CFTC'' or ''Commission'') is proposing to amend its Regulation 1.31 to maximize the cost-reduction and time-savings arising from technological developments in the area of electronic storage media while maintaining necessary safeguards to ensure the reliability of the recordkeeping process. Specifically, the Commission proposes to expand the category of required records for which an affected person may employ electronic storage media to meet the recordkeeping obligations imposed by the Commodity Exchange Act (''Act'' or ''CEA'') and Commission regulations. In addition, the Commission proposes to eliminate the current requirement that paper records eligible for transfer to micrographic storage media be maintained in hard copy form for two years. The Commission is also seeking comment on several recordkeeping-related issues.

DATES: Comments must be received on or before August 4, 1998.

ADDRESSES: Comments should be mailed to Jean A. Webb, Secretary, Commodity Futures Trading Commission, Three Lafayette Centre, 1155 21st Street, NW, Washington, DC 20581; transmitted by facsimile to (202) 418–5521; or transmitted electronically to (secretary@cftc.gov). Reference should be made to ''Recordkeeping''.

FOR FURTHER INFORMATION CONTACT: Edson G. Case, Counsel, or Robert B. Wasserman, Special Counsel, Division of Trading and Markets, Commodity Futures Trading Commission, Three Lafayette Centre, 1155 21st Street, NW, Washington, DC 20581. Telephone (202) 418–5430.

SUPPLEMENTARY INFORMATION:

I. Background

Commission Regulation 1.31 sets forth certain recordkeeping requirements imposed by the CEA or Commission regulations. For example, it mandates that record required to be kept by the Act or Commission regulations (''required records'') be maintained for a period of five years and be kept in a ''readily accessible'' manner for the first two years of this period. Regulation 1.31 also defines the rights of representatives of the Commission and Department of Justice to inspect and obtain copies of required records.[1]

Regulation 1.31 takes into account some technological advances in the development of recordkeeping systems. For example, it defines the circumstances under which a reproduction of a paper record on microfilm or microfiche may be substituted for the original paper record,[2] as well as the circumstances under which a computer, accounting machine or business machine generated record nay be transferred to and retained on optical disk media or microfilm/microfiche media.[3] It also imposes special inspection-related requirements for persons who choose to maintain their records on these media.[4]

The Commission has recently undertaken a series of steps to facilitate the use of electronic media technology where adequate measures exist to safeguard regulatory interests.[5] Various issues implicating the Commission's recordkeeping requirements under Regulation 1.31 have arisen in the context of these Commission initiatives. Indeed, in a February 20, 1997 Federal Register release, the Commission specifically acknowledged that ''it may be necessary to amend Regulation 1.31 to account for further technological developments.''[6]

In recognition of both the need for interim relief and the number of Commission registrants that are also subject to the recordkeeping requirements of the Securities and Exchange Commission (''SEC''), the Commission has had occasion to rely on the recordkeeping rules the SEC adopted in February 1997.[7] For example, in August 1997, the Commission adopted revisions to Part 4 addressing the use of electronic media by commodity pool operators (''CPOs'') and commodity trading advisors (''CTAs'') for delivery of disclosure documents and other materials.[8] Several of the comments during this rulemaking raised questions about the practicality of the Commission's current recordkeeping requirements in the context of electronic media. In response to these comments, the Commission permitted CPOs and CTAs to use the guidelines set forth in the SEC's rulemaking in lieu of the requirements of Regulation 1.31.[9] The Commission took this step ''[t]o facilitate CPOs' and CTAs' use of electronic media when possible and to avoid imposing duplicative or inconsistent requirements on registrants who may also be registered with the SEC. . . .''[10]

Consistent with these goals, experience with registrants' maintaining records in accordance with the SEC's rules, and a commitment to maximizing the cost-reduction and time-savings arising from technological developments in the area of electronic

[1] For example, Regulation 1.31(a) provides that all required records shall be open to inspection by such representatives and imposes on the person required to maintain the records a duty to provide a copy (at the person's expense) of any required record requested by such representatives. In addition, the regulation states that the person shall provide all copies or originals ''promptly.''

[2] The regulation requires that all paper required records be maintained in hard-copy form for the first two years of the mandated five-year period, after which they may be transferred to microfilm and microfiche, except for trading cards and written customers orders, which must be maintained in hard-copy form and for the full five-year period.

[3] The regulation permits immediate transfer of computer or machine generated records to microfilm/microfiche media and permits immediate transfer of computer generated records to defined class of optical storage media.

[4] For Example, persons maintaining records in these media must maintain indexes of the records as well as facilities that permit representatives of the Commission and the Department of Justice to view and obtain hard copies of the records immediately. For records stored on the specified optical storage media, Regulation 1.31(c)(1)(iii) also mandates that a copy of each record be immediately provided ''on Commission compatible machine-readable media as defined in [Commission Regulation] 15.00(1) . . . .''

[5] *See, e.g.,* 62 FR 39104 (July 22, 1997) (interpreting Commission requirements affecting the use of electronic media by commodity pool operators (''CPOs'') and commodity trading advisors (''CTAs'') and amending Part 4 of the Commission's Rules in light of the interpretion); 62 FR 31507 (June 10, 1997) (issuing guidance regarding a futures commission merchant's (''FCM's'') electronic delivery of confirmation, purchase-and-sale, and monthly statements to customers and the related recordkeeping requirements); 62 FR 18265 (April 15, 1997) (adopting a voluntary program for CPOs and CTAs to use electronic means to file disclosure with the Commission); 62 FR 10441 (March 7, 1997) (providing for use of personal identification numbers for FCMs and introducing brokers (''IBs'') that use electronic means to file attested financial reports with the Commission); 62 FR 7675 (February 20, 1997) (permitting the use of electronic records of customer orders generated by an electronic order-routing system).

[6] 62 FR 7677, n. 26.

[7] 62 FR 6469. The SEC's rulemaking involved reporting requirements for brokers or dealers under the Securities Exchange Act of 1934.

[8] 62 FR 39104.

[9] The Commission adopted a similar approach in its advisory permitting FCMs to deliver confirmations, purchase and sale statements, and monthly statements electronically. 62 FR 31507 (June 10, 1997), and its advisory concerning compliance with the ''written'' record requirements of Commission Regulations 1.35. 62 FR 7675 (February 20, 1997).

[10] 62 FR 39112. The Commission's concern about the regulatory cost imposed on dual registrants is consistent with its traditional focus on minimizing unnecessary regulatory costs. For example, the Commission has adopted several rules that permit dual-registrant FCMs to fulfill Commission regulatory requirements in the same manner they fulfill SEC regulatory requirements. *See, e.g.,* Commission Rules 1.10(h), 1.12(b)(4), 1.14(b)(1), 1.15(d)(1), 1.16(c)(5), 1.17(a)(1)(ii)(C), 1.18(a), 1.52(a).

storage media while maintaining necessary safeguards to assure the reliability of the recordkeeping process, the Commission is proposing amendments to Regulation 1.31.

II. Discussion

The proposed rules would make several changes to the current requirements of Regulation 1.31. The proposed rules would shift the Commission's approach to recordkeeping technology from the current rule's focused specification of a particular class of optical disk or micrographic media to a more generic, performance-based approach to the definition of permissible technology. As a result, persons subject to the Commission's recordkeeping requirements would have more freedom to take advantage of technological advances and to tailor their recordkeeping systems to individual business needs. The proposed rules would also expand the class of required records that may be maintained on micrographic or electronic storage media for the full five-year period. The Commission anticipates that this change will permit the type of simplification and streamlining of recordkeeping systems likely to result in both a reduction in costs and improvements in system reliability. The Commission also anticipates that the proposed rules will foster improvements in the security and availability of required records. For example, the proposed rules would require that there be a duplicate copy of all records maintained on micrographic or electronic storage media and that the duplicate be stored at a location separate from the original.[11] As a result, incidents of loss of access to required records due to fire, flood, or other catastrophic circumstances should be reduced to a minimum.[12] The proposed regulation would also create a procedure that should allow the Commission to obtain access to required records maintained on electronic storage media even if the owner of the records has ceased doing business and, despite Commission regulations,[13] cannot be located.

A. Definitions of Micrographic and Electronic Storage Median

The proposed rules would include new definitions of both micrographic media and electronic storage media. The former definition would include microfilm and microfiche, which are permitted under the current regulation, but would open the definition to additional developments in this area by including ''any similar medium.'' The latter definition would extend to any digital storage system that meets four general criteria: (1) it preserves records exclusively in a non-rewritable, non-erasable format; (2) it verifies automatically the quality and accuracy of the recording process; (3) it serializes [14] the units of storage media and creates a time-date record whenever information is placed on the storage media; and (4) it permits the immediate downloading of indexes and records maintained on the storage media to any of the media permitted by the regulation (paper, micrographic media or electronic media). These generic requirements (which establish performance criteria similar to those in the present rule) are designed to permit the use of the broadest range of available technology while maintaining safeguards necessary to assure both the reliability of the stored information and immediate access to the stored information by representatives of the Commission and the Department of Justice.[15]

B. Conditions on the Use of Micrographic and Electronic Storage Media

The proposed conditions on the use of micrographic and electronic storage media are intended to maintain the ease of access necessary to the Commission's regulatory interests and to ensure that the Commission's access will not be compromised by catastrophic events. Affected persons who wish to use these types of storage media must index all stored information and keep available facilities allowing for immediate production of both easily readable images of the stored records and easily readable hard-copy images. Affected persons must also waive any privilege, claim of confidentiality or other objection to disclosure of non-Commission-required information stored on the same individual medium (e.g., the same disk or sheet of microfiche) with Commission-required records. In addition, such persons must store a duplicate of each record, in any of the media acceptable under the regulation, as well as a duplicate of each index, at a location separate from the original.

C. Additional Conditions on the Use of Electronic Storage Media

The nature and capabilities of electronic storage media foster an efficient approach to record production that can benefit both the Commission and persons subject to Regulation 1.31's record-production requirements. The Commission is proposing to retain the current requirement that, upon request by an appropriate representative, persons maintaining required records on electronic storage media immediately provide copies of such records on Commission compatible machine-readable media (as defined by Commission Regulation 15.00(1)).[16]

The nature and capabilities of electronic storage media raise special concerns about the Commission's ability to detect both inadvertent errors during the transfer and storage process and intentional alteration of the stored record. To address these concerns, the Commission is proposing that persons who maintain documents on electronic storage media develop and maintain written operational procedures and controls (an ''audit system'') [17] designed to provide accountability over both the initial storage of data on the electronic storage media and the entry of any

[11] The proposal does not specify how ''separate'' the location of the original records must be from the location of the duplicate records. The Commission anticipates that persons required to maintain records will use their business judgment in selecting a location for the duplicate records that is sufficiently distant to make it unlikely that both sets of documents could be destroyed by a single catastrophic event (such as a fire or flood) but sufficiently close to ensure that duplicate records may be accessed and retrieved promptly should the original documents be destroyed.

[12] During the week of October 28, 1996, a fire destroyed a Chicago warehouse operated by Brambles Information Services. As a result, records that Commission registrants were required to maintain under Regulation 1.31 were damaged and destroyed, and the Commission developed a special procedure for the affected registrants to obtain relief from their obligations under that regulation. *See* Commission Advisory 96–62, [Current Transfer Binder] Comm. Fut. L. Rep. (CCH) ¶ 26,907 (December 18, 1996).

[13] *See* 17 C.F.R. 3.30(b), 3.33(b)(4).

[14] To ''serialize'' a unit of storage media (such as a disk or a trading ticket) is to assign it a unique, consecutive number so that (1) an additional, forged unit cannot be surreptitiously inserted and (2) a ''true'' unit cannot be surreptitiously removed.

[15] The Commission is not proposing an approval process for persons who wish to convert from their current storage format to a system that maintains records on electronic storage media. Prior to any conversion to an electronic storage system, however, an affected person must submit a representation to the Commission that the selected electronic storage system meets the requirements set forth in paragraph (b) of Regulation 1.31.

[16] The copies must use a format and coding structure (e.g., ASCII) specified in the request. ASCII is the American Standard Code For Information Interchange, a scheme for arranging bits (one or zero) in groupings of eight-bit ''bytes,'' each of which represents a character.

[17] The Commission is not specifying the contents of this audit system, but data regarding the inputting of records and changes to existing records will be a part of the system. Data must be captured systematically on a computer or in hard copy form. The Commission envisions that the identities of individuals actually inputting records and making particular changes, and the identity of both new documents created and documents changed, are the kind of information that must be collected either automatically or systematically.

subsequent change to such data.[18] Both the written procedures and the results of the audit system must be available to representatives of the Commission and the Department of Justice at all times for immediate examination and must be maintained for the time period applicable to the records stored on the electronic storage media.

The range of available electronic storage media raises concerns about the Commission's ability to access stored information when a person who maintains documents on electronic storage media fails to comply as required by Regulation 1.31. Paper records and records maintained on micrographic storage can usually be accessed and understood without specific cooperation from the originator. In contrast, electronically stored data may be difficult to access or understand without information concerning the format in which the data has been stored. To address this concern, the Commission is proposing that persons who maintain required records on electronic storage media take steps to ensure that the Commission has a continuous source of the information necessary to access the records and indexes stored on that media.[19] Such persons must either (1) maintain, keep current, and make available such information to representatives of the Commission and the Department of Justice or (2) place in escrow and keep current a copy of the necessary information.[20]

The issue of ready access takes on particular importance when electronic storage media are the sole media used to maintain required records. For example, if a recordkeeper ceases doing business and cannot be located, gaining access to records maintained solely on electronic storage media would be costly and time-consuming, if not particularly impossible.[21] To ensure access to records in the circumstances, the SEC's current rules requires that records be available through an alternative source whenever a recordkeeper maintains documents solely on electronic storage media. Specifically, those rules require that brokers and dealers using electronic storage media as their sole media to maintain require records enter into an arrangement with a third-party that has access to such persons' electronic storage media and the ability to download information from such media to any medium acceptable to the SEC. The third party must undertake to take reasonable steps to provide the SEC with access to the information contained on the recordkeeper's electronic storage media including, as appropriate, arrangements for the downloading of required records in a format designated by the SEC.

The Commission is proposing a similar requirement for persons required to maintain records under the Act or Commission regulations. The Commission invites comments regarding the likely cost of this requirement.[22] The Commission also invites comment on any practical alternative that will ensure access to the records of uncooperative recordkeepers without imposing undue costs on recordkeepers that cooperate in the manner contemplated by Regulation 1.31.

D. Retention of Trading Cards and Written Customer Orders

The Commission intends to maintain the current requirement that trading cards and written customer orders be retained in hard-copy form for the full five-year period. When the Commission considered issues related to the unique status of these records in 1993, there was a consensus that transferring these records to alternative media for storage was not common in the industry.[23] Moreover, the three futures exchanges that commented at that time agreed that electronic storage media should have limited application to trading cards and written customer orders.[24]

There have been significant changes in the industry since 1993, including an increase in order flow through electronic order routing systems.[25] Similar changes in the securities industry led to the SEC's 1997 decision to permit almost all handwritten records, including customer orders, to be maintained on either micrographic or electronic storage media.[26] The SEC acknowledged the need for caution in this area, however, and rested its decision largely on its conclusion that ''many of the larger broker-dealers no longer create traditional order tickets (with or without handwritten notations) because such broker-dealers enter most orders directly through electronic systems which automatically retain an electronic record of the trade entry.'' [27]

At the present time, electronic order routing in the futures industry is not as prevalent as in the securities industry. Moreover, the Commission has only limited experience with the transfer of written records to electronic storage media. Given these circumstances and the importance of trading cards and written order tickets to an effective

[18] Because an eligible electronic storage medium creates records that are non-rewritable and non-erasable, both the original input transaction and the correcting transaction will be retained.

[19] The proposal does not specify a list of information that the Commission will invariably consider ''necessary.'' However, the Commission envisions that the necessary information will include the physical and logical format of the electronic storage media, the file format of all different information types maintained on the electronic storage media, and any source code, related documentation, and other information necessary to access the records and indexes maintained on the electronic storage media. The term ''physical format'' refers to the physical characteristics of the media and the equipment from which the information was transferred to the media (e.g., a 3.5'' high-density diskette created on an IBM-compatible personal computer). The term ''logical format'' refers to the type and version of the data management software, such as a database management system (e.g., Oracle version 8) or file storage system (e.g., DOS file allocation table, Windows-NT file store (NTFS)). The term ''file format of all information types'' refers to record from format information, descriptions of data fields, and the relationships between fields and/or records. The term ''source code'' refers to a computer program in a format that can be understood by humans. Source code is read by a specialized program, known as a compiler, and converted into ''object code,'' which is the format in which the program is understood by a computer. Other information which may be necessary to access the records and indexes stored on electronic storage media might include password information required to access either the equipment or the information, or the type and version of the operating system used on the equipment which created the media (e.g., Solaris version 2.6).

[20] Escrow arrangements are a common feature of software licensing agreements. For example, in a ''source code escrow,'' the licensor deposits with an independent third party escrow company a copy of the software's sources code and system documentation and covenants to update the code and documentation as necessary. The escrow agreement describes in detail the situations which will trigger release by the escrow company to the licensee of the materials deposited in escrow. *See* D. Bender, ''Software Development, Licensing, and Protection: Strategies for Evolving Technology,'' 9 No. 1 J. Proprietary Rts. 9 (Jan. 1997).

[21] The level of difficulty would vary with the nature of the electronic storage system used and the availability of the information such as the physical and logical file format of the electronic storage media, the file format of all different information types maintained on the electronic storage media, and the source code and related documentation. While the proposed rule would requires that the listed information be kept available to the Commission, a recordkeeper which has ceased doing business and (in violation of Commission regulations) disappeared may also fail to meet this requirement.

[22] Because the conversion to an electronic storage system is voluntary, and the requirement at issue would only apply to persons which maintain some or all of their records solely on electronic storage media, the Commission expects that an affected person would only convert to a recordkeeping system based solely on electronic storage media when the cost of obtaining the services of a qualified third party is less than the cost of maintaining a duplicate hard copy of all required records. Given these circumstances, the Commission invites comment on both the cost of obtaining the services of a qualified third party and the cost of maintaining a duplicate hard copy of required records

[23] 58 FR 27465, 27466 (May 10, 1993).

[24] *Id.*

[25] *See generally* 62 FR 7675.

[26] 62 FR 6471.

[27] *Id.*

audit trail for trades, the Commission believes it would be premature to permit these records to be stored on either micrographic or electronic storage media.

The Commission proposes to clarify the description of the class of records that must be retained in hard copy form for the full five-year period. Currently, Regulation 1.31 refers to ''written *customer* orders'' required to be kept pursuant to Regulation 1.35(a–1)(1), (a–1)(2) and (d) (emphasis supplied). Written order tickets for trades initiated by persons who may not be regarded as customers under these provisions can plan an important role in an effective audit system. Regulation 1.35(a) currently requires future commission merchants, introducing brokers, and members of contract markets to retain ''all orders (filled, unfilled or canceled) * * *'' Given these circumstances, the Commission proposes that the class of records that must be retained in hard copy form for the full five-year period be clarified by referring to ''written orders'' rather than ''written customer orders.''

Regulation 1.31 also refers to ''trading cards'' in its description of the class of records that must be retained in hard copy form for the full five-year period. The Commission proposes to clarify this reference by also including documents on which trade information is originally recorded in writing. These documents fall within the class of ''original source documents'' that Commission Regulation 1.35(a) requires to be retained and produced. The purpose of this clarification is to ensure that the Commission has access to written hard copy documents necessary to assure an effective audit trail.

E. Related Issues for Comment

The Commission invites comment on the issues raised by its proposed amendments to Regulation 1.31. The Commission also seeks comments on several related issues. The first involves the scope of the duty to permit inspection imposed by Regulation 1.31. As noted above, subsection (a)(1) provides that all required records shall be ''readily accessible'' during the first two years of the five-year maintenance period. Subsection (a)(2) mandates that an affected person promptly provide (at the affected person's expense) a copy of any required record requested by a representative of the Commission or the Department of Justice.[28] Nothing in these subsections, however, specifies how ''readily accessible'' a record must be to ensure prompt production in response to a request by a representative of the Commission or the Department of Justice.

Subsections (b), (c), and (d) of Regulation 1.31 govern the use of eligible ''reproductions'' as substitutes for hard copy records. As discussed above, the current regulations provide that, under appropriate circumstances, reproductions on microfilm, microfiche and optical disk may be substituted for hard copy records. As one of the conditions for permitting such a substitution, subsection (c) requires that affected persons, among other things, have on their premises ''facilities for immediately producing complete, accurate and easily readable'' hard copy images of the required records. Again, nothing in this subsection specifies how ''readily accessible'' a record must be to ensure immediate production in response to a request by a representative of the Commission or the Department of Justice.

The regulatory history of Regulation 1.31 does provide limited guidance regarding the difference between the standard governing production under subsection (a)—promptly—and the standard governing production under subsections (b), (c), and (d)—immediately. The requirement that copies of eligible reproductions be provided ''immediately'' was inherited from regulations promulgated by the Commission's regulatory predecessors, the Department of Agriculture and the Commodity Exchange Commission.[29] Subsection (a)'s requirement that an original hard copy record (or a copy of the record) be provided ''promptly'' upon request was adopted by the Commission in January 1981.[30] The Commission had initially proposed to permit a representative of the Commission or Department of Justice to remove an original hard copy record for reproduction unless the person required to maintain the record provided a copy ''immediately.''[31] In amending the proposal to substitute the standard ''promptly,'' the Commission noted that, in some circumstances, hard copy records might not be ''readily accessible'' for the final three years of the five-year storage period. The Commission acknowledged that this factor should be taken into account in formulating an appropriate standard and explained that, in such circumstances, production would be deemed prompt if the affected person ''retrieve[d] the documents requested as expeditiously as is reasonable in light of the circumstances.''[32] The Commission also noted that the extent and nature of a document request could be appropriate factors in assessing the promptness of a production, explaining that:

> The recordkeeper is obligated by this requirement to furnish a copy of the original of a book or record as expeditiously as reasonably can be expected. This modification is not intended to permit any person to avoid the responsibility to provide any member of the Commission staff with prompt, complete access to any books and records required to be maintained. Rather, it is a recognition that in practice a requirement to furnish copies immediately in all instances, depending upon the extent or nature of a staff request, could impose an unwarranted burden upon the recordkeeper.[33]

Finally, the Commission specifically stated that the adoption of the ''promptly'' standard in subsection (a) did not affect a ''recordkeeper's obligation under [subsection (c)] immediately to provide a 'facsimile enlargement' of any records kept on microfilm as permitted by Rule 1.31.''[34]

In a letter addressing technology issues facing the futures industry, the National Futures Association (''NFA'') has recommended that the Commission eliminate the timing standards from subsections (b), (c), and (d) of Regulation 1.31 and substitute a general standard providing that an affected person must be able to retrieve required records in a usable form by the next business day. Under this definition of ''readily accessible,'' production of both hard copy documents and eligible reproductions would be deemed prompt if copies were provided on the business day following the affected person's receipt of a request. In addition, NFA requests that the facility and equipment-related conditions subsections (c) and (d) impose on the substitution of eligible reproductions for hard copy records be limited to the two years when the original records must be readily accessible.

NFA proposes a uniform standard which would eliminate the distinction in the existing regulation between records maintained in hard copy and those maintained in electronic or micrographic media. The regulatory history discussed above shows that, in establishing production requirements under regulation 1.31, the Commission always has distinguished between records maintained in hard copy form and records maintained in electronic or

[28] In the alternative, the regulation provides that the affected person may promptly provide the original book or record for reproduction.

[29] *See generally* 41 FR 3192 (Jan. 21, 1976).

[30] 46 FR 21 (Jan. 2, 1981).

[31] 43 FR 50699 (Oct. 31, 1978).

[32] 46 FR 21 n. 6.

[33] 46 FR 21 (footnote omitted).

[34] 46 FR 21 n. 6.

micrographic format by requiring ''prompt'' production of hard copies and ''immediate'' production of copies of electronic and micrographic records. This distinction recognizes that the reduced space and storage requirements for electronic and micrographic records, as compared with hard copy records, enable recordkeepers to keep such required records on their premises, rather than in a separate storage facility, and accordingly, to make immediate production of such records upon request of a representative of the Commission or the Department of Justice.

Indeed, electronic recordkeeping technology continues to improve, enhancing the ability of registrants to meet their recordkeeping obligations, while further reducing their costs. Thus, it may remain appropriate to impose different production standards for hard copy records and electronic or micrographic records. Similarly, it may remain appropriate to require immediate production of electronic records, rather than next day production, acknowledging the technological improvements that make compliance with that standard reasonable.

Moreover, the Commission is unaware of any practical problems arising out of the production standards currently set forth in Regulation 1.31. Nevertheless, the Commission invites comment on NFA's recommendation, with particular attention to the existence of such problems, the benefits that might be incident to a uniform standard and how such a uniform standard could be implemented without compromising the Commission's regulatory interest in expeditious production of required records.

NFA's letter also raises questions about current Regulation 1.31's selective treatment of security/integrity issues raised by records maintained on electronic storage media. NFA correctly notes that current Regulation 1.31 does not include any requirements for the security/integrity of paper records, but has fairly detailed requirements for records stored on optical disks.[35] It recommends that the Commission move to a unified approach that mandates that all affected persons have and enforce reasonable procedures to keep their records from being altered or destroyed.

The Commission agrees that all affected persons must have and enforce procedures to keep their records from being altered or destroyed. Even apart from regulatory duties, maintenance of such a system serves important business interests of Commission registrants. As a regulatory duty, it is implicit in registrants' duty to supervise pursuant to Commission Regulation 166.3.[36] The Commission solicits comment on whether Regulation 1.31 could be improved by specifying the nature of this duty in the context of records maintained in hard copy form or on micrographic media.

The Commission believes that it is important that Regulation 1.31 take into account the special security/integrity issues raised by electronic storage media. Given the variety of electronic storage systems available and the pace of technological change in such systems, the Commission believes that it is prudent to require that persons who utilize such systems meet specific security/integrity standards, at least until the Commission gains more experience with such systems. The Commission solicits comment on whether the security/integrity standards in the proposed amendments to Regulation 1.31 can be made more practical or cost-effective while serving the Commission's regulatory interest in the maintenance of secure and accurate records.

Finally, NFA's letter raises an issue arising out of the Commission's February 1997 advisory on alternatives for complying with the written record requirements of Commission Regulation 1.35. In that advisory's discussion of electronic order-routing systems, the Commission referred to several ''no-action'' letters issued by the Commission's Division of Trading and Markets (''Division''). Those letters, in turn, discussed the capacity of particular electronic order-routing systems to capture the time a particular order was executed.[37] When the Commission described the general criteria for systems covered by the advisory in the latter portion of the document, it made the following statement:

> All order-related times required under Commission Regulation 1.35, as well as the times for all modifications, are to be captured to the highest level of precision achievable by the operating system. In this regard, the Commission's experience is that these systems have the capability, at a minimum, to capture times to the second. Therefore, the Commission is requiring that such times must be accurate at least to the second.[38]

In its conclusion, the Commission's advisory again described the time an eligible system should capture as ''at least to the second.''[39]

In its letter, NFA notes that this guidance does not sufficiently specify the appropriate increment of time a registrant's system must capture. It recommends that the Commission determine the appropriate increment of time all electronic time-recording systems should meet and apply this increment without regard to the particular system's capacity. In this regard, NFA contends that the regulatory benefit to mandating more precise time-stamping diminishes as the time increment approaches a fraction of a second.

The Commission intends that electronic time-recording systems covered by the advisory meet a one-second performance standard. However, for business-related reasons, affected persons may choose to operate systems that capture times at a more-refined level. If an affected person does operate its system in a manner that captures time increments of less than a second, it must make that information available at the request of a representative of the Commission or the Department of Justice. Put simply, an affected person may not fulfill its recordkeeping duties by providing the Commission with timing data less refined than the data its system has actually captured.

While the Commission believes this clarification addresses the issue raised by NFA, comment is invited on the role system capacity should play in assessing an affected person's recordkeeping responsibilities under the Act and Commission regulations.

III. Related Matters

A. Regulatory Flexibility Act

The Regulatory Flexibility Act (''RFA''), 5 U.S.C. § 601, *et seq.*, 611,

[35] The Commission addressed the security/integrity issue when it amended Rule 1.31 in 1993. The Commission explained that: The Commission's concern in this area relates to the trustworthiness of documents that may be relied upon by the Commission in conducting investigations and entered into evidence in administrative and judicial proceedings. In this respect, microfilm records are considered trustworthy, since the image cannot be readily altered and firms use documented procedures that are performed in the ordinary course of business. The Commission believes under specified conditions, optical disk storage can be as trustworthy as microfilm and paper records. 58 FR 27460.

[36] Regulation 166.3 requires each Commission registrant other than associated persons with no supervisory duties to diligently supervise the ''handling by its partners, officers, employees and agents (or persons occupying a similar status or performing a similar function) of * * * all * * * activities of its partners, officers, employees and agents (or persons occupying a similar status or performing a similar function) relating to its business as a Commission registrant.''

[37] Commission Regulation 1.35 requires that written customer orders be time-stamped with the date and time ''to the nearest minute.'' In this regard, the Division's no-action letters for two specific electronic order-routing systems noted that the systems had the capacity to capture execution times to the nearest second.

[38] 62 FR 7677.

[39] 62 FR 7678.

requires that, in adopting rules and regulations, all federal agencies consider their impact on small entities. In accordance with Section 601(3) of the RFA, the Commission published a ''Policy Statement of Definitions of Small Entities for Purposes of the Regulatory Flexibility Act,'' 47 FR 18618 (Apr. 30, 1982). In that statement,[40] the Commission indicated that some classes of persons were excluded from the definition of small entities. These include: futures commission merchants registered or required to be registered; floor brokers employed by registered futures commission merchants; commodity pool operators registered or required to be registered and large traders in the futures market. The Commission considers other entities to be small under particular facts and circumstances. These may include: futures commission merchants exempt from registration; commodity pool operators exempt from registration; introducing brokers; floor brokers not employed by futures commission merchants; floor traders and commodity trading advisors. Because the rules discussed herein will affect the full spectrum of Commission registrants, it is likely that small entities within the meaning of the RFA will be affected.

The proposed regulation amendments would generally expand the category of record storage systems permissible under the Commission's rules. The Commission anticipates that, if the proposed rules are adopted, small entities will have more freedom to tailor their record storage systems to the overall needs of their businesses. For example, the proposed rules would have no impact on a small entity that chooses to maintain a paper-based record storage system. For a small entity that chooses to use micrographic storage media for its record storage system, the proposed rules would permit the small entity to take advantage of technological advances. The only additional cost would be that of creating a duplicate record and storing it at a location separate from the original record. The bulk of this cost could be avoided by moving the hard copies of the records transferred to micrographic media to a separate location.

For a small entity that chooses to use electronic storage media, the proposed regulation would eliminate the current rule's requirement that the small entity use a limited class of optical storage technology. This change would permit small entities to select electronic storage systems that may be less costly and simpler to manage. The proposed rules would impose limited additional costs on small entities that use electronic storage technology. The new costs would include requirements that the affected person: (1) provide a representation that the system meets pertinent regulatory requirements prior to converting to an electronic storage system; (2) create a duplicate of both required records and an index of those records, and maintain the duplicate at a separate location; (3) create and maintain an audit system for transferring records to electronic storage media; (4) take steps to ensure Commission access to information necessary to download records from the electronic storage media; and (5) provide an independent source for the downloading of records that are maintained solely on electronic storage media. The Commission anticipates that small entities will not convert their recordkeeping systems to electronic storage media unless the accompanying costs are outweighed by the financial savings and operational efficiency that would result from the change to electronic storage media.

The Chairperson, on behalf of the Commission, hereby certifies, pursuant to 5 U.S.C. 605(b), that the action taken herein will not have a significant economic impact on a substantial number of small entities.

B. Paperwork Reduction Act

When publishing proposed rules, the Paperwork Reduction Act of 1995[41] (''PRA'') imposes certain requirements on federal agencies (including the Commission) in connection with their conducting or sponsoring any collection of information as defined by the PRA. In compliance with the PRA, the Commission through this rule proposal, solicits comments to:

(1) evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including the validity of the methodology and assumptions used; (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.

The Commission has submitted this proposal and its associated information collection requirements to the Office of Management and Budget. The burden associated with this entire collection (3038–0022), including the proposed rule, is as follows:

Average burden hours per response: 3,551.89
Number of respondents: 15,682
Frequency of response: On occasion

The burden associated with this specific proposed rule, is as follows:

Average burden hours per response: 17.50
Number of respondents: 3412
Frequency of response: On occasion

Persons wishing to comment on the information that would be required by this proposal should contact the Desk Officer, CFTC, Office of Management and Budget, Room 10202, NEOB, Washington, DC 20503, (202) 395–7340. Copies of the information collection submission to OMB are available from the CFTC Clearance Officer, 1155 21st Street N.W., Washington DC 20581, (202) 418–5160.

List of Subjects in 17 CFR Part 1

Recordkeeping requirements.

Accordingly, 17 CFR part 1 is proposed to be amended as follows:

PART 1—GENERAL REGULATIONS UNDER THE COMMODITY EXCHANGE ACT

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

Authority: 7 U.S.C. 1a, 2, 2a, 4, 4a, 6, 6a, 6b, 6c, 6d, 6e, 6f, 6g, 6h, 6i, 6j, 6k, 6l, 6m, 6n, 6o, 6p, 7, 7a, 7b, 8, 9, 12, 12a, 12c, 13a, 13a–1, 16, 16a, 19, 21, 23, 24.

2. Section 1.31 is amended by revising paragraphs (b), (c), and (d) to read as follows:

§ 1.31 Books and records, keeping and inspection.

* * * * *

(b) Except as provided in paragraph (d) of this section, immediate reproductions on either ''micrographic media'' (as defined in paragraph (b)(1)(i) of this section) or ''electronic storage media'' (as defined in paragraph (b)(1)(ii) this section) may be kept in that form for the required time period under the conditions set forth in this paragraph (b).

(1) For purposes of this section:

(i) The term ''micrographic media'' means microfilm or microfiche or any similar medium.

[40] The Commission subsequently clarified some of the definitions. *See* 48 FR 35276 (Aug. 3, 1983); 55 FR 13550 (Apr. 11, 1990); 58 FR 40347 (Jul. 28, 1993).

[41] Pub. L. 104–13 (May 13, 1995).

(ii) The term ''electronic storage media'' means any digital storage medium or system that:

(A) Preserves the records exclusively in a non-rewritable, non-erasable format;

(B) Verifies automatically the quality and accuracy of the storage media recording process;

(C) Serializes the original and, if applicable, duplicate units of storage media and creates a time-date record for the required period of retention for the information placed on such electronic storage media; and

(D) Permits the immediate downloading of indexes and records preserved on the electronic storage media onto paper, microfilm, microfiche or other medium acceptable under this paragraph upon the request of representatives of the Commission or the Department of Justice.

(2) Persons who use either micrographic media or electronic storage media to maintain records in accordance with this section must:

(i) Have available at all times, for examination by representatives of the Commission or the Department of Justice, facilities for immediate, easily readable projection or production of micrographic media or electronic storage media images;

(ii) Be ready at all times to provide, and immediately provide at the expense of the person required to keep such records, any easily readable hard-copy image that representatives of the Commission or Department of Justice may request.

(iii) Waive any privilege, claim of confidentiality, or other objection to disclosure of non-Commission-required information stored on the same individual medium (e.g. the same disk or sheet of microfiche) as Commission-required records;

(iv) Store a duplicate of the record, in any medium acceptable under this section, at a location separate from the original for the period of time required for maintenance of the original; and

(v) Organize and maintain an accurate index of all information maintained on both the original and duplicate storage media such that:

(A) The location of any particular record stored on the media may be immediately ascertained;

(B) The index is available at all times for immediate examination by representatives of the Commission or the Department of Justice;

(C) A duplicate of the index is stored at a location separate from the original index; and

(D) Both the original index and the duplicate index are preserved for the time period required for the records included in the index.

(3) In addition to the conditions in paragraph (b)(2) of this section, persons using electronic storage media must:

(i) Be ready at all times to provide, and immediately provide at the expense of the person required to keep such records, copies of such records on such approved machine-readable media as defined in § 15.00(l) of this chapter which any representative of the Commission or the Department of Justice may request. Records must use a format and coding structure specified in the request.

(ii) Develop and maintain written operational procedures and controls (an ''audit system'') designed to provide accountability over both the initial entry of required records to the electronic storage media and the entry of each change made to any original or duplicate record maintained on the electronic storage media such that:

(A) The results of such audit system are available at all times for immediate examination by representatives of the Commission or the Department of Justice;

(B) The audit results are preserved for the time period required for the records maintained on the electronic storage media; and

(C) The written operational procedures and controls are available at all times for immediate examination by representatives of the Commission or the Department of Justice.

(iii) Either:

(A) Maintain, keep current, and make available at all times for immediate examination by representatives of the Commission or Department of Justice all information necessary to access records and indexes maintained on the electronic storage media; or

(B) Place in escrow and keep current a copy of the physical and logical format of the electronic storage media, the file format of all different information types maintained on the electronic storage media and the source code, documentation, and information necessary to access the records and indexes maintained on the electronic storage media.

(4) In addition to the foregoing conditions, any person who uses only electronic storage media to preserve some or all of its required records (''Electronic Recordkeeper'') shall, prior to the media's use, enter into an arrangement with at least one third party technical consultant (''Technical Consultant'') who has the technical and financial capability to perform the undertakings described in this paragraph (b)(4). The arrangement shall provide that the Technical Consultant will have access to and the ability to download information from the Electronic Recordkeeper's electronic storage media to any media to any medium acceptable under this section.

(i) The Technical Consultant must file with the Commission on undertaking in a form acceptable to the Commission, signed by the Technical Consultant or a person duly authorized by the Technical Consultant. An acceptable undertaking must include the following provision with respect to the Electronic Recordkeeper:

> With respect to any books and records maintained or preserved on behalf of the Recordkeeper, the undersigned hereby undertakes to furnish promptly to any representative of the United States Commodity Futures Trading Commission or the United States Department of Justice (the ''Representative''), upon reasonable request, such information as is deemed necessary by the Representative to download information kept on the Electronic Recordkeeper's electronic storage media to any medium acceptable under 17 CFR 1.31. The undersigned also undertakes to take reasonable steps to provide access to information contained on the Electronic Recordkeeper's electronic storage media, including, as appropriate, arrangements for the downloading of any record required to be maintained under the Commodity Exchange Act or the rules, regulations, or orders of the United States Commodity Futures Trading Commission, in a format acceptable to the Representative. Such arrangements will provide specifically that in the event the Electronic Recordkeeper fails to download a record into a readable format and after reasonable notice to the Electronic Recordkeeper, upon being provided with the appropriate electronic storage medium, the undersigned will undertake to do so, at no charge to the United States, as the Representative may request.

(c) Persons employing an electronic storage system shall provide a representation to the Commission prior to the initial use of the system. The representation shall be made by the person required to maintain the records, the storage system vendor, or another third party with appropriate expertise and shall state that the selected electronic storage system meets the requirements set forth in paragraph (b)(1)(ii) of this section. Persons employing an electronic storage system using media other than optical disk or CD–ROM technology shall so state. The representation shall be accompanied by the type of oath or affirmation described in § 1.10(d)(4) of this chapter.

(d) Trading cards, documents on which trade information is originally recorded in writing, and written orders required to be kept pursuant to § 1.35(a), (a–1)(1), (a–1)(2) and (d), must be

retained in hard-copy for the required time period.

Issued in Washington, DC on may 29, 1998 by the Commission.

Jean A. Webb,

Secretary of the Commission.

[FR Doc. 98–14805 Filed 6–4–98; 8:45 am]

BILLING CODE 6351–01–M

COMMODITY FUTURES TRADING COMMISSION

17 CFR Part 10

Rules of Practice; Proposed Amendments

AGENCY: Commodity Futures Trading Commission.

ACTION: Extension of comment period.

SUMMARY: On April 3, 1998, the Commission published in the **Federal Register** a notice requesting comments on proposed amendments to its Rules of Practice, which govern most adjudicatory proceedings brought under the Commodity Exchange Act, as amended, except for reparations actions. The original comment period expires on June 2, 1998. 63 FR 16453 (April 3, 1998). In a letter dated May 28, 1998, the Committee on Commodities and Futures Law of the New York State Bar Association requested an extension of the comment period. To assure that an adequate opportunity is provided for the submission of meaningful comments, the Commission has determined to extend the comment period by an additional thirty (30) days.

DATES: Comments must be received on or before July 2, 1998.

ADDRESSES: Comments on the proposed amendments should be sent to Jean A. Webb, Secretary, Commodity Futures Trading Commission, Three Lafayette Center, 1155 21st Street, NW., Washington, DC 20581. Comments may be sent by electronic mail to secretary@cftc.gov. Reference should be made to ''Proposed Amendments to the Rules of Practice.''

FOR FURTHER INFORMATION CONTACT: Stephen Mihans, Office of Chief Counsel, Division of Enforcement, at (202) 418–5399 or David Merrill, Office of Chief Counsel, at (202) 5120, Commodity Futures Trading Commission, Three Lafayette Centre, 1155 21st Street, NW., Washington, DC 20581.

Issued at Washington, DC, on this 1st day of June, 1998, by the Commodity Futures Trading Commission.

Jean A. Webb,

Secretary of the Commission.

[FR Doc. 98–14961 Filed 6–2–98; 2:33 pm]

BILLING CODE 6351–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

18 CFR Ch. I

[Docket No. RM98–8–000]

Alternative Methods for Regulating Natural Gas Pipeline Facilities and Services on the Outer Continental Shelf; June 1, 1998

AGENCY: Federal Energy Regulatory Commission, DOE.

ACTION: Notice of inquiry.

SUMMARY: The Federal Energy Regulatory Commission is initiating an inquiry into alternatives to the Commission's recent methods of exercising its jurisdiction over natural gas pipeline facilities and services on the Outer Continental Shelf.

The goal of the notice of inquiry is to generate public comment that will assist the Commission in exploring possible alternatives to the application of the existing ''primary function'' test to offshore pipeline facilities—as well as possible complimentary and/or alternative modes of regulation under the Outer Continental Shelf Lands Act.

The notice of inquiry invites all interested persons to participate in the inquiry and to submit answers to several specific questions.

DATES: Written comments must be received on or before July 16, 1998; an original and 14 copies should be filed.

ADDRESSES: All comments should refer to Docket No. RM98–8–000 and should be addressed to: Office of the Secretary, Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426.

FOR FURTHER INFORMATION CONTACT: Robert Wolfe, Office of the General Counsel, Federal Energy Regulatory Commission, 888 First Street, NE, Washington, DC 20426, (202) 208–2098.

SUPPLEMENTARY INFORMATION: In addition to publishing the full text of this document in the **Federal Register**, the Commission also provides all interested persons an opportunity to inspect or copy the contents of this document during normal business hours in the Public Reference Room at 888 First Street, NE, Room 2A, Washington, DC 20426.

The Commission Issuance Posting System (CIPS) provides access to the texts of formal documents issued by the Commission. CIPS can be accessed via Internet through FERC's Homepage (http://www.ferc.fed.us) using the CIPS Link or the Energy Information Online icon. The full text of this document will be available on CIPS in ASCII and WordPerfect 6.1 format. CIPS is also available through the Commission's electronic bulletin board service at no charge to the user and may be accessed using a personal computer with a modem by dialing 202–208–1397, if dialing locally, or 1–800–856–3920, if dialing long distance. To access CIPS, set your communications software to 19200, 14400, 12000, 9600, 7200, 4800, 2400, or 1200 bps, full duplex, no parity, 8 data bits and 1 stop bit. User assistance is available at 202–208–2474 or by E-mail to CipsMaster@FERC.fed.us.

This document is also available through the Commission's Records and Information Management System (RIMS), an electronic storage and retrieval system of documents submitted to and issued by the Commission after November 16, 1981. Documents from November 1995 to the present can be viewed and printed. RIMS is available in the Public Reference Room or remotely via Internet through FERC's Homepage using the RIMS link or the Energy Information Online icon. User assistance is available at 202–208–2222, or by E-mail to RimsMaster@FERC.fed.us.

Finally, the complete text on diskette in WordPerfect format may be purchased from the Commission's copy contractor, La Dorn System Corporation. La Dorn Systems Corporation is located in the Public Reference Room at 888 First Street, NE, Washington, DC 20426.

I. Introduction

In 1995, in response to heightened interest in Outer Continental Shelf (OCS) exploration and development, the Commission undertook a review of its OCS gathering policy through a notice of inquiry in Docket No. RM96–5–000. On February 28, 1996, the Commission issued a statement of policy respecting pipeline facilities on the OCS.[1] The policy statement concluded that facilities located in deep water (a depth of 200 meters or more) would be

[1] Gas Pipeline Facilities and Services on the Outer Continental Shelf—Issues related to the Commission's Jurisdiction Under the Natural Gas Act and the Outer Continental Shelf Land's Act (Policy Statement), 74 FERC ¶ 61,222 (Feb. 26, 1996).

presumed to be gathering facilities up to the point where they reach proximity to, or the point or points of interconnection with, the existing interstate pipeline grid. Beyond that point, the facilities' primary function would be determined under the Commission's existing ''primary function'' test discussed below.

On February 19, 1997, the United States Court of Appeals for the Fifth Circuit, in *Sea Robin Pipeline Co.* v. FERC (*Sea Robin*),[2] vacated and remanded the Commission's decision that Sea Robin Pipeline Company's (Sea Robin) offshore natural gas pipeline system, which has been regulated by the Commission under the Natural Gas Act (NGA) for almost 30 years, is properly classified as a jurisdictional interstate pipeline facility.[3] The basic ruling of the court was that the Commission did not give adequate attention to the physical and operational characteristics of Sea Robin's system in applying the ''primary function'' test to determine its jurisdictional status.[4] The court left open how the Commission should proceed on remand and offered no judgement as to the proper result. The court stated that the Commission is free to reconsider the applicability of the factors in its primary function test to offshore pipeline systems and then, if necessary, reformulate this test.[5]

To assist it in responding to the court's direction in *Sea Robin*, the Commission is initiating an inquiry in the above captioned proceeding to explore once more what methods it should apply in exercising its jurisdiction under the NGA and the Outer Continental Shelf Lands Act (OCSLA) over natural gas facilities and services on the OCS.

As with the earlier policy statement in Docket No. RM96–5–000, the Commission's objective is to consider the possibilities for a simplified regulatory approach that will not impede or distort developmental or production activities on the OCS and which, at the same time, will provide shippers the full protection established by the NGA and the OCSLA. Accordingly, the Notice of Inquiry (NOI) will seek comments and information on alternatives to the current ''primary function'' test for making NGA jurisdictional determinations, as well as alternative methods of regulating OCS pipelines under the NGA and/or the OCSLA. Of primary interest to the Commission are industry comments on: alternatives to the Commission's ''primary function'' test that will simplify the process and/or standard for determining the jurisdictional status of OCS pipeline facilities under the NGA; the extent of the Commission's authority under the OCSLA to regulate rates charged by OCS pipelines; and modes of regulating OCS pipelines under the OCSLA, with or without the exercise of concurrent NGA jurisdiction.

II. Statutory Framework

A. The Natural Gas Act (NGA)

The basic purpose of Congress in enacting the NGA was to ''occupy the field,''[6] of the regulation of natural gas moving in interstate commerce by the primary grant of jurisdiction to the Commission over those aspects of such regulation over which the states may not act.[7] To that end, Congress meant to create a comprehensive regulatory scheme of dual state and federal authority.[8] Section 1(b) of the NGA embodies the primary grant of jurisdiction to the Commission. At the same time, section 1(b) exempts from the Act's coverage ''the production or gathering of natural gas.'' Thus, section 1(b) first grants to the Commission broad plenary authority to regulate the business of transporting and of wholesaling natural gas moving in interstate commerce. Secondly, section 1(b), by operation of the ''production and gathering'' exemption, removes from that plenary grant of federal jurisdiction those aspects of natural gas regulation which are the proper subject of state regulation.

B. The Outer Continental Shelf Lands Act (OCSLA)[9]

An additional source of the Commission's regulatory authority over OCS pipeline facilities and activities are sections 5(e) and 5(f) of the OCSLA.[10] Generally, these statutory provisions give the Commission certain responsibilities and authorizations to ensure that natural gas pipelines on the OCS will be operated in accordance with competitive principles and in a nondiscriminatory manner. The OCSLA and the NGA are to be applied reciprocally in furtherance of their individual regulatory purpose.[11]

Sections 5(e) of the OCSLA requires pipelines to transport natural gas produced from the OCS ''without discrimination'' and in such ''proportionate amounts'' as the Commission, in consultation with the Secretary of Energy, determines to be reasonable. Section 5(f)(1) of the OCSLA requires pipelines transporting gas on or across the OCS to adhere to certain ''competitive principles''. These ''competitive principles'' include a requirement that the pipeline must provide ''open and nondiscriminatory access to both owner and nonowner shippers.''[12] Section 5(f)(3) requires the Commission to consult with the Attorney General ''on specific conditions to be included in any permit, license, * * * or grant of authority in order to ensure that pipelines are operated in accordance with the competitive principles set forth in (Section 5(f)(1)).''[13]

The applicability of the provisions of Sections 5(e) and 5(f)(1) is not restricted to interstate pipelines that are subject to the Commission's NGA jurisdiction. The only pipelines that may be exempt from the Commission's authority under the OCSLA are certain ''feeder lines'', that are defined in section 5(f)(2) of the OCSLA[14]/ as a pipeline which feeds into a facility where oil and gas are ''first collected'' or a facility where oil and gas are ''first separated, dehydrated, or otherwise processed.'' These ''feeder lines'' may only be exempted from the requirements of the OCSLA by order of the Commission.

III. Specific Questions for Response by All Commenters

In light of the Fifth Circuit's opinion, it is not clear what the best course of action in the Sea Robin proceeding is. Given the divergence between the court's ruling and the Commission's prior orders in this proceeding, respecting the limited significance offshore of certain physical factors of the ''primary function'' test and the significance of certain nonphysical factors, the continued viability of the current ''primary function'' test as a method of making jurisdictional

[2] 127 F.3d 365 (Fifth Cir. 1997); *reh'g denied*, February 5, 1998.

[3] 71 FERC ¶ 61,351 (1995), *reh'g denied*, 75 FERC ¶ 61,332 (1996).

[4] 137 F.3d at 370–71.

[5] *Id.* at 372.

[6] *See* Schneidwind v. ANR Pipeline Co., 485 U.S. 293, 310–311 (1988).

[7] Interstate Natural Gas Co. v. FPC, 331 U.S. 682, 690 (1947).

[8] FPC v. Louisiana Power & Light Co. V. FPC, 406 U.S. 621 (1972).

[9] 43 U.S.C. 1334 *et. seq.*

[10] 43 U.S.C. 1334(e), (f).

[11] *See* Continental Oil Co. V. FPC, 370 F. 2d 57, 67 (Fifth Cir. 1966).

[12] The conference report states that section 5(f) ''is intended to prevent ''bottleneck monopolies'' and other anticompetitive situations involving OCS pipelines'' and that it ''is a reaffirmation and strengthening of subsection 5(e), which provides for the transport or purchase of all OCS oil and gas ''without discrimination.'' Conf. Rep. 95–372, 95th Cong. 2d Sess.

[13] 43 U.S.C. 1334 5(f)(3).

[14] 43 U.S.C. 1334(f)(2).

determinations that are consistent with the fundamental purposes of the NGA has been cast into doubt. A number of other proceedings now await either the Commission's reaffirmation of its existing ''primary function'' test or the establishment of a new standard for gathering on the OCS in light of the Fifth Circuit's action. Accordingly, the Commission seeks assistance in responding to the court's invitation to reconsider the applicability of the factors in the ''primary function'' test to offshore pipeline systems and, if necessary, reformulate the test.

The Commission has compiled a list of questions, set forth below, answers to which, if supported by legal analysis where appropriate, will be helpful in assessing the Commission's current policy and in developing and assessing possible policy alternatives. This list is not meant to be all inclusive. Commenters are invited to present alternative solutions not specifically referenced in this notice.

A. The ''Primary Function'' Test

1. What are the physical and operational characteristics of an OCS pipeline facility that have value in assisting the Commission in determining where gathering ends in the offshore context?

a. What distinguishing physical and operational characteristics are unique to OCS gathering systems?

b. What distinguishing physical and operational characteristics are unique to OCS transmission systems?

2. What factors, other than a pipeline facility's physical and operational characteristics, are relevant to making jurisdictional determinations in the offshore context?

3. Are there any elements of the existing ''primary function'' test as it applies to OCS facilities that should be eliminated for lack of relevance, value, undue complexity, or for any other reason?

4. What alternatives are there to the concept of the ''primary function'' test as a method of making OCS jurisdictional determinations?

5. Should the Commission adopt the OCSLA's definition of ''feeder lines'' as a definition of gathering lines on the OCS?

6. How can the Commission simplify the process of making OCS jurisdictional determinations?

7. How much, and to what degree of quality, is OCS gas processed at locations other than onshore or in shallow waters?

B. The Effect Upon Existing Certificated Facilities

1. What would be the practical results of the following possible Commission determinations if made under the existing ''primary function'' test?

a. All existing certificated facilities are jurisdictional?

b. All existing certificated facilities are nonjurisdictional?

c. Only those facilities downstream of a central point are jurisdictional?

2. Are there alternative outcomes in this proceeding other than 1.a., b., and c?

3. Could the Commission make a determination that all, or part of a pipeline's facilities are exempt from regulation under the NGA, contingent upon a judicial affirmation of the Commission's interpretation of the extent of its rate and conditioning authority under the OCSLA?

C. The OCSLA

1. What is the extent of the Commission's authority under the OCSLA respecting rates for gas pipeline services?

2. Does the OCSLA provide sufficient remedial authority for the Commission to ensure nondiscriminatory access by prohibiting discriminatory or excessive rates?

3. Does the Commission have sufficient authority under the OCSLA to prohibit, eliminate or alter rates that are clearly discriminatory or rates that are so high that they would have the effect of denying access to shippers?

4. Is there a legal basis under the OCSLA for the Commission to regulate generally the level of rates for services performed by OCS pipelines?

5. Does the OCSLA provide the Commission with sufficient authority to protect the interests of historical customers of existing offshore interstate pipelines if these pipelines were declared to be gathering facilities?

6. Should the Commission issue a rule under the OCSLA imposing terms and conditions on OCS facilities to protect existing shippers on existing OCS interstate pipelines from excessive rates or discrimination in the event such facilities are declared nonjurisdictional?

a. What terms and conditions should such a proposed rule require?

b. Should a similar rule also be considered that would apply to all customers of any OCS pipeline?

c. Should such a proposed rule require all OCS pipelines to have rates, terms and conditions on file with the Commission?

d. Would the Commission have authority under the OCSLA to provide a remedy for an excessive rate that applied uniformly to all customers of a pipeline/gatherer? Would such a rate constitute a form of discrimination under the OCSLA?

7. Could the Commission adopt a uniform regulatory regime for the OCS under which both NGA nonjurisdictional and NGA jurisdictional pipelines would be regulated solely pursuant to the Commission's authority under the OCSLA to pro-rate capacity in a pipeline and to address discrimination in rates?

a. Under this approach, would shippers on OCS interstate pipelines be adequately protected in the absence of cost-of-service rates?

b. If this approach were adopted, should existing interstate pipelines be given the option of remaining under traditional NGA regulation?

8. Is it feasible, as a matter of law and policy, to adopt a light-handed regulatory approach under the OCSLA that relies on complaints about discriminatory access or rates?

a. If such an approach is adopted, is there a need to distinguish between new and existing pipelines to determine how much regulation is necessary?

b. What would be the legal and policy basis for distinctions between new and existing pipelines?

c. Does the Commission have the authority to require the electronic reporting of the price and terms of all agreements for the movement of natural gas through all OCS pipeline facilities as a mechanism for implementing a complaint driven regulatory approach ?

9. Does the Commission have the authority under the OCSLA to regulate OCS pipelines as common carriers?

a. What is the effect of section 185(r)(1) of the Mineral Leasing Act of 1970 [15] which requires that pipelines authorized under section 185 be operated as common carriers?

IV. Procedure for Comments

The Commission invites interested persons to submit comments, data, views, and other information concerning the matters set out in this notice.

To facilitate the Commission's review of the comments, commenters are requested to provide an executive summary of their position on the issues raised in the NOI. Commenters are requested to identify the specific question posed by the NOI that their discussion addresses and to use appropriate headings. Additionally,

[15] 30 U.S.C. 185(r)(1).

commenters should double space their comments.

The original and 14 copies of such comments must be received by July 14, 1998. Comments should be submitted to the Office of the Secretary, Federal Energy Regulatory Commission, 888 First Street, NE, Washington DC 20426 and should refer to Docket No. RM98–8–000.

In addition, commenters are asked to submit their written comments and executive summaries on 3½-inch diskette formatted for MS–DOS based computers. In light of the ability to translate MS–DOS based materials, the text need only be submitted in the format and version for which it was generated (*i.e.*, MS DOS WORD, WordPerfect, ASC III, etc.). For Macintosh users, it would be helpful to save the documents in word processor format and then write them to files on a diskette formatted for MS–DOS machines.

Commissioner Bailey dissented in part with a separate statement attached.

By direction of the Commission.

David P. Boergers,

Acting Secretary.

BAILEY, Commissioner, Dissenting in Part

I am dissenting in part from this NOI. This document poses a series of questions for public comment addressing alternatives to the Commission's current method of exercising its jurisdiction on the OCS. I have already expressed my disagreement with many of the Commission's jurisdictional determinations with respect to pipelines on the offshore. After seeing the application of the 1996 policy statement to specific cases, I concluded that continued application of the primary function test on the offshore is largely unworkable. There is a host of conflicting precedent, as is evident from looking at the record in the Sea Robin case.[1] Although I certainly understand the need for this Commission to rethink these issues, I have already reevaluated my position as indicated in earlier dissents.[2] And I certainly feel that, to the extent the Sea Robin remand goes unanswered, that is unacceptable.

Let me reemphasize some points I have made in the past. I continue to believe that we should adopt a common sense definition of gathering as outlined by the Court of Appeals in the EP Operating decision.[3] We should recognize that today's deep water production means even longer and wider lines to move production to market, and that the movement of gas across the OCS is often a collection process. While it might be ideal to preserve FERC/NGA jurisdiction as a backstop in case a complaint arises, I do not think we have that right if the function of a line can be viewed as gathering under a common sense analysis.

Producers on the OCS are not without statutory protection. The antidiscrimination provisions of the Outer Continental Shelf Lands Act are real. The law has not changed. This Commission has acknowledged its jurisdiction pursuant to that statue and would respond promptly to complaints filed by shippers on OCS gathering lines that are not otherwise subject to the Commission's NGA jurisdiction. Ultimately, if an unduly discriminatory rate is found to be without remedy under the OCSLA, a legislative solution would be a viable option if that need were demonstrated.

In sum, I do not find the fear of regulatory gap to be so compelling that we should adopt a strained definition of what constitutes a gathering line. While I will certainly review the comments we receive in response to this current NOI, I do want to emphasize my thinking on these issues. My thoughts are based on the extensive record we developed at the time of the 1996 Policy Statement addressing many of these questions, as well as the cases decided subsequently. I look forward to the continuing dialogue, and I urge the Commission, for the sake of those cases that are lingering, to resolve some of these outstanding issues as expeditiously as we can.

Vicky A. Bailey,

Commissioner.

[FR Doc. 98–14964 Filed 6–4–98; 8:45 am]

BILLING CODE 6717–01–P

[1] Sea Robin Pipeline Company v. FERC, 127 F.3d 365 (Fifth Cir. 1997); reh'g denied, February 5, 1998.

[2] See Shell Gas Pipeline Company, 78 FERC ¶ 61,192 (1997).

[3] EP Operating Company v. FERC, 876 F.2d 46 (Fifth Cir. 1989).

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration

49 CFR Part 350

[FHWA Docket No. FHWA–98–3611]

Development of Functional Specifications for Performance-based Brake Testers Used To Inspect Commercial Motor Vehicles

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Request for comments.

SUMMARY: The FHWA is requesting public comment concerning the development of functional specifications for performance-based brake testing machines purchased with Federal funds through the FHWA's Motor Carrier Safety Assistance Program (MCSAP). The FHWA is nearing the completion of a multi-year research program to evaluate prototype performance-based brake testing technologies, including roller dynamometers, flat-plate brake testers, breakaway torque brake testers, an on-board electronic decelerometer, and an infrared brake temperature measurement system. To date, the FHWA has determined that certain performance-based brake testing machines are eligible for funding under MCSAP, but only as screening and sorting devices in commercial vehicle inspections. The FHWA is requesting public comments on generic functional specifications that would be applicable to a range of brake testing technologies. The States would use the functional specifications as guidelines to determine whether the purchase of a specific brake tester would be an eligible expense item under the MCSAP.

DATES: Comments must be received on or before August 4, 1998.

ADDRESSES: Submit written, signed comments to the docket identified at the beginning of this notice, the Docket Clerk, U.S. DOT Dockets, Room PL–401, 400 Seventh Street, SW., Washington, DC 20590–0001. All comments received will be available for examination at the above address from 10 a.m. to 5 p.m., e.t., Monday through Friday, except Federal holidays. Those desiring notification of receipt of comments must include a self-addressed, stamped envelope or postcard.

FOR FURTHER INFORMATION CONTACT: Mr. Larry W. Minor, Vehicle and Operations Division, Office of Motor Carrier Research and Standards, (202) 366–4009; or Mr. Steve Keppler, Intelligent Transportation Systems—Commercial Vehicle Operations Division, Office of Motor Carrier Safety and Technology, (202) 366–0950, or Mr. Charles E. Medalen, Office of the Chief Counsel, (202) 366–1354, Federal Highway Administration, 400 Seventh Street, SW., Washington, D. C. 20590. Office hours are from 7:45 a.m. to 4:15 p.m., e.t., Monday through Friday, except Federal holidays.

SUPPLEMENTARY INFORMATION:

Electronic Access

Internet users can access all comments received by the U.S. DOT Dockets, Room PL–401, by using the universal resource locator (URL): http://dms.dot.gov. It is available 24 hours each day, 365 days each year. Please follow the instructions online for more information and help.

An electronic copy of this document may be downloaded using a modem and suitable communications software from the Government Printing Office's Electronic Bulletin Board Service at (202) 512–1661. Internet users may reach the **Federal Register**'s home page at: http://www.nara.gov/fedreg and the Government Printing Office's database at: http://www.access.gpo.gov/nara.

Background

In 1993, the FHWA initiated a research program to evaluate various performance-based brake testing technologies for application to commercial motor vehicles. The purpose of the program was to determine, through field-test data collection, if performance-based brake inspection technologies could improve, or assist with the throughput and accuracy of, the current inspection techniques which involve visual examination of components, measurement of push-rod travel on air-braked vehicles, and listening for air leaks. Following the completion of the first task of the program, in which various performance-based technologies were analyzed, several of the technologies were selected for evaluation in a roadside field-test.

During the field tests, inspections were performed using both visual and performance-based methods to compare their ability to detect vehicle brake defects. In particular, a Commercial Vehicle Safety Alliance (CVSA) Level 4 inspection (consisting of the brake and tire portion of a Level 1 inspection) was conducted in addition to a performance-based brake test. The dual inspections were performed by State officials in each of ten States (Colorado, Connecticut, Indiana, Maryland, Minnesota, Nevada, Ohio, Oregon, West Virginia, Wisconsin) that volunteered to participate in the field test program.

The data collected from these dual inspections were tabulated and correlations were sought between Federal Motor Carrier Safety Regulations (FMCSRs) violations, the North American Uniform Vehicle Out-of-Service Criteria used by officials in the United States, Canada, and Mexico, and various pass/fail criteria used by manufacturers of performance-based technology. In addition to the performance-based brake ''failure'' information, data relating to the operational characteristics of each prototype machine were also collected and evaluated. These data included setup and tear down times, vehicle inspection times, maintenance requirements, user friendliness, calibration procedures and results, operator skill-level requirements and information to generate a cost-benefit analysis. A key source of data was the interviews (performed by the researchers) with State inspectors.

The preliminary findings from the first phase of the prototype brake testing program are documented in an interim report, ''Evaluation of Performance-Based Brake Testing Technologies,'' December 1995, FHWA–MC–96–004. A copy of this report has been placed in the docket and may be obtained by contacting one of the individuals listed at the beginning of this notice. The interim report presents findings based upon approximately one year of data from roller dynamometers used in Colorado and Ohio, and a flat plate tester in Minnesota.

The first phase of the brake testing program also included an evaluation of an on-board decelerometer, and an infrared brake temperature measurement system. The evaluations of these technologies did not involve a year-long data collection effort. The evaluation of the decelerometer was conducted using Indiana school buses that were undergoing annual summer inspections. Use of this technology in roadside inspections appears impractical. The logistics are difficult and the majority of the vehicles tested would be loaded with cargo in transit—few commercial motor vehicle drivers would be willing to perform panic stops in other than emergency situations because of the potential damage to their cargo. The evaluation of the infrared brake temperature measurement system was conducted in Oregon. Since criteria for using infrared technology for detecting faulty brakes had not yet been developed, the field-test data were collected and analyzed to determine whether any correlation could be made between the brake temperature data and the inspection results.

West Virginia is currently participating in the field test evaluation of a roller dynamometer, Wisconsin is collecting data on a flat-plate tester, and Maryland and Nevada are collecting data on breakaway torque testers. Connecticut participated in the testing of a roller dynamometer for several months, but elected to discontinue its involvement in the research program. The final report on the research program will be published later this year.

In addition to research involving State agencies, the FHWA is also working with motor carrier fleets to provide the private sector with the opportunity to learn about the performance-based brake testing technologies and determine whether the use of the technologies would benefit their maintenance programs.

Determination of Eligibility for MCSAP Funding

On April 1, 1996, the FHWA issued a memorandum advising agency staff that two specific performance-based brake testing machines are eligible for funding under MCSAP. On March 11, 1997, the FHWA issued another memorandum announcing the eligibility for funding of a third performance-based brake testing machine. Copies of the memoranda are in the docket. The memoranda indicated that the devices are prototypes, and are approved for screening and sorting purposes only. This means that States may request MCSAP funding to purchase one of the approved brake testers for use in screening or sorting vehicles at inspection sites. Vehicles failing the brake performance test would have to be inspected to determine the reason for the poor test results. Generally, motor carriers cannot be cited for brake-related violations of the FMCSRs solely on the basis of the results from a performance-based brake tester. Currently, citations are based upon the specific defects or deficiencies found during the in-depth inspection.

The FHWA is considering whether to the develop pass/fail criteria for braking force that could be implemented by Federal and State officials using performance-based brake testing technologies. As inspection criteria or regulations are developed through the rulemaking process, the use of the performance-based brake testing machines could be expanded to include enforcement of the new Federal brake performance standards. The new standards would be an alternative to the 32.2 kilometers per hour (20 miles per hour) stopping-distance test currently specified in 49 CFR 393.52, but rarely enforced by Federal and State officials because of the difficulty in performing such tests at the roadside. If performance-based standards are developed through the rulemaking process, the States would be able to issue citations based upon the output (e.g., brake force, brake balance, deceleration, etc.) from the brake testers.

The development of pass/fail criteria for braking force in commercial motor

vehicles is being considered for rulemaking and comments are not being requested on the topic at this time.

Public Meeting

On December 8, 1997, the FHWA held a public meeting at the National Highway Traffic Safety Administration's (NHTSA) Vehicle Research and Test Center to discuss the development of functional specifications for performance-based brake testers. A notice announcing the meeting was published in the **Federal Register** on November 13, 1997 (62 FR 60817). In addition to the FHWA and NHTSA, the following companies were represented at the public meeting: Battelle; B & B Automotive; B & G Technologies, Inc; Dennis National Lease; Hicklin Engineering; Hunter Engineering Company; Gooch Brake; MGM Brakes; Motion Control Industries, Inc.; Nepean Engineering Pty. Ltd.; Radlinski & Associates, Inc.; and Truckalyser Canada, Inc.

Most of the participants at the public meeting were either manufacturers of performance-based brake testers or distributors of such devices. The participants reviewed a draft of the functional specifications presented in the appendix to this notice. The comments from the participants have been incorporated to the extent practicable.

Request for Comments

The FHWA is requesting comments from all interested parties on the functional specifications in the appendix to this notice. Although participants at the public meeting provided very helpful comments, the agency is requesting additional comments through this notice to ensure that all interested persons who were unable to attend the public meeting have an opportunity to comment on this subject.

All comments received before the close of business on the comment closing date indicated above will be considered and will be available for examination in the docket room at the above address. Comments received after the comment closing date will be filed in the docket and will be considered to the extent practicable, but the FHWA may adopt, and publish in the **Federal Register**, final functional specifications at any time after the close of the comment period. In addition to late comments, the FHWA will also continue to file in the docket relevant information that becomes available after the comment closing date, and interested persons should continue to examine the docket for new material.

Authority: 49 U.S.C. 31136, 31502; and 49 CFR 1.48.

Issued on: May 20, 1998.

Kenneth R. Wykle,

Federal Highway Administrator.

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APPENDIX:
FUNCTIONAL SPECIFICATIONS FOR PERFORMANCE-BASED BRAKE TESTERS FOR COMMERCIAL MOTOR VEHICLES

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FUNCTIONAL SPECIFICATIONS FOR PERFORMANCE-BASED BRAKE TESTERS FOR COMMERCIAL MOTOR VEHICLES

1. SCOPE

1.1 **Identification** – This specification establishes the performance, verification, and documentation requirements for developing a Performance-Based Brake Tester for Commercial Vehicles (herein referred to as the "brake tester").

1.2 **General Description** - A performance-based brake tester for commercial vehicles is considered to be any device that can determine the braking capability of a vehicle based on the results of a physical measurement related to slowing or stopping the vehicle. Examples of different brake tester configurations include roller dynamometers, instrumented skid plates, breakaway torque testers, and decelerometers. The determination of braking capability shall be independent of the type of brake (disk or drum), method of application (hydraulic, pneumatic, or electric), or rate of brake application by the vehicle driver.

Once the braking capability has been measured, the brake tester shall be able to compare the available braking to preset performance limits or criteria in order to determine whether a particular brake or vehicle has sufficient brake force to stop safely. Based on this comparison, the brake tester shall clearly indicate to the operator(s) whether or not the individual brake or vehicle satisfies the predetermined performance criteria. Lastly, the brake tester shall be able to both print a hardcopy of the test results showing the target criteria and whether the individual brake or vehicle passed, and must accommodate the transmission of the data electronically in Commercial Vehicle Information Systems and Networks (CVISN)-compatible Electronic Data Interchange (EDI) formats and transaction sets.

2. ABBREVIATIONS/DEFINITIONS

ASCII	American Standard Code Information Interchange
ASME	American Society of Mechanical Engineers
COF	Coefficient of Friction
CVISN	Commercial Vehicle Information Systems and Networks

CVSA	Commercial Vehicle Safety Alliance
EDI	Electronic Data Interchange
FMCSR	Federal Motor Carrier Safety Regulations
FMVSS	Federal Motor Vehicle Safety Standards
g	The magnitude of deceleration equal to the magnitude of the acceleration due to gravity (32.2 ft/sec^2 or 9.8 m/sec^2).
GAW	Gross Axle Weight
GVW	Gross Vehicle Weight
kg_f	Kilograms force (common metric unit used for weight)
NHTSA	National Highway Traffic Safety Administration
NIST	National Institute of Standards and Technology
OSHA	Occupational Safety and Health Administration
Brake force (BF)	The force that the outer diameter of the tire imparts on the road surface as a result of the brakes being applied.
Deceleration	The rate of change of a decreasing velocity profile.
Accuracy	How closely a reported measurement agrees to the true value of that quantity.
Tolerance	The allowable deviation of a reported measurement from its true value.
UV	Ultraviolate

3. REQUIREMENTS

3.1 Functional Performance

3.1.1 Vehicles to be Tested – The brake tester shall be designed to maximize the number of truck and bus configurations in the North American trucking and motorcoach fleets that can be tested. Examples of configuration differences that can impact brake tester design include tire sizes, axle spacing, ground clearance, full time drive axle interlocks, dynamic or unstable cargo, and aerodynamic fairings. The tester software should be able to accommodate up to 11 axles. Any limitations in vehicles that can be tested shall be clearly outlined in the Operation Manual (See section 3.5 Documentation).

3.1.2 Determining Braking Capability – The brake tester shall be able to determine braking capability either by measuring brake forces at the tire perimeter, stopping distance, or deceleration. It is imperative that the braking force measured on the tester is representative of, or can be related

to, the braking force that the tires would impart to the ground. The road/tire friction coefficient should be considered to be at least 0.6.

NOTE : The braking capability of a commercial vehicle can be determined either with respect to an individual wheel or to the vehicle as a whole using the three types of measurements above. Often the brake force measurement is limited by the traction between the vehicle tire and the surface with which it is contacting, so any method of increasing the amount of tractive force transferred through the tire contact patch is beneficial. Braking capacity for an entire vehicle can be inferred by summing brake forces measured at each wheel and comparing the total BF to the GVW, by measuring the stopping distance of a vehicle, or by measuring the average vehicle deceleration during a stop.

3.1.3 Brake Force Determination – Independent determination of maximum brake forces on each side of an axle is required. If a gross technique, such as, stopping distance or deceleration is proposed, it is up to the tester supplier either to make a disclaimer or to demonstrate how such a device can be made to comply with this requirement.

3.1.4 Coefficient of Friction - The COF between the test surface and a standard tire (e.g. 295/75R22.5) must be reported for the machine for a range of loads. The COF must be at least 0.6 under dry conditions.

3.1.5 Weighing Capability – Many of the criteria to be used for identifying insufficient brakes require determination of either GAW or GVW. While the ability to measure individual axle weights or entire vehicle weight using the tester is preferred, it is not required. If the machine has no weighing capability, then the ability to compare brake forces with GAW, GVW, or remotely measured axle weights shall be part of the operating and analysis software.

3.1.6 Measurement Accuracy – Overall system accuracy requirements shall be within the tolerances specified in Table 1 below. Stopping distance and deceleration accuracy requirements may be ignored by suppliers of testers of braking forces.

Table 1. Required System Accuracy

Measured Quantity	Unit	System Accuracy (% of reading)
Brake Force	Lbs. (N)	+/- 2.5
Weight	Lbs. (kg_f)	+/- 2.5
Air Pressure*	psi (kPa)	+/- 2.5
Brake Pedal Force*	Lbs. (N)	+/- 2.5
Velocity	ft/s (m/s)	+/- 2.5
Deceleration	%g	+/- 2.5
Stopping Distance	ft (m)	+/- 2.5

* If so equipped

3.1.7 Calibration

3.1.7.1 Initial Calibration Certification - The brake tester shall be supplied with calibration certificates guaranteeing system measurement accuracy as specified by the manufacturer within the tolerances listed in Table 1, traceable to NIST standards.

3.1.7.2 Accuracy Between Calibrations - System accuracy shall be maintained to within allowable tolerances between calibrations, subject to verification at any time.

3.1.7.3 Recalibration Interval – The recalibration interval required to maintain accuracy shall be maximized. The minimum allowable calibration interval under normal service shall be no shorter than 180 days. More frequent calibrations may be needed after factory authorized adjustments or modifications are made or if severe usage occurs where measurement accuracy may be compromised.

3.1.7.4 Calibration History – Calibrations shall be traceable to NIST standards, and sufficient calibration histories (to show compliance to tester specifications) shall be maintained with the tester in hardcopy form and in a software file that can be accessed upon request by the user.

3.1.8 Identification of Faulty Brakes - The unit shall have the capability to be set by the tester supplier so that the results of a performance-based brake test are compared with predetermined user criteria and can subsequently designate a "pass" or "fail" to that brake or vehicle tested. This pass/fail criterion shall be selected by the appropriate agency using the machine and

may include a combination of stopping distance, average deceleration, brake force and weights, brake force and air pressure, or simply brake force over time.

3.1.9 Operator Interface – A computer system and operating software shall be part of the brake tester. In addition, it shall meet the requirements listed in 3.1.9.1 through 3.1.9.6.

Note: Current off-the-shelf computers and peripherals are preferred from a repair and replacement standpoint; however, well-designed custom equipment is acceptable.

Note: Brake testing software that can run in a MS Windows-type environment is preferred although other common operating systems are acceptable.

3.1.9.1 Measurement Units – The software shall allow the operator to conduct tests and provide output in both Metric and English units.

3.1.9.2 Language – All operator interfaces shall use the English language.

3.1.9.3 Results Presentation - The brake tester shall have the capability of providing results of the brake test, with a clear indication of each brake's performance as appropriate, and that of the vehicle as a whole. Output showing a comparison of brake forces to actual wheel or axle weights, GVW, and/or application air pressure, is required depending upon the criteria used for assigning the target value. An ASCII format file for output of brake forces and wheel loads is required for each axle measured.

3.1.9.4 Unique Test Identification - For enforcement purposes, the unit shall be capable of assigning each test a unique test identification number and shall also have, at a minimum, two (2) user-defined fields for input of other information. For example, a corresponding CVSA inspection report number or a unique vehicle identification code.

3.1.9.5 Printer Output - Hardcopy printout capability is required, and capability for digital storage of the results for future reference is also required using standard ASCII character output.

3.1.9.6 Results Transmission – The brake tester computer must accommodate the transmission of the data electronically in CVISN-compatible EDI formats and transaction sets. At a minimum, this shall include a standard RS232

serial port. The ASCII file format will be defined in a subsequent document.

3.1.9.7 User Defined Inputs – A minimum of two blank fields for additional test vehicle information, such as, truck type and driver information shall be included in the software's input functions.

3.1.10 Identification of Faulty Tests - The machine shall be able to identify a test that was improperly run or otherwise invalid. The reason for the invalid test shall be indicated to the machine operator. Examples include: low COF between the test surface and the tires, insufficient data for computations, premature test termination, unreasonable or out of range values, and malfunctioning or improperly connected transducers.

3.1.11 Inspection Time – The amount of time required to conduct a braking assessment for a vehicle shall be minimal. In no instance shall it take skilled operators longer than 15 minutes to perform a brake test on a 5-axle 3S-2 vehicle. The actual range of inspection times for various truck configurations including paperwork shall be listed in the Operation Manual (See section 3.5 Documentation).

3.1.12 Setup/Tear Down Time – The amount of time required to get the brake tester operational shall be minimal. In no instance shall it take two skilled operators longer than 30 minutes to setup or tear down a portable machine or longer than 10 minutes to start up or shut down a fixed installation. The actual setup and teardown times for a two-person crew shall be listed in the Operation Manual (See section 3.5 Documentation).

3.2 Physical Characteristics

NOTE: The brake testers do not have a predefined dimensional specification, although they shall be sized to be transportable by ship, rail, or truck using conventional shipping containers and semi trailers.

3.2.1 Capabilities

3.2.1.1 Weight Capacity – The brake tester shall be capable of operating with up to a 40,000 lb. (18,000 kg_f) axle or a 100,000 lb. (45,000 kg_f) total vehicle weight. If this limit is impractical for a given tester, it should be so stated to avoid damage to the tester and clearly documented in the tester's specifications section of the owner's manual.

3.2.1.2 Brake Force Capacity – The brake tester shall be capable of measuring, within the required accuracy, brake forces of 25 percent of maximum axle weight capacity.

3.2.2 Portability - Any unit that is to be towed from one location to another shall have a trailering device, or self-contained trailering system, that meets the requirements listed in 3.2.2.1 through 3.2.2.4.

3.2.2.1 Trailer Safety - All lighting, markings, brakes, wheels, tires and safety attachment devices shall be consistent with 49 CFR 393 (the FHWA's safety regulations for commercial motor vehicles, including trailers) and 49 CFR 571 (the NHTSA's manufacturing standards, the FMVSSs, for new motor vehicles, including trailers) and other applicable State requirements as dictated by the State agency responsible for the unit.

3.2.2.2 Towing Requirements - All machine specifications pertinent to towing the machine shall be outlined clearly in the Operation Manual (See section 3.5 Documentation) so that a suitable tow vehicle and hitch arrangement can be purchased by the user.

3.2.2.3 Ruggedness - Portable units shall be constructed with a ruggedness to withstand the shock and vibration associated with towing the brake tester over any road surface.

3.2.2.4 Spare Tire – All portable machines shall be fitted with a secured, full-size spare tire and rim compatible with the tires on the trailer.

3.2.3 Utilities

3.2.3.1 Power Source – Brake testing machines may run on either a self-contained power source or electric or pneumatic utilities available at the installation site. Equipment requiring external utilities hookup shall be designed for standard North American voltages, AC frequency, and/or air pressure.

3.2.3.2 Battery Power – If battery power is required for computers or engine starting/running, and there is no onboard charging device, the batteries shall have enough power to allow the brake tester to run for an entire 8-hour shift without recharging.

3.2.3.3 Recharging of Brake Tester Batteries by the Tow Vehicle - Reliance upon the tow vehicle for battery recharging during brake tester operation is not acceptable.

3.2.4 Appearance – All exposed surfaces of the brake tester need to be made of either a corrosion-resistant material or be coated with a durable finish that can withstand repeated abrasion associated with normal machine usage, as well as protect the painted surfaces from corrosion due to water, road salt, or other de-icing chemicals. Lastly, any protective coatings shall be unaffected by contact with gasoline, diesel fuel, and oils.

3.3 **Environment** – Equipment shall be suitable for the environment in which it is to be used as described in 3.3.1 through 3.3.5 below. Any portable brake tester or permanent outdoor installation shall meet all of the requirements below. Fixed indoor installations shall only meet the applicable requirements.

3.3.1 Temperature – The brake tester shall be capable of operating in ambient temperatures ranging from 0° Fahrenheit (F) (-18° Celsius (C)) to 120° F (49° C).

3.3.2 Humidity – The brake tester shall be capable of operating in relative humidities ranging from 5 to 100 percent over the operating temperature range listed above.

3.3.3 Water Resistance – All electrical systems shall be sealed against water intrusion from wind driven rain. Trailered testers also shall meet water intrusion requirements when being towed in the rain at typical towing speeds.

3.3.4 Sunlight – All controls and computer readouts shall be visible to the operator in direct sunlight. If shading devices are required, they must be included with the unit.

3.3.5 UV Radiation – All exposed surfaces shall be resistant to degradation from ultraviolet light. This is especially important for appearance coatings, hoses, and unpainted plastic parts.

3.4 **Safety** – Depending on how the brake tester is constructed, there are several classes of hazards to which the operators may be exposed. Noise, electrical shock, pressurized systems, rotating machinery, trip hazards, slip hazards, lifting hazards, and pinch points are just some of the hazards that may be present in brake testers. In order to ensure operator safety, the brake tester design shall address these and any other applicable safety issues. While no specific standards are listed in this specification, regulatory agencies such as OSHA, NEC, ASME have standards applicable to mitigate these hazards. The manufacturer may select applicable

standards from any recognized regulatory agency (e.g., NEC) and submit a list of those standards for approval.

3.5 **Documentation** – Two copies each of the following manuals shall be provided with the brake tester. All documentation shall be in English and shall be easily understood by an individual who meets the personnel requirements in section 3.6.

3.5.1 Operation Manual – This manual shall explain how to properly and safely operate the system. This manual shall be written so that a first-time user, with a skill level as listed in Section 3.6.2, unfamiliar with the equipment, can set up the brake tester, conduct tests using it, interpret the results, and print out hardcopy evidence of braking capability for the vehicle being tested.

3.5.2 Maintenance Manual – This manual shall specify preventive maintenance procedures and schedules, the tools required for performing maintenance, diagnostic procedures, and information for ordering replacement parts.

3.5.3 Calibration Procedure – This document shall be provided with the unit, and shall include, at a minimum, the following:

i. A detailed list of calibration equipment and materials required to perform the calibration
ii. A calibration strategy, or summary
iii. Detailed calibration procedures
iv. Sample calibration data sheets (if hardcopies) and calibration data file
v. Recommended calibration interval
vi. Conditions where more frequent calibrations are required
vii. Error analysis showing that the machine is capable of meeting the overall accuracy requirements.

3.5.4 Drawings – A full set of assembly drawings is not required to be provided to the purchaser; however, exploded-view drawings shall be provided to help in identifying part numbers and descriptions. This document can be included in the Maintenance Manual if desired.

3.6 **Personnel Requirements**

3.6.1 Number of Personnel – The number of people needed to set up and to operate the brake tester, excluding the vehicle driver, shall be no more than two. The actual number of operators needed to run the brake tester shall be listed in the Operation Manual (See section 3.5 Documentation).

3.6.2 Skill Level – The brake tester shall be designed to be operated by English-speaking personnel that have at least a secondary school education and a familiarity with using personal computers and common operating systems. The brake tester shall also be designed so that a vehicle operator that is unfamiliar with the tester can easily perform the tasks that will be asked of him by the machine operators.

4. QUALITY ASSURANCE PROVISIONS

4.1 **Compliance** – Showing compliance with the requirements listed in Section 3 shall be accomplished by one or more of the verification methods defined below. Self-certification is acceptable, although failure to adequately perform in the field could result in tester decertification.

4.1.1 Analysis – Verification by analysis includes mathematical or graphical studies that demonstrate with a high degree of confidence that a requirement can be met.

4.1.2 Test – Verification by test requires that a test be carried out in accordance with a pre-approved written Test Plan and followed by a Test Report, with quantitative results, showing that each requirement has been met. Examples of requirements to be verified by this method include measurement accuracy of weight, force, and pressure. Verification tests may be performed by any agency or engineering firm equipped to perform and document NIST traceable measurements. Self-certification of compliance is permissible provided that the Test Plan is pre-approved by the FHWA and the Test Report is submitted to the FHWA for approval.

4.1.3 Demonstration – Verification by demonstration requires that the item be operated and that the required function be carried out and witnessed to perform satisfactorily. Little or no quantitative data is generally required. Examples of requirements to be verified by this method include operator skill level and the brake tester's capability to handle a variety of commercial vehicle configurations.

4.1.4 Certified Vendor Data – For purchased items, certified vendor data shall be provided to document compliance with requirements. Examples of requirements to be verified by this method include sensor accuracy and resistance of components to water intrusion or UV radiation.

4.1.5 Inspection – Verification by inspection is carried out by a visual check of the requirement. Examples of requirements to be verified by this method include lighting, existence of spare tire (portables only), dimensions.

4.2 **Non-Compliance Disclosure** – The vendor shall provide a list of all requirements listed in Section 3 that cannot be met and include either the reasons why the requirements cannot be met or how close the brake tester can come to satisfying the requirement. For requirements that are not applicable to a particular type of brake tester, simply indicate that the requirement does not apply.

4.3 **Methods of Verification** – Table 2 defines the verification methods to be used for each requirement.

4.4 **Extended Verification Duration** – Items that require an extended period of time for evaluation of compliance (see Table 2) shall be warranted by the manufacturer. Failure to comply may result in decertification of the tester.

Table 2. Verification Requirements Summary

Requirement	Paragraph	Verification Method(s) Required
Vehicles to be Tested	3.1.1	Analysis or Demonstration
Determining Braking Capability	3.1.2	Test or Demonstration
Brake Force Determination	3.1.3	Demonstration
Coefficient of Friction	3.1.4	Test
Weighing Capability	3.1.5	Demonstration (if applicable)
Measurement Accuracy	3.1.6	Test
Calibration Certification	3.1.7.1	Inspection
Accuracy Between Calibrations*	3.1.7.2	Demonstration
Recalibration Interval*	3.1.7.3	Demonstration
Calibration History	3.1.7.4	Demonstration
Identification of Faulty Brakes	3.1.8	Demonstration
Operator Interface	3.1.9	Inspection
Measurement Units	3.1.9.1	Demonstration
Language	3.1.9.2	Demonstration
Results Presentation	3.1.9.3	Demonstration
Unique Test Identification	3.1.9.4	Demonstration
Printer Output	3.1.9.5	Demonstration
Results Transmission	3.1.9.6	Demonstration
User Defined Inputs	3.1.9.7	Inspection
Identification of Faulty Tests	3.1.10	Demonstration
Inspection Time	3.1.11	Demonstration
Setup/Tear Down Time	3.1.12	Demonstration
Weight Capacity	3.2.1.1	Analysis, Test, or Demonstration
Portability	3.2.2	Inspection
Trailer Safety	3.2.2.1	Inspection
Towing Requirements	3.2.2.2	Inspection
Ruggedness*	3.2.2.3	Inspection
Spare Tire	3.2.2.4	Inspection
Power Source	3.2.3.1	Demonstration or Inspection
Battery Power	3.2.3.2	Analysis or Demonstration
Tow Vehicle Recharging	3.2.3.3	Analysis or Demonstration
Appearance*	3.2.4	Inspection or Certified Vendor Data
Temperature*	3.3.1	Demonstration
Humidity*	3.3.2	Demonstration
Water Resistance*	3.3.3	Demonstration
Sunlight	3.3.4	Demonstration
UV Radiation*	3.3.5	Test or Certified Vendor Data
Safety	3.4	Inspection
Operation Manual	3.5.1	Deliverable
Maintenance Manual	3.5.2	Deliverable
Calibration Procedure	3.5.3	Deliverable
Drawings	3.5.4	Deliverable
Number of Personnel	3.6.1	Demonstration
Skill Level	3.6.2	Demonstration

* Requires extended period of time to establish compliance.

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DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

49 CFR Part 575

[Docket No. 98–3866]

RIN 2127–AG96

Consumer Information Regulations: Uniform Tire Quality Grading Standards

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

ACTION: Notice of proposed rulemaking.

SUMMARY: This notice of proposed rulemaking (NPRM) proposes to amend the treadwear testing procedures under the Uniform Tire Quality Grading Standards (UTQGS). To ensure the consistency of the treadwear grades from one year to the next, the agency must monitor the changing roughness of the test course, periodically calculate a base course wear rate (BCWR), and adjust measured tire wear rates accordingly. To monitor the test course, the agency uses special tires designated as course monitoring tires (CMTs).

The agency is proposing to change the computation of the BCWR used in calculating the treadwear grade of passenger car tires. Under the proposed amendments, there would be a direct comparison of the wear rates of course monitoring tires (CMT) used as the control standard and candidate tires, i.e, the tires being tested for the purposes of grading. This direct comparison would result in more consistent treadwear ratings by compensating for any changes or variations in CMT characteristics. NHTSA proposes to measure the wear rate of CMTs 4 times per year and using the average wear rate from the last 4 quarterly CMT tests as a basis for the BCWR. NHTSA further proposes to require, subject to the exception in the following sentence, that CMTs used to determine wear rate be no more than 6 months old at the commencement of the test and that the difference in the production dates of those tires be not greater than 3 months. If tires more than 6 months old are used in the wear rate test, their average wear rate must be reduced by 10 percent.

DATES: Comment closing date: Comments on this notice must be received on or before August 4, 1998.

Proposed effective date: If adopted, the amendments proposed in this notice would become effective 60 days after the date of publication of the final rule in the **Federal Register**.

ADDRESSES: Comments should refer to the docket and notice numbers noted above for this rule and be submitted to: Docket Management, Room PL–401, 400 Seventh Street SW, Washington, DC 20590. Docket room hours are from 10:00 a.m. to 5:00 p.m., Monday through Friday.

FOR FURTHER INFORMATION CONTACT: For technical issues: Mr. Orron Kee, Chief, Consumer Programs Division, Office of Planning and Consumer Programs, National Highway Traffic Safety Administration, 400 Seventh Street SW, Room 5320F, Washington, DC 20590; telephone (202) 366–0846; FAX (202) 493–2739.

For legal issues: Mr. Walter K. Myers, Office of the Chief Counsel, National Highway Traffic Safety Administration, 400 Seventh Street SW, Room 5219, Washington, DC 20590; telephone (202) 366–2992; FAX (202) 366–3820.

SUPPLEMENTARY INFORMATION:

a. Background

Current Provisions. Section 30123(e) of Title 49, United States Code requires the Secretary of Transportation to prescribe a uniform system for grading motor vehicle tires to assist consumers in making informed choices when purchasing tires. Pursuant to that congressional mandate, NHTSA promulgated the Uniform Tire Quality Grading Standards (UTQGS) in 49 CFR 575.104.

The UTQGS require tire manufacturers and tire brand name owners to test and grade their tires with respect to their relative treadwear, traction, and temperature resistance performance. Treadwear grades are shown by numbers, such as 100, 160, and 200, while the traction grade is indicated by AA, A, B, and C, with AA representing the highest performance characteristics and C the lowest. The temperature resistance grade is indicated by the letters A, B, and C, with A representing the best performance and C indicating the minimum level of performance necessary to comply with Federal motor vehicle safety standards.

Treadwear grades are developed first by running the tires being graded, called ''candidate tires,'' over a selected 400-mile segment of public highway near San Angelo, Texas. After an 800-mile ''break-in'' run, the candidate tires are driven over the test course for a total of 6,400 miles in test convoys composed of 4 passenger cars and/or light truck vehicles. Each driver remains in the same position within the convoy. The vehicles are rotated among the 4 positions in the convoy regularly as are the positions of the tires on the test vehicles so that the tires get equal time with each driver, each vehicle, and each wheel position.

Special tires known as ''course monitoring tires'' (CMT) are used as the control in grading candidate tires. CMTs are specially designed and built to American Society for Testing and Materials (ASTM) standard E1136 to have particularly narrow limits of variability. Until the amendments to the UTQGS published in a final rule on September 9, 1996 (61 FR 4737), whenever NHTSA procured a new batch, or lot, of CMTs, the agency established a new BCWR for that lot. The BCWR, measured in mils per thousand miles, was established by running tires from the new lot of CMTs over the 6,400-mile test course, in the same manner as candidate tires, with tires from the previous batch of CMTs. A course severity adjustment factor (CSAF) for the CMTs was determined by dividing the BCWR for the old CMTs by the average wear rate of the old CMTs in the test. The wear rate of the new CMTs was then multiplied by the CSAF to determine the adjusted wear rate (AWR) of the new CMTs. That value then became the BCWR for the new CMTs.

Once the BCWR for the new CMTs was established, these CMTs were used to grade candidate tires. Upon completion of the 6,400-mile test, the BCWR was divided by the average wear rate of the CMTs to determine the CSAF for the candidate tires. That factor was then applied to the wear rates of the candidate tires to obtain the AWR of the candidate tires. That AWR was then extrapolated to the point of wearout (considered to be 1/16th inch of remaining tread depth). The resultant value was then converted to the treadwear rating of the tire.

The BCWR was originally intended to provide a common baseline by which to grade candidate tires by relating all new CMTs to the original lot of CMTs. However, NHTSA noted that the BCWRs of successive new lots of CMTs steadily declined over the years. The trend has been that every time that a fresh CMT of the next lot was tested in the same convoy with an example of the old CMT from storage, the fresh CMT consistently experienced a lower wear rate than the old CMT running in the same convoy. The first lot of CMTs procured by the agency in 1975 were commercially-available Goodyear Custom Steelguards which yielded a BCWR of 4.44. The lot procured by the agency in 1995 produced a BCWR of 1.34. Table I shows the consistent decline in each new lot of CMTs.

TABLE I.—CMT WEAR RATE AND BASE COURSE WEAR RATE ADJUSTMENT FACTORS

Year	Manufacturer	Series	Measured wear rate	CSAF	Adj. wear rate	BCWR
1975	Goodyear	(1)	4.44	1.0	4.44	4.44
1979	Goodyear	(1)	4.08	1.09	4.44	.....
1979	Goodyear	(2)	3.82	1.09	4.16	4.16
1980	Goodyear	(2)	5.29	0.79	4.16	.....
1980	Goodyear	(3)	4.76	0.79	3.74	3.74
1984	Goodyear	(3)	4.22	0.89	3.74	.....
1984	Uniroyal	4000	3.27	0.89	2.90	2.90
1987	Uniroyal	4000	5.96	0.49	2.90	.....
1987	Uniroyal	71000	4.56	0.49	2.22	2.22
1989	Uniroyal	71000	5.01	0.44	2.22	.....
1989	Uniroyal	91000	4.84	0.44	2.14	2.14
1991	Uniroyal	91000	6.24	0.34	2.14	.....
1991	ASTM E1136	010000	4.94	0.34	1.70	1.70
1991	ASTM E1136	010000	6.96	0.24	1.70	.....
1992	ASTM E1136	110000	6.65	0.24	1.62	1.62
1992	ASTM E1136	110000	5.83	0.28	1.62	.....
1992	ASTM E1136	210000	5.60	0.28	1.56	1.56
1993	ASTM E1136	210000	7.21	0.22	1.56	.....
1993	ASTM E1136	310000	68.0	0.22	1.47	1.47
1995	ASTM E1136	310000	6.47	0.23	1.47	.....
1995	ASTM E1136	410000	5.91	0.23	1.34	1.34

[1] Batch 1.
[2] Batch 2.
[3] Batch 3.

In replacing CMTs from the original lot of CMTs procured in 1975, it should be noted that the greatest difference in the AWR between nominally identical CMTs of different ages was about 30 percent occurring in 1987 when the old CMTs had been stored for about 3 years. On the other hand, the least difference in the AWR between nominally identical CMTs of different ages was about 4 percent occurring in the second 1992 replacement when the old CMT had been stored less than a year. Table I also shows that the treadwear rate disadvantage of the aged CMTs at replacement varied considerably from a linear relationship with age. Presumably, therefore, the rate may be exacerbated by actual batch differences of the commercial tires used as CMTs prior to 1991.

The significance of the decrease in the BCWR rate was that as the BCWR decreased, the treadwear grades of candidate tires increased. Consequently, the newer treadwear grades have increased to the point that they have become a misleading indicator of actual tread life when compared to tires tested with higher BCWRs.

To correct this problem, the agency froze the BCWR at 1.34 mils in the final rule of September 9, 1996. The agency believed that freezing the BCWR at that figure would significantly reduce, if not eliminate, any variation in the grading between lots. Further, the agency believed that the use of ASTM E1136 tires that are produced with strict quality control would also contribute to reduction of any lot-to-lot variations. NHTSA stated, however, that it had requested the assistance of the ASTM F9 committee in devising a better treadwear test and that it would request data in a future rulemaking on the effects of tire aging on treadwear performance and storage procedures to reduce aging.

b. Discussion

The previous computations of the BCWR as described above were based on the unstated assumption that the tires in a lot of CMTs were not affected by aging. Thus, it was assumed that the last-remaining old CMTs in storage were identical in inherent treadwear performance to the first tires of the same lot whose treadwear rates were measured when they were fresh. NHTSA now has reason to believe that may not in fact be true.

Treadwear tests of convoys containing tires from the same lines of radial, bias and bias-belted tires differing in age by one year are discussed in NHTSA research. See Brenner, et al., *Establishment and Calibration of a Tread Wear Test Course*, Tire Science and Technology, Vol. 3, No. 3, August 1975, at page 174. The purpose of the tests, which included tires partially worn at the beginning of the tests, was to confirm that the treadwear characteristics of tires with different pre-test histories remained sufficiently linear to permit accurate tread life projections after 6,400 miles of testing by comparing their tread life after 8,000 miles of testing. The tests concluded that of the nominally identical tires, those that had been stored approximately one year in unspecified circumstances, presumably at the test course at San Angelo, had an 8 to 13 percent shorter tread life than their fresher counterparts.

The strength of an aging effect sufficient to account for all of the decline in the BCWR since 1975 may be estimated using the following equation in which it is assumed that all differences between CMTs are the result of aging:

(1) New BCWR = old BCWR × [(measured wear rate of new CMTs)/(measured wear rate of old CMTs in convoy)].

This produces a gross estimation that does not take into account the different storage lengths of the aged CMTs.

Equation (2) designates BCWRs of different generations of CMTs with subscripts m and n, with subscript of 1 referring to the original 1975 CMT and a subscript of 11 referring to the latest generation:

(2) $BCWR_m = BCWR_n \times [(\text{wear rate of fresh CMT})/(\text{wear rate of aged CMT})]^{m-n}$

Let m=11 and n=1 to account for all the observed change in BCWR. Therefore:

$1.34 = 4.44 \times [(\text{wear rate of fresh CMT})/(\text{wear rate of aged CMT})]^{(10)}$

Solving for the wear rate ratio yields:

[(wear rate of fresh CMT)/(wear rate of aged CMT)] = 0.887 or

[wear rate of aged CMT)/(wear rate of fresh CMT)] = 1.127

Thus, an average of 12.7 percent degradation of tread life during an average storage period of approximately 2 years would account for nearly all the change in BCWR during the existence of the UTQGS program. This would be consistent with the earlier agency observations of 8 to 13 percent degradation during about 1 year of storage. It should be noted, however, that year-to-year variations in BCWR could have been affected by actual batch differences and/or real changes in treadwear characteristics when the brand and line of tires used as CMTs were changed.

To confirm NHTSA's previous test data, the agency contracted with Texas Test Fleet, Inc. to conduct a 52,000 mile test in eight 6,400 mile cycles between November 7, 1996 and February 28, 1997 under guidelines set forth by the agency's Office of Vehicle Safety Compliance (see Texas Test Fleet, *Critical Evaluation of UTQG Treadwear Testing & Methodology*, DOT HS 808–701, March 10, 1997). The test was conducted on the UTQGS test course near San Angelo, Texas. The objective of the test was to determine the real wear rate of CMTs by running a tightly-controlled UTQGS specification test to wearout or near wearout. The break-in phase sought to include all the rapid changing, fast wearing, early wear of the tire and prepare it for a constant wear period in which a straight-line wear rate could be established from which the mileage could be projected, the effects of aging could be measured, and the treadwear grade established. In making the treadwear projection, the agency assumed that CMT wear rates during the test period may not be truly linear because modern radial tires have such a long tread life that the 6,400 mile UTQGS treadwear test may involve only 10 percent or less of the tire's tread life.

A set of 4 ASTM E1136 CMTs manufactured during the 26th week of 1996 (26–6) was used to run the entire 52,000 miles of the test and were designated the control standard for the other tires that started at the beginning of the test. Two sets of tires on 2 cars started the test and ran half way (26,000 miles). Different tires were installed on those 2 cars at the halfway point for the second half of the test, and a fifth car was started at the same time with 26–6 controls for the remainder of the test. The 26–6 and the 45–5 (45th week, 1995) tires were not stored in the San Angelo warehouse as were the 30–5 (30th week, 1995) and 09–4 (9th week, 1994) tires, but in a cave in Missouri that has a constant temperature. The 26–6 tires used in the second half of the test wore more rapidly (7.060 MPTM) than the 26–6 tires used in the first half of the test, which wore at 6.364 mils. 09–4 CMTs also exhibited a relatively high wear rate of 7.773. The wear rates at 6,400 miles for the tires used in the test are shown in Table II.

TABLE II

Manufacture date	Test start date	Wear rate @ 6,400 miles
26th Week of 1996 (26–6) (Cave)	11/11/96	6.364
45th Week of 1995 (45–5) (Cave)	11/11/96	6.547
30th Week of 1995 (30–5) (San Angelo)	11/11/96	6.968
09th Week of 1994 (09–4) (San Angelo)	1/25/97	7.733
26th Week of 1996 (26–6) (Cave)	1/25/97	7.060

The effect on aging on 45–5 (cave), 30–5 (San Angelo), and 09–4 (San Angelo) CMT tires compared to the 26–6 (cave) control standard are shown in Table III.

TABLE III

Tires	Ave. WR/confidence interval 0–6,400 miles	Ave. WR/confidence interval 6,400–12,800 miles	Cumul. W.R./confidence interval to 12,800 miles	Ave. WR/confidence interval 12,800–19,200 miles	Ave. WR/confidence interval 19,200–25,600 miles
45–5 Cave	3% Higher/0.871	6% Higher/0.999	5% Higher/0.996	1.2% Higher/0.714	1.5% Higher/0.531.
30–5 SA	10% Higher/0.997	10% Higher/0.999	10% Higher/0.999	5% Higher/0.993	3.8% Higher/0.927.
09–4 SA	9% Higher/0.998	8.5% Higher/0.999	8.8% Higher/0.999	4% Higher/0.93	10% Higher/0.999.

The agency found from this series of tests that compared with the 26–6 CMTs (19 weeks old), the 45–5 cave-stored tires (34 weeks older than the 26–6) displayed about 3 percent higher wear rate at 6,400 miles with marginal statistical significance because of scatter of the 26–6 group. However, those 45–5 tires displayed over 6 percent higher wear in the 6,400–12,800 mile interval with high statistical significance and 5 percent higher cumulative wear to 12,800 with high statistical significance, but the effect diminished for intervals after 12,800 miles. The 30–5 San Angelo-stored tires (about 1 year older) displayed about 10 percent higher wear at 0–6,400 and 6,400–12,800 mile intervals with high statistical significance, but the effect reduced to about 5 percent at the 12,800–19,200 mile interval. Finally, the 09–4 San Angelo-stored tires, over 2 years older than 26–6, displayed about 10 percent higher wear to 25,600 miles with no sign of diminishing.

The agency concluded from the tests that tires typical of the remaining CMTs at batch changeover exhibited about 10 percent greater wear rates than reasonably fresh ASTM tires. Thus, the 11 batch changeovers with this systemic error could explain most of the BCWR variations to date, although some real changes in test pavement and control tire properties have undoubtedly occurred. The test also revealed that every comparison between a newer tire and an older tire favored the newer tire, usually with high statistical significance. Further, cave storage appears to have a big advantage over open storage considering the 0–6,400 mile interval.

Previous tire manufacturer suggestions to change the treadwear test were based at least in part on the belief that, for modern tires, the San Angelo test course is too mild, making the tread wear during the 6,400 mile test insufficient to make reliable projections to wearout. The Texas Test Fleet test established, however, that tread life projections for the commercial tires

based on the usual UTQGS procedure at 6,400 test miles fell within about 10 percent of projections made at mileages of up to 25,600 test miles and even 52,100 test miles for two of the tested tire lines. Therefore, increasing the UTQGS procedure from 6,400 to 26,400 miles would not appreciably change any projections. To demonstrate this conclusively, the agency would need additional extended testing with a variety of commercial tires to make a statistically valid decision on whether the 6,400 mile test is adequate. The results of the Texas Test Fleet tests, however, would not justify more testing since the projections for the four commercial tire lines at higher mileages are within 10 percent of the 6,400 mile projections and vary somewhat randomly around those projections. The tread life projections at different mileages are shown in Table IV.

TABLE IV.—TREAD LIFE PROJECTIONS

[% of 6,400 Mile Projections]

Phase I					Phase II			
26–6 CMT (Cave)	45–5 (Cave)	30–5 (SA)	Brand A	Brand B	26–6 CMT (Cave)	09–4 (SA)	Brand C	Brand D
Projected From Linear Regression at 6,400 Miles								
47,100	45,532	42,693	55,900	72,800	46,650	42,825	32,500	32,500
Projected From Linear Regression at 12,800 Miles								
47,026 (99.8%)	44,420 (97.5%)	42,009 (98.3%)	51,824 (92.7%)	72,127 (99.0%)	46,239 (99.0%)	42,207 (98.5%)	32,510 (100%)	32,653 (100%)
Projected From Linear Regression at 19,200 Miles								
47,982 (101%)	46,071 (101%)	43,847 (102%)	52,701 (94.2%)	68,818 (94.5%)	47,833 (102%)	44,481 (103%)	33,851 (104%)	33,747 (102%)
Projected From Linear Regression at 25,600 Miles								
50,300 (106%)	48,419 (106%)	46,012 (107%)	54,000 (96.6%)	67,200 (92.3%)	49,964 (107%)	46,439 (108%)	35,169 (108%)	34,907 (107%)
Projected From Linear Regression at 32,000 Miles								
52,880 (112%)			55,902 (100%)	64,995 (89.2%)				
Projected From Linear Regression at 38,400 Miles								
54,690 (116%)			58,219 (104%)	68,513 (94.1%)				
Projected From Linear Regression at 44,800 Miles								
56,598 (120%)			60,018 (107%)	69,766 (95.8%)				
Projected From Linear Regression at 51,200 Miles								
58,190 (123%)			61,190 (109%)	70,562 (96.9%)				

Agency Proposal

As previously stated, in the final rule of September 9, 1996, NHTSA froze the BCWR at 1.34 mils for ASTM E1136 tires used as CMTs. The need to consider batch-to-batch variations in CMT properties is greatly reduced, if not eliminated, by use of the ASTM E1136 tires which are specifically constructed to avoid variations between batches.[1] The agency believes that any errors introduced by ASTM tires would remain randomly distributed and smaller than that for commercial tires because of the rigidly-controlled manufacturing process. Thus, the use of fresh ASTM tires constructed under a controlled procedure effectively eliminates systematic differences between lots. They are subject only to random differences which, if any, should average to zero over repeated tests.

NHTSA believes that the use of a BCWR determined by using fresh ASTM tires with aged ASTM tires is inappropriate. Rather, the BCWR should reflect the yearly mean wear rate imposed on fresh CMTs by the test course pavement and driving conditions. The conclusion that aging increases the wear rate of tires implies that comparing the wear rate of fresh candidate tires to the wear rate of aged control tires inflates the treadwear rating because, as discussed above, CMTs one year old have experienced significant degradation in treadwear properties. Thus, the use of CMTs no more than 6 months old in test convoys should limit systematic effects. The agency believes that fresh ASTM tires should be run seasonally, that is, 6,400 miles 4 times per year, then define the

[1] The designation E1136 refers to the standard specification of materials and construction practices codified by ASTM as suitable for control tires for scientific experimentation.

BCWR as the average treadwear rate of the last 4 tests of the E1136 tires. Thus, the aging effect would be eliminated by using only fresh CMTs.

Finally, NHTSA wants to develop a valid CMT replacement procedure in case ASTM tires become subject to changes in ASTM design specifications or become unavailable. Such a procedure would also enable the agency to test the assumption of batch uniformity of ASTM-specification tires.

NHTSA proposes, therefore, that treadwear ratings should be determined by using ASTM E1136 CMTs produced not more than 6 months prior to the beginning of the test. Further, there should be no more than 3 months difference in production dates between those CMTs. If CMTs older than 6 months are used, their average wear rate must be reduced by 10 percent, based on test experience. This latter option permits older tires to be used for the convenience of the tester, but not as a means of achieving higher treadwear ratings for candidate tires. Finally, the agency further proposes to test fresh CMTs 4 times per year over the standard 6,400 mile test course and define the BCWR as the average treadwear rate of the last 4 tests of the E1136 tire. The BCWR will be updated quarterly.

To implement the proposals discussed above, the formula for determining the UTQGS grade would be changed and the grade (P) of the NHTSA nominal treadwear value for each candidate tire computed using the following formula:

$$P = \text{projected mileage} \times 100 \times BCWR_n / 30{,}000 \times 1.34$$

Where $BCWR_n$ = New BCWR, i.e. average treadwear of last 4 quarterly CMT tests done by NHTSA

or

$$P = \text{projected mileage} \times BCWR_n / 402$$

This simplified equation eliminates the ''30,000'' figure that is no longer accurate as a treadwear mileage estimate after the years of BCWR drift. This new grade calculation also preserves the current grade numbers to avoid any discontinuity.

In view of NHTSA's proposals discussed above, it would appear unnecessary to restrict manufacturers to NHTSA's storage facility for the procurement of CMTs. It would be faster, easier, more efficient, and possibly more economical for testers to procure ASTM tires directly from the manufacturer. It would benefit NHTSA also by permitting the agency to discontinue the practice of warehousing and distributing CMTs. To ensure that testers are using CMTs that are less than 6 months old, NHTSA personnel at the San Angelo test site will review the production dates of CMTs used by testers to verify that test fleets are using fresh tires.

Rulemaking Analyses and Notices

a. Executive Order 12866 and DOT Regulatory Policies and Procedures

This document was not reviewed under Executive Order 12866, *Regulatory Planning and Review*.

NHTSA has analyzed the impact of this rulemaking action and has determined that it is not ''significant'' under the DOT's regulatory policies and procedures. This proposed action would change the equation for determining the base course wear rate for course monitoring tires used in the testing of tires for compliance with the Uniform Tire Quality Grading Standards. This proposed action, if finalized, would not impose any additional costs on tire manufacturers, distributors, or dealers. Rather, it would permit tire manufacturers greater flexibility in their testing programs and could result in slightly lower costs by permitting them to procure course monitoring tires directly from the manufacturer rather than from NHTSA. Further, it could save NHTSA the time, trouble, and expense of warehousing such tires and selling them to manufacturers for use by the latter in their testing programs. Nevertheless, the agency believes that any net cost savings would be minimal, therefore not warranting preparation of a full regulatory evaluation.

b. Regulatory Flexibility Act

NHTSA has considered the effects of this rulemaking action under the Regulatory Flexibility Act, 5 U.S.C. § 601, *et seq.* I hereby certify that this notice of proposed rulemaking would not have a significant impact on a substantial number of small entities.

The following is the agency's statement providing the factual basis for the certification (5 U.S.C. § 605(b)). The amendments proposed herein would primarily affect manufacturers of passenger car tires. The Small Business Administration (SBA) regulation at 13 CFR part 121 defines a small business in part as a business entity ''which operates primarily within the United States'' (13 CFR 121.105(a)).

SBA's size standards are organized according to Standard Industrial Classification (SIC) codes. SIC code No. 3711, *Motor Vehicles and Passenger Car Bodies*, has a small business size standard of 1,000 or fewer employees. SIC code No. 3714, *Motor Vehicle Parts and Accessories*, has a small business size standard of 750 or fewer employees.

The amendments proposed in this rulemaking action merely change the testing procedure for and calculation of the treadwear grade under the Uniform Tire Quality Grading Standards. The purpose of this new procedure is to arrest the treadwear grade inflation that has been experienced over the past several years. The amendments, if adopted, would possibly require NHTSA to conduct additional testing to determine the base course wear rate from which treadwear grades are calculated by tire manufacturers. The amendments, however, would not impose any additional requirements or burdens on tire manufacturers, the great majority of which would not qualify as small businesses under SBA guidelines. Thus, the proposed new procedures, if adopted, would not result in any increase in costs for tire manufacturers, small businesses, or consumers. Accordingly, there will be no significant impact on small businesses, small organizations, or small governmental units by the amendments proposed herein. Thus, the agency has not prepared a preliminary regulatory flexibility analysis.

c. Executive Order No. 12612, Federalism

NHTSA has analyzed this rulemaking action in accordance with the principles and criteria of E.O. 12612 and has determined that this rule does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

d. National Environmental Policy Act

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

e. Paperwork Reduction Act

In accordance with the Paperwork Reduction Act of 1980, Pub.L. 96–511, NHTSA states that there are no information collection requirements associated with this rulemaking action.

f. Civil Justice Reform.

The amendments proposed herein would not have any retroactive effect. Under 49 U.S.C. 30103(b), whenever a Federal motor vehicle safety standard is in effect, a state or political subdivision thereof may prescribe or continue in effect a standard applicable to the same aspect of performance of a motor vehicle only if the standard is identical to the Federal standard. However, the United States government, a state or political

subdivision of a state may prescribe a standard for a motor vehicle or motor vehicle equipment obtained for its own use that imposes a higher performance requirement than that required by the Federal standard. Section 30161 of Title 49, U.S. Code sets forth a procedure for judicial review of final rules establishing, amending or revoking Federal motor vehicle safety standards. A petition for reconsideration or other administrative proceedings is not required before parties may file suit in court.

Comments

Interested persons are invited to submit comments on the amendments proposed herein. It is requested but not required that any such comments be submitted in duplicate (original and 1 copy).

Comments must not exceed 15 pages in length (49 CFR 553.21). This limitation is intended to encourage commenters to detail their primary arguments in concise fashion. Necessary attachments, however, may be appended to those comments without regard to the 15-page limit.

If a commenter wishes to submit certain information under a claim of confidentiality, 3 copies of the complete submission, including the purportedly confidential business information, should be submitted to the Chief Counsel, NHTSA, at the street address noted above, and 1 copy from which the purportedly confidential information has been deleted should be submitted to Docket Management. A request for confidentiality should be accompanied by a cover letter setting forth the information called for in 49 CFR Part 512, *Confidential Business Information*.

All comments received on or before the close of business on the comment closing date indicated above for the proposal will be considered, and will be available to the public for examination in the docket at the above address both before and after the closing date. To the extent possible, comments received after the closing date will be considered. Comments received too late for consideration in regard to the final rule will be considered as suggestions for further rulemaking action. Comments on today's proposal will be available for public inspection in the docket. NHTSA will continue to file relevant information in the docket after the comment closing date, and it is recommended that interested persons continue to monitor the docket for new material.

Those persons desiring to be notified upon receipt of their comments in the rule docket should enclose a self-addressed stamped postcard in the envelope with their comments. Upon receiving the comments, the docket supervisor will return the postcard by mail.

List of Subjects in 49 CFR Part 575

Consumer information, Labeling, Motor vehicle safety, Motor vehicles, Rubber and rubber products, Tires.

In consideration of the foregoing, 49 CFR part 575 would be amended as follows:

PART 575—CONSUMER INFORMATION REGULATIONS

1. The authority citation for part 575 would continue 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 575.104 would be amended by revising paragraph (e)(2)(ix)(C) and by revising paragraph (e)(2)(ix)(F) to read as follows:

§ 575.104 Uniform tire quality grading standards.

* * * * *

(e) * * *

(2) * * *

(ix) * * *

(C) Determine the course severity adjustment factor by assigning a base course wear rate to the course monitoring tires (see note to this paragraph) and dividing the rate by the average wear rate for the four course monitoring tires.

Note to paragraph (e)(2)(ix): The base wear rate for the course monitoring tires will be obtained by the government by running fresh ASTM E1136 course monitoring tires for 6,400 miles over the San Angelo, Texas, UTQGS test route 4 times per year, then using the average wear rate from the last 4 quarterly tests for the base course wear rate calculation. Each new base course wear rate will be filed in the DOT Docket Management section. This value will be furnished to the tester by the government at the time of the test. The course monitoring tires used in a test convoy must be no more than 6 months old at the commencement of the test and no more than 3 months different from each other in production dates at the commencement of the test. If course monitoring tires more than 6 months old are used in the test, their calculated average wear rate must be reduced by 10 percent.

* * * * *

(F) Compute the grade (P) of the NHTSA nominal treadwear value for each candidate tire by using the following formula:

$P = \text{Projected mileage} \times \text{base wear rate}_n / 402$

Where base wear rate_n = new base wear rate, i.e., average treadwear of the last 4 quarterly course monitoring tire tests conducted by NHTSA.

Round off the percentage to the nearest lower 20-point increment.

* * * * *

Issued on May 21, 1998.

L. Robert Shelton,

Associate Administrator for Safety Performance Standards.

[FR Doc. 98–14109 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–59–P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

49 CFR Part 594

RIN 2127–AH26

[Docket No. NHTSA 98–3781; Notice 1]

Schedule of Fees Authorized by 49 U.S.C. 30141

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

ACTION: Notice of proposed rulemaking.

SUMMARY: This document proposes fees for Fiscal Year 1999 and until further notice, as authorized by 49 U.S.C. 30141, relating to the registration of importers and the importation of motor vehicles not certified as conforming to the Federal motor vehicle safety standards (FMVSS).

NHTSA proposes that the fee for the registration of a new importer be reduced from $501 to $491, and the fee for annual renewal of registration be increased from $332 to $350. These fees include the costs of maintaining the registered importer program. The fee required to reimburse the U.S. Customs Service for bond processing costs would increase by $0.25, from $5.15 to $5.40 per bond.

The fee payable for a petition seeking a determination that a nonconforming vehicle is capable of conversion to meet the FMVSS would remain at $199 if the petition claims that the nonconforming vehicle is substantially similar to conforming vehicles. With respect to vehicles that have no substantially similar counterpart, the petition fee would remain at $721. In addition, the fee payable by the importer of each vehicle that benefits from an eligibility determination would be reduced from $134 to $125, regardless of whether the determination is made pursuant to a petition or by NHTSA on its own

initiative (this does not apply to vehicles imported from Canada admitted under VSA 80–83).

Finally, the new fee adopted in 1997 under which a registered importer must pay a processing cost of $14 for review of each conformity package that it submits would be increased to $16. However, if the HS–7 Declaration form for the vehicle is filed electronically with the U.S. Customs Service though the Automated Broker Interface, and the Registered Importer has an e-mail address and pays by credit card, the fee would be reduced to $13 per vehicle.

DATES: Comments are due on the proposed rule July 20, 1998. The effective date of the final rule would be October 1, 1998.

FOR FURTHER INFORMATION CONTACT: George Entwistle, Office of Vehicle Safety Compliance, Office of Safety Assurance, NHTSA (202–366–5306).

SUPPLEMENTARY INFORMATION:

Introduction

On June 24, 1996, at 61 FR 32411, NHTSA published the latest in a series of notices which discussed in full the rulemaking history of 49 CFR part 594 and the fees authorized by the Imported Vehicle Safety Compliance Act of 1988, P.L. 100–562, since recodified as 49 U.S.C. 30141–47. The reader is referred to that notice for background information relating to this rulemaking action. The fees authorized by the statute were initially established to become effective January 31, 1990, and have been in effect and occasionally modified since then.

The fees applicable in any fiscal year are to be established before the beginning of such year. This document proposes fees that would become effective on October 1, 1998, the beginning of FY99. The statute authorizes fees to cover the costs of the importer registration program, to cover the cost of making import eligibility determinations, and to cover the cost of processing the bonds furnished to the Customs Service. NHTSA last amended the fee schedule in 1996; it has applied in Fiscal Years 1997–98.

As a general statement applicable to consideration of all fees, they are based on actual time and costs associated with the task, which reflect the slight increase in hourly costs in the past two fiscal years attributable to the approximately 2.3 percent raise in salaries of employees on the General Schedule that became effective on January 1 each year in the years 1997 and 1998, and the combined locality raises of 1.232 percent.

Requirements of the Fee Regulation

Section 594.6—Annual Fee for Administration of the Importer Registration Program

Section 30141(a)(3) of Title 49 U.S.C. provides that registered importers must pay ''the annual fee the Secretary of Transportation establishes * * * to pay for the costs of carrying out the registration program for importers * * *.'' This fee is payable both by new applicants and by registered importers seeking to renew their registration.

In accordance with the statutory directive, NHTSA reviewed the existing fees and their bases in an attempt to establish fees which would be sufficient to recover the costs of carrying out the registration program for importers for at least the next fiscal year. The initial component of the Registration Program Fee is the portion of the fee attributable to processing and acting upon registration applications. The agency has determined that this portion of the fee should be decreased from $301 to $290 for new applications, and increased from $132 to $149 for renewals. The higher cost of $290 over $149 for a new application is warranted because the average cost of processing a new application is substantially greater than that of an application for renewal, and the adjustments proposed reflect the agency's recent experience in time spent reviewing both new and renewal applications.

The agency must also recover costs attributable to maintenance of the registration program which arise from the agency's need to review a registrant's annual statement and to verify the continuing validity of information already submitted. These costs also include anticipated costs attributable to possible revocation or suspension of registrations.

Based upon the agency's review of the costs associated with this program, the portion of the fee attributable to the registration program is approximately $201 per registered importer, an increase of $1. When this $201 is added to the $290 representing the registration application component, the cost to an applicant equals $491, which is the fee proposed by NHTSA. It represents a decrease of $10 from the existing fee. When the $201 is added to the $149 representing the renewal component, the cost to a renewing registered importer is $350, which represents an increase of $18.

Sec. 594.6(h) recounts indirect costs that were previously estimated at $7.07 per man-hour. This should be raised to $12.12, based on the agency costs discussed above.

Sections 594.7, 594.8—Fees To Cover Agency Costs in Making Importation Eligibility Determinations

Section 30141(a)(3) also requires registered importers to pay ''other fees the Secretary of Transportation establishes to pay for the costs of * * * (B) making the decisions under this subchapter.'' This includes decisions on whether the vehicle sought to be imported is substantially similar to a motor vehicle originally manufactured for import into and sale in the United States, and certified as meeting the FMVSS, and whether it is capable of being readily altered to meet those standards. Alternatively, where there is no substantially similar U.S. motor vehicle, the decision is whether the safety features of the vehicle comply with or are capable of being altered to comply with the FMVSS. These decisions are made in response to petitions submitted by registered importers or manufacturers, or pursuant to the Administrator's initiative.

The fee for a vehicle imported under an eligibility decision made pursuant to a petition is payable in part by the petitioner and in part by other importers. The fee to be charged for each vehicle is the estimated pro rata share of the costs in making all the eligibility determinations in a fiscal year.

Inflation and the small raises under the General Schedule also must be taken into count in the computation of costs. However, NHTSA has been able to reduce its processing costs through combining several decisions in a single **Federal Register** notice as well as achieving efficiencies through improved word processing techniques. Accordingly, NHTSA does not propose a change in the fee of $199 presently required to accompany a ''substantially similar'' petition, or the fee of $721 for petitions for vehicles that are not substantially similar and that have no certified counterpart. In the event that a petitioner requests an inspection of a vehicle, the fee will remain at $550 for each of those types of petitions.

The importer of each vehicle determined to be eligible for importation pursuant to a petition currently must pay $134 upon its importation, the same fee applicable to those whose vehicles covered by an eligibility determination on the agency's initiative (other than vehicles imported from Canada that are covered by code VSA 80–83, for which no eligibility determination fee is assessed). It is proposed that this fee be reduced by $9 to $125 per vehicle, based upon a decrease in administrative costs

expended on this aspect of the registered importer program.

Section 594.9—Fee To Recover the Costs of Processing the Bond

Section 30141(a)(3) also requires a registered importer to pay ''any other fees the Secretary of Transportation establishes * * * to pay for the costs of-(A) processing bonds provided to the Secretary of the Treasury'' upon the importation of a nonconforming vehicle to ensure that the vehicle will be brought into compliance within a reasonable time or if the vehicle is not brought into compliance within such time, that it is exported, without cost to the United States, or abandoned to the United States.

The statute contemplates that NHTSA will make a reasonable determination of the cost to the United States Customs Service of processing the bond. In essence, the cost to Customs is based upon an estimate of the time that a GS 9, Step 5 employee spends on each entry, which Customs judged to be 20 minutes.

Because of the modest salary and locality raises in the General Schedule that were effective at the beginning of 1997 and 1998, NHTSA proposes that the current processing fee be increased by $0.25, from $5.15 per bond to $5.40.

Section 594.10—Fee for review and Processing of Conformity Certificate

This is a new fee, adopted pursuant to Sec. 30141(a)(3), which became effective on October 29, 1997. It requires each registered importer to pay $14 per vehicle to cover the cost of the agency's review of any certificate of conformity furnished to the Administrator pursuant to Sec. 591.7(e) (62 FR 50882).

Based upon an analysis of the direct and indirect costs for the review and processing of these certificates in the months since the fee was adopted, NHTSA has found that the costs averaged $16 per vehicle and it is therefore proposing that the fee be increased by $2, to $16 per certificate. However, if a registered importer enters a vehicle with the U.S. Customs Service through the Automated Broker Interface, has an e-mail address to receive communications from NHTSA, and pays the fee by credit card, NHTSA has estimated that the reduction in cost to the agency would be approximately $3, and this would be passed on to the Registered Importer by reducing the fee to $13 per vehicle.

Effective Date

The proposed effective date of the final rule is October 1, 1998.

Rulemaking Analyses

A. Executive Order 12866 and DOT Regulatory Policies and Procedures

This rulemaking action was not reviewed under Executive Order 12886. Further, NHTSA has determined that the action is not significant under Department of Transportation regulatory policies and procedures. Based on the level of the fees and the volume of affected vehicles, NHTSA currently anticipates that the costs of the final rule will be so minimal as not to warrant preparation of a full regulatory evaluation. The action does not involve any substantial public interest or controversy. There will be no substantial effect upon State and local governments. There will be no substantial impact upon a major transportation safety program. Both the number of registered importers and determinations are estimated to be comparatively small. A regulatory evaluation analyzing the economic impact of the final rule adopted on September 29, 1989, was prepared, and is available for review in the docket.

B. Regulatory Flexibility Act

The agency has also considered the effects of this action in relation to the Regulatory Flexibility Act (5 U.S.C. Sec. 601 *et seq.*). I certify that this action will not have a substantial economic impact upon a substantial number of small entities.

The following is NHTSA's statement providing the factual basis for the certification (5 U.S.C. Sec. 605(b)). The proposed amendment would primarily affect entities that currently modify nonconforming vehicles and which are small businesses within the meaning of the Regulatory Flexibility Act; however, the agency has no reason to believe that a substantial number of these companies cannot pay the fees proposed by this action which are only modestly increased (and in some instances decreased) from those now being paid by these entities, and which can be recouped through their customers. The cost to owners or purchasers of altering nonconforming vehicles to conform with the FMVSS may be expected to increase (or decrease) to the extent necessary to reimburse the registered importer for the fees payable to the agency for the cost of carrying out the registration program and making eligibility decisions, and to compensate Customs for its bond processing costs.

Governmental jurisdictions will not be affected at all since they are generally neither importers nor purchasers of nonconforming motor vehicles.

C. Executive Order 12612 (Federalism)

The agency has analyzed this action in accordance with the principles and criteria contained in Executive Order 12612 ''Federalism'' and determined that the action does not have sufficient federalism implications to warrant the preparation of a Federalism Assessment.

D. National Environmental Policy Act

NHTSA has analyzed this action for purposes of the National Environmental Policy Act. The action will not have a significant effect upon the environment because it is anticipated that the annual volume of motor vehicles imported through registered importers will not vary significantly from that existing before promulgation of the rule.

E. Civil Justice

This proposed rule will not have any retroactive effect. Under 49 U.S.C. 30103(b), whenever a Federal motor vehicle safety standard is in effect, a state may not adopt or maintain a safety standard applicable to the same aspect of performance which is not identical to the Federal standard. Section 30161 sets forth a procedure for judicial review of final rules establishing, amending or revoking Federal motor vehicle safety standards. That section does not require submission of a petition for reconsideration or other administrative proceedings before parties may file suit in court.

List of Subjects in 49 CFR Part 594

Imports, Motor vehicle safety, Motor vehicles.

In consideration of the foregoing, 49 CFR part 594 would be amended as follows:

PART 594—SCHEDULE OF FEES AUTHORIZED BY 49 U.S.C. 30141

1. The authority citation for part 594 would continue to read as follows:

Authority: 49 U.S.C. 30141, 30166; delegation of authority at 49 CFR 1.50.

2. Section 594.6 would be amended by;

a. Revising the year ''1996'' in paragraph (d) to read ''1998,'';

b. Revising the introductory text of paragraph (a);

c. Revising paragraph (b);

d. Revising paragraph (f)(6);

e. Revising the final sentence of paragraph (h); and

f. Revising paragraph (i), to read as follows:

§ 594.6 Annual fee for administration of the registration program.

(a) Each person filing an application to be granted the status of a Registered

Importer pursuant to part 592 of this chapter on or after October 1, 1998, shall pay an annual fee of $491, as calculated below, based upon the direct and indirect costs attributable to:

* * * * *

(b) That portion of the initial annual fee attributable to the processing of the application for applications filed on and after October 1, 1998, is $290. The sum of $290, representing this portion, shall not be refundable if the application is denied or withdrawn.

* * * * *

(f) * * *

(6) Verifying through inspection or otherwise that a Registered Importer is able technically and financially to carry out its responsibilities pursuant to 49 U.S.C. 30118 *et seq.*

* * * * *

(h) * * * This cost is $12.12 per man-hour for the period beginning October 1, 1998.

(i) Based upon the elements, and indirect costs of paragraphs (f), (g), and (h) of this section, the component of the initial annual fee attributable to administration of the registration program, covering the period beginning October 1, 1998, is $201. When added to the costs of registration of $290, as set forth in paragraph (b) of this section, the costs per applicant to be recovered through the annual fee are $491. The annual renewal registration fee for the period beginning October 1, 1996, is $350.

3. Section 594.8 would be amended by revising the first sentence in paragraph (b) and in paragraph (c) to read as follows:

§ 594.8 Fee for importing a vehicle pursuant to a determination by the Administrator.

* * * * *

(b) If a determination has been made pursuant to a petition, the fee for each vehicle is $125. * * *

(c) If a determination has been made pursuant to the Administrator's initiative, the fee for each vehicle is $125. * * *

4. Section 594.9(c) would be revised to read as follows:

§ 594.9 Fee for reimbursement of bond processing costs.

* * * * *

(c) The bond processing fee for each vehicle imported on and after October 1, 1998, for which a certificate of conformity is furnished, is $5.40.

5. Section 594.10(d) would be revised to read as follows:

§ 594.19 Fee for review and processing of conformity certificate.

* * * * *

(d) The review and processing fee for each certificate of conformity submitted on and after October 1, 1998, is $16. However, if the vehicle covered by the certificate has been entered electronically with the U.S. Customs Service through the Automated Broker Interface and the registered importer submitting the certificate has an e-mail address, the fee for the certificate is $13, provided that the fee is paid by a credit card issued to the registered importer.

Issued on: May 22, 1998.

Kenneth N. Weinstein,

Associate Administrator for Safety Assurance.

[FR Doc. 98–14151 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–59–P

Notices

Federal Register
Vol. 63, No. 108
Friday, June 5, 1998

This section of the FEDERAL REGISTER contains documents other than rules or proposed rules that are applicable to the public. Notices of hearings and investigations, committee meetings, agency decisions and rulings, delegations of authority, filing of petitions and applications and agency statements of organization and functions are examples of documents appearing in this section.

DEPARTMENT OF AGRICULTURE

Forest Service

Wild and Scenic River Suitability Study for the Chewaucan River, Fremont National Forest, Lake County, OR

AGENCY: Forest Service, USDA.

ACTION: Cancellation of an environmental impact statement.

SUMMARY: The USDA, Forest Service gave notice that an environmental impact statement (EIS) and wild and scenic river study would be prepared to determine the suitability or non-suitability of the Chewaucan River for inclusion into the National Wild and Scenic River System. The Notice of Intent (NOI) was published in the April 27, 1990 **Federal Register** (55 FR 17773). The Forest Service completed the Chewaucan River Report and determined that the Chawaucan River did not meet the minimum criteria for eligibility for possible inclusion into the Wild and Scenic River System. Therefore, the preparation of this EIS is not needed and this NOI is rescinded.

FOR FURTHER INFORMATION CONTACT: Direct questions regarding this cancellation to Catherine Callaghan, Acting Recreation Officer, Fremont National Forest, 524 North G Street, Lakeview, Oregon 97630, phone 541–947–2151.

Dated May 27, 1998.

Richard A. Ferraro,

Deputy Regional Forester.

[FR Doc. 98–14954 Filed 6–6–98; 8:45 am]

BILLING CODE 3410–11–M

DEPARTMENT OF AGRICULTURE

Forest Service

Grade-Dukes Timber Sale Within the Cuddy Mountain Roadless Area, Payette National Forest, Washington County, Idaho

AGENCY: Forest Service, USDA.

ACTION: Notice of intent to prepare a Supplemental Environmental Impact Statement.

SUMMARY: The USDA Forest Service proposes to harvest and regenerate timber in the Grade-Dukes Timber Sale area. This sale is under court injunction pending foruther analysis on the part of the Forest Service.

The sale lies partially within the Cuddy Mountain Roadless Area, Washington County, Idaho. Within the sale area, drainages include Grade, Dukes, Camp, and East Fork Brownless Creeks which are tributaries of the Snake River.

The road system developing this area was completed, and 70% of the 826 acres originally proposed for harvest were logged, prior to a Ninth Circuit Court of Appeals injunction arising from an appeal of the District Court's decision allowing this sale. The Court of Appeals found three specific deficiencies in the Forest Service analysis supporting the decision to proceed with this sale.

The Forest Service expects to release a Draft Supplemental Environmental Impact Statement addressing the above deficiencies in August 1998. A Final Environmental Impact Statement is scheduled to be released in November 1998.

The agency will accept writtin comments and suggestions on the scope of the analysis. The agency urges that any comments be concise and specific to the focus of the supplement.

DATES: Comments on the scope of the analysis must be received by July 8, 1998.

ADDRESSES: Send written comments to David Alexander, Forest Supervisor, Payette National Forest, P.O. Box 1026, McCall, Idaho 83638.

FOR FURTHER INFORMATION CONTACT: Questions about the proposed action should be directed to Curtis Spalding, Environmental Coordinator, (208) 634–0796); or John Baglien, District Ranger, phone (208) 549–4201.

SUPPLEMENTARY INFORMATION: The USDA Forest Service published a notice of intent for the Grade-Dukes Timber Sale in the **Federal Register** April 7, 1988 (Vol. 53, No. 67, page 11523). The Forest Service published a revised notice of intent on June 2, 1989 (Vol. 54, No. 105, pages 23679–23680).

The Forest Service released a Draft Environmental Impact Statement (DEIS) on August 11, 1989. It released the Final Environmental Impact Statement (FEIS) on September 10, 1990, and the Record of Decision for that FEIS on August 6, 1991.

On January 21, 1992, the Intermountain Region of the Forest Service remanded the decision to the Payette National Forest Supervisor in response to an administrative appeal. The Forest Service published a notice of intent to prepare a supplemental environmental impact statement on February 20, 1992 (Vol. 57, No. 34, pages 6087–6088). It published a revised notice of intent to prepare a supplemental environmental impact statement on December 24, 1992 (Vol. 57, No. 248, page 61393).

On July 29, 1993, the Forest Service released a Draft Supplemental Environmental Impact Statement for the Grade-Dukes Timber Sale. On February 15, 1994, it released the Final Environmental Impact Statement and Record of Decision.

On December 20, 1996, Idaho Sporting Congress and Neighbors of Cuddy Mountain filed a complaint in the district court for the District of Idaho seeking declaratory and injunctive relief. In May 1996, the District Court for the District of Idaho ruled in favor of the Forest Service. Plaintiffs in that case appealed to the Court of Appeals for the Ninth Circuit. On March 4, 1998, the Court of Appeals reversed the District Court and remanded the case to the Forest Serivce. The Court of Appeals made the followings:

1. The Forest Service failed to establish that the Grade-Dukes sale would be consistent with the Payette Forest Plan in terms of the sale's impact on old growth within the affected ''Theoretical home range circle (s)'' of pileated woodpeckers.

2. The Forest Service failed to provide a sufficient cumulative effects analysis as to the combined effect of several other proposed timber sales on old growth in that same theoretical pileated woodpecker home range circule.

3. The Forest Service failed to describe adequately the mitigation measures that it claimed would off-set the increased sedimentation it admitted would occur in three streams as a result of the Grade-Dukes sale.

In addition to these three issues, the SEIS will also consider:

1. New information relative to the Ute ladies tresses, a plant species listed as threatened under the Endangered Species Act.

2. Application of riparian habitat conservation area buffers as described in the Inland Native Fish Strategy (INFISH).

3. Consistency with the scientific assessments developed for the Upper Columbia River Basis Ecosystem Management project.

4. New information concerning bull trout, proposed for listing under the Endangered Species Act.

The Responsible Official is David F. Alexander, Forest Supervisor, Payette National Forest.

Dated: May 28, 1998.

David F. Alexander,

Forest Supervisor.

[FR Doc. 98–14899 Filed 6–4–98; 8:45 am].

BILLING CODE 3410–11–M

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Procurement List; Proposed Additions

AGENCY: Committee for Purchase From People Who Are Blind or Severely Disabled.

ACTION: Proposed additions to Procurement List.

SUMMARY: The Committee has received proposals to add to the Procurement List a commodity and services to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities.

COMMENTS MUST BE RECEIVED ON OR BEFORE: July 6, 1998.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Crystal Gateway 3, Suite 310, 1215 Jefferson Davis Highway, Arlington, Virginia 22202–4302.

FOR FURTHER INFORMATION CONTACT: Beverly Milkman (703) 603–7740.

SUPPLEMENTARY INFORMATION: This notice is published pursuant to 41 U.S.C. 47(a) (2) and 41 CFR 51–2.3. Its purpose is to provide interested persons an opportunity to submit comments on the possible impact of the proposed actions.

If the Committee approves the proposed additions, all entities of the Federal Government (except as otherwise indicated) will be required to procure the commodity and services listed below from nonprofit agencies employing persons who are blind or have other severe disabilities. I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. The action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other than the small organizations that will furnish the commodity and services to the Government.

2. The action does not appear to have a severe economic impact on current contractors for the commodity and services.

3. The action will result in authorizing small entities to furnish the commodity and services to the Government.

4. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46–48c) in connection with the commodity and services proposed for addition to the Procurement List. Comments on this certification are invited. Commenters should identify the statement(s) underlying the certification on which they are providing additional information.

The following commodity and services have been proposed for addition to Procurement List for production by the nonprofit agencies listed:

Commodity

Turkey Baster
M.R. 851
NPA: Winston-Salem Industries for the Blind, Winston-Salem, North Carolina

Services

Base Supply Center
Whiteman Air Force Base, Missouri
NPA: Lighthouse for the Blind, St. Louis, Missouri

Grounds Maintenance, Hunton Memorial USARC, 8791 Snouffers School Road, Gaithersburg, Maryland
NPA: The Arc of Montgomery County, Inc., Rockville, Maryland

Grounds Maintenance, Southern Maryland Memorial USARC Center Meadows, Maryland
A: Melwood Horticultural Training Center, Upper Marlboro, Maryland

Grounds Maintenance, Prince George's County Memorial USARC Center, 6601 Baltimore Avenue, Riverdale, Maryland
NPA: The Arc of Montgomery County, Inc., Rockville, Maryland

Grounds Maintenance, Maus-Warfield USARC Center, 1850 Baltimore Road, Rockville, Maryland
NPA: The Arc of Montgomery County, Inc., Rockville, Maryland

Beverly L. Milkman,

Executive Director.

[FR Doc. 98–14998 Filed 6–4–98; 8:45 am]

BILLING CODE 6353–01–P

COMMITTEE FOR PURCHASE FROM PEOPLE WHO ARE BLIND OR SEVERELY DISABLED

Procurement List; Additions and Deletions

AGENCY: Committee for Purchase From People Who Are Blind or Severely Disabled.

ACTION: Additions to and deletions from the Procurement List.

SUMMARY: This action adds to the Procurement List services to be furnished by nonprofit agencies employing persons who are blind or have other severe disabilities, and deletes from the Procurement List commodities and services previously furnished by such agencies.

EFFECTIVE DATE: July 6, 1998.

ADDRESSES: Committee for Purchase From People Who Are Blind or Severely Disabled, Crystal Gateway 3, Suite 310, 1215 Jefferson Davis Highway, Arlington, Virginia 22202–4302.

FOR FURTHER INFORMATION CONTACT: Beverly Milkman (703) 603–7740.

SUPPLEMENTARY INFORMATION: On April 20, 1998, the Committee for Purchase From People Who Are Blind or Severely Disabled published notice (63 FR 19474) of proposed additions to and deletions from the Procurement List:

Additions

After consideration of the material presented to it concerning capability of qualified nonprofit agencies to provide the services and impact of the additions on the current or most recent contractors, the Committee has determined that the services listed below are suitable for procurement by the Federal Government under 41 U.S.C. 46–48c and 41 CFR 51–2.4.

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. The action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities other than the small organizations that will furnish the services to the Government.

2. The action will not have a severe economic impact on current contractors for the services.

3. The action will result in authorizing small entities to furnish the services to the Government.

4. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46–48c) in connection with the services proposed for addition to the Procurement List.

Accordingly, the following services are hereby added to the Procurement List:

Administrative Services

Chicago Cooperative Administrative Support Unit (CASU)
Philadelphia Operations Center, Wanamaker Building, 100 Penn Square East, Philadelphia, Pennsylvania
Base Supply Center, Marine Corps Air Station, Cherry Point, North Carolina
Grounds Maintenance, Department of the Navy, Engineering Field Activity, West, San Bruno, California
Recycling Service, Offutt Air Force Base, Nebraska

This action does not affect current contracts awarded prior to the effective date of this addition or options that may be exercised under those contracts.

Deletions

I certify that the following action will not have a significant impact on a substantial number of small entities. The major factors considered for this certification were:

1. The action will not result in any additional reporting, recordkeeping or other compliance requirements for small entities.

2. The action will not have a severe economic impact on future contractors for the commodities and services.

3. The action will result in authorizing small entities to furnish the commodities and services to the Government.

4. There are no known regulatory alternatives which would accomplish the objectives of the Javits-Wagner-O'Day Act (41 U.S.C. 46–48c) in connection with the commodies and services deleted from to the Procurement List.

After consideration of the relevant matter presented, the Committee has determined that the commodities and services listed below are no longer suitable for procurement by the Federal Government under 41 U.S.C. 46–48c and 41 CFR 51–2.4.

Accordingly, the following commodities and services are hereby deleted from the Procurement List:

Commodities

Ladder, Extension (Wood)
5440–00–223–6027
5440–00–223–6026
5440–00–242–0998
Ladder, Straight (Wood)
5440–00–242–0995
5440–00–816–2575
5440–00–223–6029
5440–00–223–6030
Apron, Construction Worker's
8415–00–257–4290

Services

Grounds Maintenance, McClellan Air Force Base, California
Janitorial/Custodial, U.S. Army Reserve Center, 1001 & 1005 Lakecrest Drive, Grand Prairie, Texas
Painting Service, McClellan Air Force Base, California

Beverly L. Milkman,

Executive Director.

[FR Doc. 98–14999 Filed 6–4–98; 8:45 am]

BILLING CODE 6353–01–P

DEPARTMENT OF COMMERCE

International Trade Administration

[A–588–823]

Professional Electric Cutting Tools From Japan; Preliminary Results of Antidumping Duty Administrative Review

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

ACTION: Notice of preliminary results of antidumping duty administrative review.

SUMMARY: In response to a request by Black & Decker Inc., the petitioner in this case, and Makita Corporation, respondent, the Department of Commerce (the Department) is conducting an administrative review of the antidumping duty order on professional electric cutting tools (PECTs) from Japan. The period of review (POR) covers sales of the subject merchandise to the United States during the period July 1, 1996 through June 30, 1997.

We have preliminarily determined that the respondent has not sold subject merchandise at less than normal value (NV) during the POR. If these preliminary results are adopted in our final results of this administrative review, we will instruct U.S. Customs not to assess antidumping duties based on the difference between the constructed export price (CEP) and the NV.

We invite interested parties to comment on these preliminary results. Parties who submit argument in this proceeding should also submit with the argument (1) a statement of the issue, and (2) a brief summary of the argument.

EFFECTIVE DATE: June 5, 1998.

FOR FURTHER INFORMATION CONTACT: Lyn Baranowski or Stephen Jacques, AD/CVD Enforcement Group III, Office 9, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, NW, Washington, DC 20230; telephone: (202) 482–1385 or (202) 482–1391, respectively.

SUPPLEMENTARY INFORMATION:

The Applicable Statute

Unless otherwise indicated, all citations to the Tariff Act of 1930, as amended (the Act) are references to the provisions effective January 1, 1995, the effective date of the amendments made by the Uruguay Rounds Agreements Act (URAA). In addition, unless otherwise indicated, all citations to the Department's regulations are to the regulations codified at 19 CFR part 351 (62 FR 27296; May 19, 1997).

Background

On July 12, 1993, the Department published in the **Federal Register** the antidumping duty order on PECTs from Japan (58 FR 37461). On July 21, 1997, the Department published in the **Federal Register** a notice of opportunity to request an administrative review of this antidumping duty order (62 FR 38973). On July 29 and 31, respectively, respondent and petitioner requested that we conduct an administrative review in accordance with 19 CFR 351.213(b). We published the notice of initiation of this antidumping duty administrative review on August 28, 1997 (62 FR 45622).

The Department is conducting this review in accordance with section 751 of the Act.

Scope of the Review

Imports covered by this review are shipments of PECTs from Japan. PECTs may be assembled or unassembled, and corded or cordless.

The term ''electric'' encompasses electromechanical devices, including tools with electronic variable speed features. The term ''assembled'' includes unfinished or incomplete articles, which have the essential characteristics of the finished or complete tool. The term ''unassembled'' means components which, when taken as a whole, can be converted into the finished or unfinished or incomplete tool through simple assembly operations (*e.g.*, kits).

PECTs have blades or other cutting devices used for cutting wood, metal,

and other materials. PECTs include chop saws, circular saws, jig saws, reciprocating saws, miter saws, portable bank saws, cut-off machines, shears, nibblers, planers, routers, joiners, jointers, metal cutting saws, and similar cutting tools.

The products subject to this order include all hand-held PECTs and certain bench-top, hand-operated PECTs. Hand-operated tools are designed so that only the functional or moving part is held and moved by hand while in use, the whole being designed to rest on a table top, bench, or other surface. Bench-top tools are small stationary tools that can be mounted or placed on a table or bench. The are generally distinguishable from other stationary tools by size and ease of movement.

The scope of the PECT order includes only the following bench-top, hand-operated tools: cut-off saws; PVC saws; chop saws; cut-off machines, currently classifiable under subheading 8461 of the Harmonized Tariff Schedule of the United States (HTSUS); all types of miter saws, including slide compound miter saws and compound miter saws, currently classifiable under subheading 8465 of the HTSUS; and portable band saws with detachable bases, also currently classifiable under subheading 8465 of the HTSUS.

This order does not include: professional sanding/grinding tools; professional electric drilling/fastening tools; lawn and garden tools; heat guns; paint and wallpaper strippers; and chain saws, currently classifiable under subheading 8508 of the HTSUS.

Parts or components of PECTs when they are imported as kits, or as accessories imported together with covered tools, are included within the scope of this order.

''Corded'' and ''cordless'' PECTs are included within the scope of this order. ''Corded'' PECTs, which are driven by electric current passed through a power cord, are, for purposes of this order, defined as power tools which have at least five of the following seven characteristics:

1. The predominate use of ball, needle, or roller bearings (*i.e.*, a majority or greater number of the bearings in the tool are ball, needle, or roller bearings;
2. Helical, spiral bevel, or worm gearing;
3. Rubber (or some equivalent material which meets UL's specifications S or SJ) jacketed power supply cord with a length of 8 feet or more;
4. Power supply cord with a separate cord protector;
5. Externally accessible motor brushes;
6. The predominate use of heat treated transmission parts (*i.e.*, a majority or greater number of the transmission parts in the tool are heat treated); and
7. The presence of more than one coil per slot armature.

If only six of the above seven characteristics are applicable to a particular ''corded'' tool, then that tool must have at least four of the six characteristics to be considered a ''corded'' PECT.

''Cordless'' PECTs, for the purposes of this order, consist of those cordless electric power tools having a voltage greater than 7.2 volts and a battery recharge time of one hour or less.

PECTs are currently classifiable under the following subheadings of the HTSUS: 8508.20.00.20, 8508.20.00.70, 8508.20.00.90, 8461.50.00.20, 8465.91.00.35, 85.80.00.55, 8508.80.00.65 and 8508.80.00.90. Although the HTSUS subheading is provided for convenience and customs purposes, the written description of the merchandise under review is dispositive.

This review covers one company, Makita Corporation (Makita), and the period July 1, 1996 through June 30, 1997.

Verification

As provided in section 782(i) of the Act, we verified information provided by Makita (sales and cost), using standard verification procedures, including on-site inspection of the manufacturer's facilities, the examination of relevant sales and financial records, and selection of original documentation containing relevant information. Our verification results are outlined in the public version of the verification reports.

Fair Value Comparisons

To determine whether sales of subject merchandise to the United States were made at less than fair value, we compared the CEP to the NV, as described in the ''Constructed Export Price'' and ''Normal Value'' sections of this notice. In accordance with section 777A(d)(2), we calculated monthly weighted-average prices for NV and compared these to individual U.S. transactions.

Constructed Export Price

For Makita, we used CEP as defined in section 772(b) of the Act because the subject merchandise was first sold in the United States after importation into the United States by Makita U.S.A., a seller affiliated with Makita. We calculated CEP based on packed, delivered prices to the first unaffiliated purchaser in the United States. We made deductions for discounts and rebates.

We deducted Japanese and U.S. inland freight, ocean freight, insurance, brokerage and handling pursuant to section 772(c)(2) of the Act. We also deducted an amount from the price for the following expenses in accordance with section 772(d)(1) of the Act, which related to economic activities in the United States: commissions, direct selling expenses, including credit expenses, and indirect selling expenses, including inventory carrying costs. Finally, we made an adjustment for profit allocated to these expenses in accordance with section 772(d)(3) of the Act.

We found at verification that Makita could not provide documentation to support its contention concerning the company's calculation of spare parts cost for warranty services. Consequently, as facts available, we calculated a value using Makita's Parts List Price and Cost documents. As this issue involves proprietary information, please see the analysis memorandum for a more complete explanation.

We also found at verification that Makita improperly included antidumping duty legal fees in the calculation of indirect selling expenses incurred in the United States. *See Daewoo Elec. Co., Ltd. et al.* v. *United States*, 13 CIT 253, 269 (1989), *Federal Mogul Corp.* v. *United States*, 17 CIT 88, __, vacated in part, on other grounds, 18 CIT 1027 (1994), *Zenith Elec. Corp.* v. *United States*, 15 CIT 394 (1991), *Final Results of Antidumping Duty Administrative Review: AFBs and parts from France*, 57 FR 28360, 28413 (June 24, 1992). As such, we have recalculated U.S. indirect selling expenses to exclude antidumping duty legal fees. As this issue involves business proprietary information, please see the analysis memorandum for a more complete explanation.

Normal Value

We compared the aggregate volume of Makita's home-market sales of the foreign like product and U.S. sales of the subject merchandise to determine whether the volume of the foreign like product Makita sold in Japan was sufficient, pursuant to section 773(a)(1)(C) of the Act, to form a basis for NV. Because Makita's volume of home-market sales of foreign like product was greater than five percent of its U.S. sales of subject merchandise, in accordance with section 773(a)(1)(B)(i) of the Act, we based NV on the prices at which the foreign like products were first sold for consumption in Japan.

In calculating NV, we disregarded sales of the foreign like product to affiliated customers in the home market where we determined that such sales were not made at arm's length. To test whether these sales were made at arm's length, we compared the prices, net of all movement charges, direct selling expenses, discounts and packing, of sales of the foreign like product to affiliated and unaffiliated customers. Where the price to the affiliated party was on average 99.5 percent or more of the price to unaffiliated parties, we determined that the sales made to the affiliated party was at arm's-length. Where no affiliated customer ratio could be constructed because identical merchandise was not sold to unaffiliated customers, we were unable to determine that these sales were made at arm's length and, therefore, excluded them from our analysis. *See Final Determination of Sales at Less Than Fair Value: Certain Cold-Rolled Carbon Steel Flat Products from Argentina,* (58 FR 37062, 37077 (July 9, 1993)). Where the exclusion of such sales eliminated all sales of the most appropriate comparison product based on our model-matching hierarchy, we made comparisons to the next most similar model.

We based home-market prices on the packed, delivered prices to affiliated or unaffiliated purchasers in the home market. We made adjustments for discounts and rebates. Where applicable, we made adjustments for differences in packing and for movement expenses in accordance with section 773(a)(6)(A) and (B) of the Act. In accordance with section 773(a)(6)(C)(iii) of the Act and 19 CFR 351.410, if appropriate, we made circumstance of sale adjustments by deducting home-market direct selling expenses and adding U.S. direct selling expenses, except those deducted from the starting price in calculating CEP pursuant to section 772(d) of the Act.

For the reasons stated in the ''Level of Trade'' section below, we have allowed a CEP offset for comparisons made at different levels of trade. To calculate the CEP offset, we deducted from normal value the indirect selling expenses on home market sales which were compared to CEP sales. We limited the home market indirect selling expense deduction by the amount of the indirect selling expenses deducted in calculating the CEP under section 772(d)(1)(D) of the Act.

Level of Trade/CEP Offset

In accordance with section 773(a)(7) of the Act, to the extent practicable, we determine NV based on sales in the comparison market at the same level of trade (LOT) as the EP or CEP transaction. The NV LOT is that of the starting-price sales in the comparison market or, when NV is based on CV, that of the sales from which we derive selling, general, and administrative (SG&A) expenses and profit. For EP sales, the U.S. level of trade is also the level of the starting-price sale, which is usually from exporter to importer. For CEP sales, it is the level of the constructed sale from the exporter to the importer.

To determine whether NV sales are at a different level of trade than EP or CEP sales, we examine the stages in the marketing process and selling functions along the chain of distribution between the producer and the unaffiliated customer. If the comparison-market sales are at a different level of trade, and the difference affects price comparability, as manifested in a pattern of consistent price differences between the sales on which NV is based and comparison-market sales at the level of trade of the export transaction, we make a LOT adjustment under section 773(a)(7)(A) of the Act. Finally, for CEP sales, if the NV level is more remote from the factory than the CEP level and there is no basis for determining whether the difference in the levels between NV and CEP affects price comparability, we adjust NV under section 773(a)(7)(B) of the Act (the CEP Offset provision). *See Notice of Final Determination of Sales at Less Than Fair Value: Certain Cut-to-Length Carbon Steel Plate from South Africa,* 62 FR 61731 (November 19, 1997).

In order to determine whether a LOT adjustment or CEP offset was warranted for Makita, we compared the CEP sales to the HM sales in accordance with the principles discussed above. For purposes of our analysis, we examined information regarding the distribution systems in both the United States and Japanese markets, including the selling functions, classes of customer, and selling expenses for the company.

In this review, Makita reported two levels of trade in the home market: (1) Sales made at the wholesale/distributor price level; and (2) sales made at the retail level. Makita also reported twelve channels of distribution covering the two levels of trade in the home market. Makita based the channels of distribution on which entity (*i.e.*, wholesaler, subwholesaler or retailers) in the distribution chain Makita had billed or shipped the merchandise to. Although Makita described twelve channels of distribution, upon review we found that channels 1 through 7 were sales to the wholesale LOT, and channels 8 through 12 were at the retail LOT.

Makita reported only CEP sales in the U.S. market. The CEP sales were based on sales made by Makita to its wholly-owned U.S. subsidiary, Makita U.S.A. (MUSA). We determined that these sales constitute a single level of trade in the United States. Because Makita's sales to the United States were all CEP sales made by an affiliated company, we considered only the parent company's selling activities reflected in the price after the deduction of expenses and profit, pursuant to section 772(d) of the Act.

To determine whether sales in the comparison market were at a different level of trade than CEP sales, we first compare the relevant selling functions made at both home market levels of trade and we then examine the relevant selling functions made at the CEP level and compare them to the selling functions performed in each home market level of trade.

Overall, Makita listed fourteen separate selling functions which it performed in making sales in both markets in its chart in Addendum 1 to Section A of Makita's October 27, 1997 questionnaire response. Based on our analysis of the reported selling functions (see sales verification report dated April 10, 1998), we have determined that there is no qualitative difference between the functions listed as freight/delivery arrangement and arranging freight to customers. Therefore, in our level of trade analysis, we have treated these two reported selling functions as one, freight/delivery arrangement to customers.

In comparing the two home market levels of trade to each other, we note that there are nine selling functions that are identical in both function and intensity. These functions are market research, after sales service and warranties, technical advice, advertising, R&D/product development, procurement and sourcing, competitive pricing (offering discounts, rebates, and other price incentives), pricing negotiations with customers, and processing daily order updates. The following 4 selling activities only have different levels of intensity between the two home market levels of trade: Inventory maintenance, freight/delivery arrangement to customers, sales calls and demonstrations, and interaction with end-users. There are no instances where the functions are entirely different between the two home market levels of trade.

Based on the analysis of the selling functions and corresponding levels of intensity, we determine that the home

market retail level of trade is at a more advanced stage of marketing, and hence a different level of trade, than the wholesale home market level of trade.

When we compare the CEP level of trade to the home market wholesale level of trade, we note that there is only one selling function which is identical in both function and intensity: R&D/product development. There are 4 instances in which the selling functions differ only in intensity: Inventory maintenance, technical advice, procurement and sourcing, and processing daily order updates. There are 8 selling functions which exist in the home market but which either are not performed for CEP transactions or are negligible: Market research, after-sales service and warranties, advertising, freight/delivery arrangement to customer, competitive pricing, pricing negotiations with customers, sales calls and demonstrations, and interaction with end-users.

When we compare the CEP level of trade to the home market retail level of trade, we again note that there is only one selling function which is identical in both function and intensity: R&D/product development. Similarly, there are 4 instances in which the selling functions differ only in intensity: Inventory maintenance, technical advice, procurement and sourcing, and processing daily order updates. There are 8 selling functions which exist in the home market retail level but which either are not performed for CEP sales or are negligible. These functions are: Market research, after-sales service and warranties, advertising, freight/delivery arrangement to customer, competitive pricing, pricing negotiations with customers, sales calls and demonstrations, and interaction with end-users.

Based on our analysis of the selling functions, which include differences in levels of intensities, we find that both home market levels of trade are at a more advanced stage of distribution than that of the CEP level. Therefore, we agree with Makita's assertion that there is no home market level equivalent to the CEP level of trade.

Therefore, the Department determines for the preliminary results that (1) significant differences exist in the selling functions associated with each of the two home market levels of trade and the CEP level of trade, (2) the CEP level of trade is at a less advanced stage of distribution than either home market level of trade; and (3) the data available do not provide an appropriate basis for a level-of-trade adjustment for any comparisons to CEP. Consequently, we have granted Makita's request for a CEP offset for this review.

We therefore made a CEP offset in our calculation of NV. We applied the CEP offset to normal value or constructed value, where appropriate.

Cost of Production Analysis

On January 3, 1997, the Department published the final results of the second administrative review on *Professional Electric Cutting Tools from Japan* (62 FR 386). In that most recently completed review of Makita, the Department disregarded sales by Makita at prices below cost, pursuant to section 773(b)(1) of the Act. Because the Department disregarded sales below the COP in the last completed review, we have reasonable grounds to believe or suspect that sales of the foreign like product under consideration for the determination of NV in this review may have been made at prices below the COP as provided by section 773(b)(2)(A)(ii) of the Act. Therefore, pursuant to section 773(b)(1) of the Act, we initiated an investigation to determine whether Makita made home market sales during the POR at prices below its COP.

A. Calculation of COP

We calculated the COP based on the sum of the costs of materials and fabrication employed in producing the foreign like product, plus amounts for home market selling, general and administrative (SG&A) expenses and packing costs in accordance with section 773(b)(3) of the Act. We relied on the home market sales and COP information provided by Makita in their questionnaire responses.

We found at verification that Makita had incorrectly reported the amount for fixed factory overhead. Makita had incorrectly reclassified certain costs that resulted in the fixed factory overhead being overstated. As facts available, we have used the costs reported by Makita. As this issue involves proprietary information, please see the analysis memorandum and the verification report dated April 10, 1998 for a more complete explanation.

B. Test of Home Market Prices

After calculating COP, we tested whether home market sales of the subject merchandise were made at prices below COP within an extended period of time in substantial quantities and whether such prices permitted recovery of all costs within a reasonable period of time. We compared model-specific COPs to the reported home market prices less any applicable movement charges, discounts, rebates and direct selling expenses.

C. Results of COP Test

Pursuant to section 773(b)(2)(C)(i) of the Act, where less than 20 percent of a respondent's sales of a given product are at prices less than COP, we do not disregard any below-cost sales of that product because we determine that the below-cost sales are not made in substantial quantities within an extended period of time. Where 20 percent or more of a respondent's sales of a given product during the POR are at prices less than the COP, we disregard the below-cost sales because we find such sales to be made in substantial quantities within an extended period and were at prices which would not permit the recovery of all costs within a reasonable period of time (*see* section 773(b)(2)(D) of the Act). Based on this test, for these preliminary results, we disregarded all below-cost sales made by Makita (see the Analysis Memorandum dated June 1, 1998).

On January 8, 1998, the U.S. Court of Appeals for the Federal Circuit issued a decision in Cemex v. United States, WL 3626 (Fed. Cir.). In that case, based on the pre-URAA version of the Act, the Court discussed the appropriateness of using CV as the basis for foreign market value when the Department finds foreign market sales to be outside ''the ordinary course of trade.'' This issue was not raised by any party in this proceeding. However, the URAA amended the definition of sales outside the ''ordinary course of trade'' to include sales below cost. See section 771(15) of the Act. Consequently, the Department has reconsidered its practice in accordance with this court decision and has determined that it would be inappropriate to resort directly to CV, in lieu of foreign market sales, as the basis for NV if the Department finds foreign market sales of merchandise identical or most similar to that sold in the United States to be outside the ''ordinary course of trade.'' Instead, the Department will use sales of similar merchandise, if such sales exist. The Department will use CV as the basis for NV only when there are no above-cost sales that are otherwise suitable for comparison. Therefore, in this proceeding, when making comparisons in accordance with section 771(16) of the Act, we considered all products sold in the home market as described in the ''Scope of the Review'' section of this notice, above, that were in the ordinary course of trade for purposes of determining appropriate product comparisons to U.S. sales. Where there were no sales of identical merchandise in the home market made in the

ordinary course of trade to compare to U.S. sales, we compared U.S. sales to sales of the most similar foreign like product made in the ordinary course of trade, based on the information provided by Makita in response to our antidumping questionnaire. We have implemented the Court's decision in this case to the extent that the data on the record permitted.

Constructed Value

In accordance with section 773(a)(4) of the Act, we used CV as the basis for NV when there were no usable sales of the foreign like product in Japan. We calculated CV in accordance with section 773(e) of the Act. We included the cost of materials and fabrication, SG&A expenses, and profit. In accordance with section 773(e)(2)(A) of the Act, we based SG&A expenses and profit on the actual amounts incurred and realized by Makita in connection with the production and sale of the foreign like product in the ordinary course of trade for consumption in Japan. We used the weighted-average home market selling expenses.

Where appropriate, we made adjustments to CV in accordance with section 773(a)(6)(C)(iii) of the Act for differences in the circumstances of sale (COS). We made COS adjustments by deducting home direct selling expenses and adding U.S. direct selling expenses, except those deducted from the starting price in calculating CEP pursuant to section 772(d) of the Act.

Preliminary Results of Review

As a result of our review, we preliminarily determine that the following weighted-average dumping margin exists for the period June 30, 1996, through July 1, 1997:

Manufacturer/exporter	Margin (percent)
Makita Corporation	0.09

Parties to the proceeding may request disclosure within five days of the date of publication of this notice. Any interested party may request a hearing within 30 days of publication. Any hearing, if requested, will be held 44 days after the date of publication or the first business day thereafter. Issues raised in the hearing will be limited to those raised in the case briefs. Case briefs from interested parties may be submitted not later than 30 days after the date of publication of this notice in the **Federal Register**; rebuttal briefs may be submitted not later than 5 days thereafter. The Department will publish the final results of this administrative review, including its analysis of issues raised in any written comments or at a hearing, not later than 120 days after the date of publication of this notice.

The Department shall determine, and the U.S. Customs Service shall assess, antidumping duties on all appropriate entries. If these preliminary results are adopted in our final results, we will instruct the Customs Service not to assess antidumping duties on the merchandise subject to review. Upon completion of this review, the Department will issue appraisement instructions directly to the Customs Service.

Upon issuance of the final results of this review, the Department shall determine, and the U.S. Customs Service shall assess antidumping duties on all appropriate entries. We will calculate an importer-specific ad valorem duty assessment rate based on the ratio of the total amount of antidumping duties calculated for the examined sales made during the POR to the total customs value of the sales used to calculate those duties. This rate will be assessed uniformly on all entries of that particular importer made during the POR. This is equivalent to dividing the total amount of antidumping duties, which are calculated by taking the difference between statutory NV and statutory CEP, by the total statutory CEP value of the sales compared, and adjusting the result by the average difference between CEP and customs value for all merchandise examined during the POR.

Furthermore, the following deposit requirements will be effective for all shipments of the subject merchandise entered, or withdrawn from warehouse, for consumption on or after the publication date of the final results of these administrative reviews, as provided by section 751(a)(1) of the Act: (1) The cash deposit rate for Makita will be the rate established in the final results of this review, except that no deposit will be required for Makita if we find zero or *de minimis* margins, *i.e.*, margins less than 0.5 percent; (2) for previously reviewed or investigated companies not listed above, the cash deposit rate will continue to be the company-specific rate published for the most recent period; (3) if the exporter is not a firm covered in this review, a prior review, or the original LTFV investigation, but the manufacturer is, the cash deposit rate will be the rate established for the most recent period for the manufacturer of the merchandise; and (4) the cash deposit rate for all other manufacturers or exporters will continue to be 54.52 percent, the ''All Others'' rate made effective by the LTFV investigation.

These deposit requirements, when imposed, shall remain in effect until publication of the final results of the next administrative review.

This notice also serves as a preliminary reminder to importers of their responsibility under 19 CFR 351.402(f)(2) to file a certificate regarding the reimbursement of antidumping duties prior to liquidation of the relevant entries during this review period. Failure to comply with this requirement could result in the Secretary's presumption that reimbursement of antidumping duties occurred and the subsequent assessment of double antidumping duties.

This administrative review and notice are in accordance with section 751(a)(1) of the Act (19 U.S.C. 1675(a)(1)), 19 CFR 351.213, and 19 CFR 351.221. This determination is issued and published in accordance with sections 751(a)(1) and 777(i)(1) of the Act.

Dated: June 1, 1998.

Robert S. LaRussa,

Assistant Secretary for Import Administration.

[FR Doc. 98–15040 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–DS–P

DEPARTMENT OF COMMERCE

International Trade Administration

[A–583–816]

Certain Stainless Steel Butt-Weld Pipe Fittings From Taiwan: Preliminary Results of Antidumping Duty Administrative Review

AGENCY: Import Administration, International Trade Administration, Department of Commerce.

ACTION: Notice of preliminary results of antidumping duty administrative review.

SUMMARY: In response to a request from respondent Ta Chen Stainless Pipe Co., Ltd. (Ta Chen), the Department of Commerce (the Department) is conducting an administrative review of the antidumping duty order on certain stainless steel butt-weld pipe fittings from Taiwan. This review covers one manufacturer and exporter of the subject merchandise. The period of review (POR) is June 1, 1996, through May 31, 1997.

We preliminarily determine that sales have been made below normal value (NV). If these preliminary results are adopted in our final results of administrative review, we will instruct the U.S. Customs Service to assess

antidumping duties based on the difference between export price (EP) or constructed export price (CEP) and NV.

Interested parties are invited to comment on these preliminary results. Parties who submit argument in this proceeding are requested to submit with the argument: (1) A statement of the issue; and (2) a brief summary of the argument.

EFFECTIVE DATE: June 5, 1998.

FOR FURTHER INFORMATION CONTACT: Robert James or John Kugelman, Enforcement Group III—Office 8, Import Administration, International Trade Administration, U.S. Department of Commerce, 14th Street and Constitution Avenue, N.W., Washington, D.C. 20230; telephone (202) 482–5222 and (202) 482–0649, respectively.

SUPPLEMENTARY INFORMATION:

Applicable Statute

Unless otherwise indicated, all citations to the statute are references to the provisions effective January 1, 1995, the effective date of the amendments made to the Tariff Act of 1930 (the Act), as amended by the Uruguay Round Agreements Act (URAA). In addition, unless otherwise indicated, all citations to the Department of Commerce's (the Department) regulations are to the provisions codified at 19 CFR part 353 (April 1997). Where appropriate, references may be made to the Department's new regulations (62 FR 27296), not in effect for this review, as a statement of current departmental practice.

Background

The Department published in the **Federal Register** the antidumping duty order on certain stainless steel butt-weld pipe fittings from Taiwan on June 16, 1993 (58 FR 33250). On June 11, 1997, we published in the **Federal Register** (62 FR 31786) a notice of opportunity to request an administrative review of the antidumping duty order on certain stainless steel butt-weld pipe fittings from Taiwan covering the period June 1, 1996, through May 31, 1997.

On June 30, 1997, in accordance with 19 CFR 353.22(a)(2), Ta Chen requested that we conduct an administrative review for the aforementioned period. On August 1, 1997, the Department published a notice of ''Initiation of Antidumping Review'' (62 FR 41339). The Department issued an antidumping questionnaire and supplemental questionnaire to Ta Chen, which responded. No parties submitted comments to the Department regarding questionnaire responses.

Under section 751(a)(3)(A) of the Act, the Department may extend the deadline for completion of an administrative review if it determines that it is not practicable to complete the review within the statutory time limit of 245 days. On February 25, 1998, the Department extended the time limits for these preliminary results to May 31, 1998 in accordance with the Act. *See Certain Stainless Steel Butt-Weld Pipe Fittings from Taiwan; Extension of Time Limits for Antidumping Duty Administrative Review* (63 FR 13031, March 17, 1998).

The Department is conducting this administrative review in accordance with section 751 of the Act.

Scope of the Review

The products subject to this investigation are certain stainless steel butt-weld pipe fittings, whether finished or unfinished, under 14 inches inside diameter.

Certain welded stainless steel butt-weld pipe fittings (pipe fittings) are used to connect pipe sections in piping systems where conditions require welded connections. The subject merchandise is used where one or more of the following conditions is a factor in designing the piping system: (1) Corrosion of the piping system will occur if material other than stainless steel is used; (2) contamination of the material in the system by the system itself must be prevented; (3) high temperatures are present; (4) extreme low temperatures are present; (5) high pressures are contained within the system.

Pipe fittings come in a variety of shapes, with the following five shapes the most basic: ''elbows'', ''tees'', ''reducers'', ''stub ends'', and ''caps''. The edges of finished pipe fittings are beveled. Threaded, grooved, and bolted fittings are excluded from these investigations. The pipe fittings subject to these investigations are classifiable under subheading 7307.23.00 of the Harmonized Tariff Schedule of the United States (HTSUS).

Although the HTSUS subheading is provided for convenience and customs purposes, our written description of the scope of these investigations is dispositive.

Pipe fittings manufactured to American Society of Testing and Materials specification A774 are included in the scope of this order.

The POR is June 1, 1996 through May 31, 1997. This review covers sales of certain stainless steel butt-weld pipe fittings from Taiwan by Ta Chen.

Verification

As provided in section 782(i) of the Act, we verified information provided by the respondent using standard verification procedures, including on-site inspection of the manufacturer's facilities, the examination of relevant sales and financial records, and selection of original documentation containing relevant information. Our verification results are outlined in public versions of the verification reports, available to the public in Room B–099 of the main Commerce Building.

Fair Value Comparisons

To determine whether sales of subject merchandise by respondent to the United States were made at below NV, we compared, where appropriate, the EP and CEP to the NV, as described below.

Pursuant to section 777A(d)(2), we compared the EPs or CEPs of individual U.S. transactions to the monthly weighted-average NV of the foreign like product where there were sales at prices above the cost of production (COP), as discussed in the Cost of Production Analysis section, below.

Export Price

We calculated the price of certain of Ta Chen's United States sales based on EP, in accordance with section 772(a) of the Act, when the subject merchandise was sold to unaffiliated purchasers in the United States prior to the date of importation and CEP was not otherwise warranted based on the facts of the record.

We calculated EP based on packed FOB or delivered prices to unaffiliated customers in the United States. Where appropriate, we made deductions from the starting price for movement expenses, which included foreign inland freight, foreign brokerage and handling, international freight, marine insurance, U.S. inland freight, U.S. brokerage and handling, and U.S. Customs duties. We also made deductions for discounts. *See* Preliminary Analysis Memorandum (Analysis Memo), June 1, 1998, at 6–7 and 8–9.

Constructed Export Price

We calculated the price of Ta Chen's remaining United States sales based on CEP, in accordance with section 772(b) of the Act, when the subject merchandise was sold in the United States to unaffiliated customers. In this review all of Ta Chen's CEP sales were made after importation (*i.e.*, the sales were made from TCI's warehouse locations in California and Texas).

We calculated CEP based on FOB or delivered prices to unaffiliated purchasers in the United States. Where appropriate, we deducted discounts. Also where appropriate, in accordance

with section 772(d)(1), the Department deducted commissions and direct selling expenses from the starting price. We deducted those indirect selling expenses, including inventory carrying costs, which related to commercial activity in the United States. We also made deductions for movement expenses, which include foreign inland freight, foreign brokerage and handling, international freight, marine insurance, U.S. inland freight, U.S. brokerage and handling, and U.S. Customs duties. Finally, pursuant to section 772(d)(3) of the Act, we made an adjustment for CEP profit. *See* Analysis Memo at 7–8 and 9–11.

Normal Value

Based on a comparison of the aggregate quantity of home-market and U.S. sales, we determined that the home market is viable as a basis for calculating NV. We determined that the quantity of the foreign like product sold in the exporting country was sufficient to permit a proper comparison with the sales of the subject merchandise to the United States, pursuant to section 773(a)(1) of the Act because Ta Chen had sales in Taiwan which were greater than five percent of its sales in the U.S. market. Therefore, in accordance with section 773(a)(1)(B)(i) of the Act, we based NV on the price at which the foreign like product was first sold for consumption in the home market, in the usual commercial quantities, in the ordinary course of trade, and, to the extent practicable, at the same level of trade.

We calculated NV based on packed, FOB or delivered prices to unaffiliated purchasers in Taiwan. We made adjustments for differences in packing in accordance with section 773(a)(6)(A) of the Act. We also made adjustments, where appropriate, for movement expenses consistent with section 773(a)(6)(B) of the Act; these included inland freight from plant to customer. In addition, we made adjustments for differences in cost attributable to differences in physical characteristics of the merchandise pursuant to section 773(a)(6)(C)(ii) of the Act, as well as for differences in circumstances of sale (COS) in accordance with section 773(a)(6)(C)(iii) of the Act and 19 CFR 353.56. We made COS adjustments by deducting direct selling expenses incurred for home market sales (i.e. credit expenses) and adding U.S. direct selling expenses (i.e. credit expenses and bank charges).

Cost of Production Analysis

In the original less-than-fair-value (LTFV) investigation of Ta Chen (the most recently-completed segment of this proceeding at the time of our initiation of this administrative review) we disregarded sales found to be below the COP. Therefore, in accordance with section 773(b)(2)(A)(i) of the Act, the Department has reasonable grounds to believe or suspect that sales below the COP may have occurred during this review period. Thus, pursuant to section 773(b) of the Act, we initiated a COP investigation of Ta Chen in the instant review.

Before making any fair value comparisons, we conducted the COP analysis described below.

A. Calculation of COP

We calculated COP on a product specific basis, based on the sum of the respondent's cost of materials and fabrication for the foreign like product, plus amounts for home-market selling, general, and administrative expenses (SG&A), and packing costs in accordance with section 773(b)(3) of the Act.

B. Test of Home-Market Prices

We used the respondent's weighted-average COP for the period June 1996 to May 1997. We compared the weighted-average COP figures to home-market prices of the foreign like product as required under section 773(b) of the Act. In determining whether to disregard home-market sales made at prices below the COP, we examined whether such sales had been made at prices below the COP within an extended period of time in substantial quantities, and such sales were made at prices which permitted the recovery of all costs within a reasonable period of time. On a product-specific basis, we compared the COP to the home-market prices (not including VAT), less any applicable movement charges and discounts.

C. Results of COP Test

Pursuant to section 773(b)(2)(C) of the Act, where less than 20 percent of the respondent's sales of a given product were at prices below the COP, we did not disregard any below-cost sales of that product because we determined that the below-cost sales were not made in substantial quantities. Where 20 percent or more of the respondent's sales of a given product were at prices below the COP, we disregarded the below-cost sales of that model because such sales were found to be made within an extended period of time in substantial quantities, in accordance with sections 773(b)(2)(B) and (C) of the Act, and because the below cost sales of the product were at prices which would not permit recovery of all costs within a reasonable period of time, in accordance with section 773(b)(2)(D) of the Act. Where all contemporaneous sales of comparable products were made at prices below the COP, we calculated NV based on CV, in accordance with section 773(a)(4) of the Act.

The results of our cost test for Ta Chen indicated that for certain home market models less than twenty percent of the sales of the model were at prices below COP. We therefore retained all sales of these models in our analysis and used them as the basis for determining NV. Our cost test for Ta Chen also indicated that for certain other home market models more than twenty percent of the home market sales within an extended period of time were at prices below COP and would not permit the full recovery of all costs within a reasonable period of time. In accordance with section 773(b)(1) of the Act, we therefore excluded the below-cost sales of these models from our analysis and used the remaining above-cost sales as the basis for determining NV.

Constructed Value

For Ta Chen's products for which we could not determine the NV based on comparison market sales because there were no contemporaneous sales of a comparable product, we compared U.S. prices to constructed value (CV), in accordance with *Cemex* v. *United States*, 133 F.3d 897 (Fed. Cir. 1998) (*Cemex*), as discussed below.

On January 8, 1998, the Court of Appeals for the Federal Circuit (the Court) issued its decision in *Cemex*. In that case, which involved a determination by the Department under pre-URAA law, the Court discussed the appropriateness of using CV as the basis for foreign market value when the Department finds home market sales to be outside the ordinary course of trade. However, the URAA amended the definition of sales outside the ordinary course of trade to include sales below cost. *See* section 771(15) of the Act. Consequently, the Department has reconsidered its practice in light of this court decision and has determined that it would be inappropriate to resort directly to CV, in lieu of foreign market sales, as the basis for NV when the Department finds foreign market sales of merchandise identical or most similar to that sold in the United States to be outside the ordinary course of trade. Instead, the Department will use sales of similar merchandise, if such sales exist. The Department will use CV as the basis for NV only when there are no above-cost sales that are otherwise suitable for comparison. Therefore, in this

proceeding, when making comparisons we considered all products sold in the home market, in accordance with section 771(16) of the Act that were in the ordinary course of trade for purposes of determining appropriate product comparisons to U.S. sales. Where there were no sales of identical merchandise in the home market made in the ordinary course of trade to compare to U.S. sales, we compared U.S. sales to sales of the most similar foreign like product made in the ordinary course of trade, based on the model-matching characteristics listed in Sections B and C of our antidumping questionnaire. Therefore, we have implemented the Court's decision in this case, to the extent that the data on the record permitted.

In accordance with section 773(e)(1) of the Act, we calculated CV based on the sum of the COM of the product sold in the United States, plus amounts for home market SG&A expenses, and profit and U.S. packing costs. We calculated CV based on the methodology described in the ''Calculation of COP'' section of this notice, above, plus an amount for profit. In accordance with section 773(e)(2)(A), we used the actual amounts incurred and realized by Ta Chen in connection with the production and sale of the foreign like product, in the ordinary course of trade, for consumption in the foreign country to calculate SG&A expenses and profit.

For price-to-CV comparisons, we made adjustments to CV in accordance with section 773(a)(8) of the Act and 19 CFR 353.56 for COS differences. For comparisons to EP, we made COS adjustments by deducting direct selling expenses incurred on home market sales and adding U.S. direct selling expenses. For comparisons to CEP, we made deductions for direct selling expenses incurred on home market sales.

Differences in Level of Trade

In accordance with section 773(a)(1)(B) of the Act, to the extent practicable, we determine NV based on sales in the comparison market at the same level of trade (LOT) as the EP or CEP transaction. The NV LOT is that of the starting-price sales in the comparison market or, when NV is based on constructed value, that of the sales from which we derive selling, general and administrative expenses and profit. For EP, the LOT is also the level of the starting-price sale, which is usually from exporter to importer. For CEP, it is the level of the constructed sale from the exporter to the importer.

To determine whether NV sales are at a different LOT than EP or CEP, we examine stages in the marketing process and selling functions along the chain of distribution between the producer and the unaffiliated customer. If the comparison-market sales are at a different LOT, and the difference affects price comparability, as manifested in a pattern of consistent price differences between the sales on which NV is based and comparison-market sales at the LOT of the export transaction, we make a LOT adjustment under section 773(a)(7)(A) of the Act. Finally, for CEP sales, if the NV level is more remote from the factory than the CEP level and there is no basis for determining whether the difference in the levels between NV and CEP affects price comparability, we adjust NV under section 773(a)(7)(B) of the Act (the CEP offset provision). *See, Notice of Final Determination of Sales at Less Than Fair Value: Certain Cut-to-Length Carbon Steel Plate from South Africa,* 62 FR 61731 (November 19, 1997).

In its questionnaire responses Ta Chen stated that there were no differences in its selling functions by channels of marketing within each market. In order to confirm independently the absence of separate levels of trade within or between the U.S. and home markets, we examined Ta Chen's questionnaire responses for indications that its functions as a seller differed qualitatively and quantitatively among customer categories. *See* commentary to section 351.412 of the Department's new regulations (62 FR 27371).

Ta Chen reported two channels of distribution in the home market (to distributors and to end-users) and a single channel of distribution in the United States (to distributors). Upon review, we have determined preliminarily that Ta Chen performed the same selling functions for its home market and U.S. customers, irrespective of distribution channel. Pursuant to section 773(a)(1)(B)(i) of the Act, we consider the selling functions reflected in the starting price of home-market and EP sales, and those reflected in the CEP after the deductions pursuant to section 772(d) of the Act. Our analysis of the questionnaire responses leads us to conclude that sales within or between each market are not made at different levels of trade. Accordingly, we preliminarily find that all sales in the home market and the U.S. market were made at the same level of trade. Therefore, all price comparisons are at the same level of trade and an adjustment pursuant to section 773(a)(7)(A) of the Act is not warranted.

Currency Conversion

For purposes of the preliminary results, we made currency conversions based on the official exchange rates in effect on the dates of the U.S. sales as published by the Federal Reserve Bank of New York. Section 773A(a) of the Act directs the Department to use a daily exchange rate in effect on the date of sale of subject merchandise in order to convert foreign currencies into U.S. dollars, unless the daily rate involves a ''fluctuation.'' In accordance with the Department's practice, we have determined, as a general matter, that a fluctuation exists when the daily exchange rate differs from a benchmark by 2.25 percent. *See, e.g., Certain Stainless Steel Wire Rods from France: Preliminary Results of Antidumping Duty Administrative Review* (61 FR 8915, 8918, March 6, 1996) and Policy Bulletin 96–1: Currency Conversions, 61 FR 9434, March 8, 1996. The benchmark is defined as the rolling average of rates for the past 40 business days. When we determined a fluctuation existed, we substituted the benchmark for the daily rate.

Preliminary Results of the Review

As a result of this review, we preliminarily determine that the following weighted-average dumping margin exists for the period June 1, 1996, through May 30, 1997:

CERTAIN STAINLESS STEEL BUTT-WELD PIPE FITTINGS FROM TAIWAN

Producer/manufacturer/exporter	Weighted-average margin (percent)
Ta Chen	1.19

Parties to this proceeding may request disclosure within five days of publication of this notice and any interested party may request a hearing within 10 days of publication. Any hearing, if requested, will be held 44 days after the date of publication, or the first business day thereafter. Interested parties may submit case briefs and/or written comments no later than 30 days after the date of publication. Rebuttal briefs and rebuttals to written comments, limited to issues raised in such briefs or comments, may be filed no later than 37 days after the date of publication of this notice. Parties who submit case briefs or rebuttal briefs in this proceeding are requested to submit with each argument (1) a statement of the issue and (2) a brief summary of the argument.

The Department will publish a notice of the final results of the administrative review, including its analysis of issues raised in any such written briefs or at a hearing, if held, not later than 120 days after the date of publication of this notice.

The Department shall determine and the Customs Service shall assess antidumping duties on all appropriate entries. The Department will issue appropriate appraisement instructions directly to the Customs Service upon completion of this review. The final results of this review shall be the basis for the assessment of antidumping duties on entries of merchandise covered by this review and for future deposits of estimated duties. For duty assessment purposes, we calculated an importer-specific assessment rate by aggregating the dumping margins calculated for all U.S. sales to each importer and dividing this amount by the total entered value of subject merchandise entered during the POR for each importer.

The following cash deposit requirements will be effective upon publication of the final results of this administrative review for all shipments of the subject merchandise entered, or withdrawn from warehouse, for consumption on or after the publication date, as provided for by section 751(a)(1) of the Act: (1) The cash deposit rate for Ta Chen will be the rate established in the final results of this administrative review; (2) for merchandise exported by manufacturers or exporters not covered in these reviews but covered in a previous segment of this proceeding, the cash deposit rate will be the company-specific rate published for the most recent segment; (3) if the exporter is not a firm covered in this review, a prior review, or the LTFV investigation, but the manufacturer is, the cash deposit rate will be the rate established for the most recent period for the manufacturer of the merchandise; and (4) if neither the exporter nor the manufacturer is a firm covered in this or any prior review, the cash deposit rate will be 51.01 percent, the ''all others'' rate established in the LTFV investigation. These deposit requirements, when imposed, shall remain in effect until publication of the final results of the next administrative review.

This notice also serves as a preliminary reminder to importers of their responsibility under 19 CFR 353.26 to file a certificate regarding the reimbursement of antidumping duties prior to liquidation of the relevant entries during this review period. Failure to comply with this requirement could result in the Secretary's presumption that reimbursement of antidumping duties occurred and the subsequent assessment of double antidumping duties. This determination is issued and published in accordance with section 751(a)(1) of the Act (19 U.S.C. 1675(a)(1)) and 19 CFR 353.22(c)(5).

Dated: June 1, 1998.

Robert S. LaRussa,

Assistant Secretary for Import Administration.

[FR Doc. 98–15041 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–DS–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Foreign Fishing Vessel Identification Requirements

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Bob Dickinson, Office of Sustainable Fisheries, International Fisheries Division, 1315 East West Highway, Silver Spring, Maryland 20910, (301) 713–2337.

SUPPLEMENTARY INFORMATION:

I. Abstract

Under provisions of the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 *et seq.*), NOAA is responsible for management of the Nation's marine fisheries. As part of its efforts to enforce fishery regulations, NOAA has included in some of those regulations requirements that fishing vessels display vessel identification in a specific way. The display of vessel identification assists law enforcement officials in monitoring fishing and other activities and to ascertain whether the vessel is participating in activities authorized for that vessel.

NOAA has previously received Paperwork Reduction Act clearance for all of its vessel identification requirements under one Office of Management and Budget (OMB) control number, 0648–0306, but for internal management reasons NOAA intends that future clearances will be obtained on a regional or fishery basis. This notice is for requirements imposed on foreign fishing vessels authorized to conduct fishing activities in U.S. waters under Section 204 of the Magnuson-Stevens Act.

II. Method of Collection

Each foreign fishing vessel assigned an international radio call sign must display that call sign in a specified size on the port and starboard sides of the deckhouse and on a weather deck.

III. Data

OMB Number: None.

Form Number: N/A.

Type of Review: Regular submission.

Affected Public: Business and other for-profit organizations.

Estimated Number of Respondents: 20.

Estimated Time Per Response: 45 minutes (15 minutes each for 3 specified locations).

Estimated Total Annual Burden Hours: 15.

Estimated Total Annual Cost to Public: $400.00.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14936 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Statement of Financial Interests (for Use by Members and Executive Directors of Regional Fishery Management Councils)

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Richard Surdi, 1315 East-West Highway, Room 14618, Silver Spring, Maryland 20910, 301–713–2337.

SUPPLEMENTARY INFORMATION:

I. Abstract

The Magnuson-Stevens Fishery Conservation and Management Act authorizes the establishment of Regional Fishery Management Councils to exercise sound judgment in the stewardship of fishery resources through the preparation, monitoring, and revision of such plans under circumstances (a) which will enable the States, the fishing industry, consumer and environmental organizations, and other interested persons to participate in, and advise on, the establishment and administration of such plans, and (b) which take into account the social and economic needs of the States. Section 302(j) of the Act, requires that Council members and Executive Directors disclose their financial interests in any harvesting, processing, or marketing activity that is being, or will be, undertaken within any fishery over which the Council concerned has jurisdiction.

A member required to disclose a financial interest shall not vote on a Council decision which would have a significant and predictable effect on such financial interest. A Council decision shall be considered to have a significant and predictable effect on a financial interest if there is a close causal link between the Council decision and an expected and substantially disproportionate benefit to the financial interest of the affected individual relative to the financial interest of other participants in the same gear type or sector of the fishery. An affected individual who may not vote may participate in Council deliberations relating to the decision after notifying the Council of the voting recusal and identifying the financial interest that would be affected.

II. Method of Collection

The disclosure of financial interest and recusal of a nominee by the Governor of a State shall be made before appointment by the Secretary. Members appointed by the Secretary must make disclosure within 45 days of taking office. Members must update his/her disclosure form at any time any such financial interest is acquired or substantially changed.

III. Data

OMB Number: 0648–0192.

Form Number: NOAA Form 88–195.

Type of Review: Regular submission.

Affected Public: Individuals or households.

Estimated Number of Respondents: 196.

Estimated Time Per Response: 35 minutes.

Estimated Total Annual Burden Hours: 114.

Estimated Total Annual Cost to Public: No capital expenditures required.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14937 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Request for Restoration Ideas, New Bedford Harbor

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Jack Terrill, National Marine Fisheries Service, 1 Blackburn Drive, Gloucester, MA 01930–2298, 978–281–9136.

SUPPLEMENTARY INFORMATION:

I. Abstract

Under the Comprehensive Environmental Response, Compensation, and Liability Act (CERCLA), state and Federal natural resource trustees are responsible for the restoration of natural resources injured by releases of hazardous substances, including polychlorinated biphenyls (PCBs), in the New Bedford Massachusetts Harbor environment. The

New Bedford Harbor Trustee Council has been established to plan, implement, and oversee restoration activities using monies resulting from settlement with the parties responsible for the releases. Acting on behalf of state and Federal interests and with powers from federal and state hazardous waste laws, the Massachusetts Executive Office of Environmental Affairs, the U.S. Department of the Interior (U.S. Fish and Wildlife Service), and the U.S. Department of Commerce (National Oceanic and Atmospheric Administration/National Marine Fisheries Service) developed a restoration program for the New Bedford Harbor environment.

This information collection establishes a universe of acceptable restoration projects and provides an opportunity for the public to formally suggest restoration ideas which the Trustee Council could undertake. Each restoration idea is evaluated and ranked by applying a point score based upon the importance of the particular criteria and how well the project meets that criteria. At the conclusion of the evaluation process, the scores will be tallied and preferred alternatives will be recommended to the Trustee Council. All alternatives will be subject to public review through hearings and comment periods. Public comment will be considered by the Trustees who will make final recommendations. The Trustees final recommendations will be forwarded to the U.S. District Court for approval. If approval is received, the Trustees will implement individual projects.

II. Method of Collection

Forms have been designed to assist the respondents in describing their restoration idea and how it meets the Trustee Council's established criteria. The form and instructions are available upon request. Completed forms may be submitted either in writing or electronically.

III. Data

OMB Number: 0648–0302.

Form Number: None.

Type of Review: Regular submission.

Affected Public: Individuals or households, business and other for-profit, not for profit institutions, Federal government, and state, local or tribal government.

Estimated Number of Respondents: 50.

Estimated Time Per Response: 1 hour.

Estimated Total Annual Burden Hours: 100.

Estimated Total Annual Cost to Public: No capital expenditures required.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14938 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Southeast Region Vessel Identification Requirements

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue NW, Washington, D.C. 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Edward E. Burgess, 9721 Executive Center Drive North, St. Petersburg, FL, 33702, 813–570–5326.

SUPPLEMENTARY INFORMATION:

I. Abstract

Under the provisions of the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 et seq.) NOAA is responsible for management of the Nation's marine fisheries. As part of its efforts to enforce fishery regulations, NOAA has included in some of those regulations a requirement that fishing vessels display the vessel's official number in a specific way. The display of the number assists law enforcement officials in monitoring fishing and other activities and to ascertain whether the vessel is participating in activities authorized for that vessel.

NOAA has previously received Paperwork Reduction Act clearance for all of its vessel-identification requirements under one Office of Management and Budget (OMB) control number, 0648–0306, but for internal management reasons NOAA intends that future clearances will be obtained on a regional or fishery basis. This notice is for the requirements imposed in the Southeast Region for the following fisheries: coastal migratory pelagics; Columbian waters; coral; spiny lobster; reef fish; rock shrimp; shrimp; snapper-grouper; golden crab; and stone crab.

II. Method of Collection

The vessel's official number must be displayed in a specified size on the port and starboard sides of the deckhouse and on a weather deck.

III. Data

OMB Number: None.

Form Number: N/A.

Type of Review: Regular submission.

Affected Public: Business and other for-profit organizations.

Estimated Number of Respondents: 7,000.

Estimated Time Per Response: 45 minutes (15 minutes for each of 3 specified locations).

Estimated Total Annual Burden Hours: 5,250.

Estimated Total Annual Cost to Public: $210,000.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the

agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14939 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Vessel Identification Requirements for Fishing in the Southern Ocean Areas of the Convention of Antarctic Marine Living Resources

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Robin Tuttle, Office of Science and Technology, National Marine Fisheries Service, Room 14212, 1315 East-West Highway, Silver Spring, MD 20910 (301–713–2282).

SUPPLEMENTARY INFORMATION:

I. Abstract

Under the provisions of the Convention of Antarctic Marine Living Resources a requirement had been imposed that vessels operating in certain areas of the southern oceans and fishing for finfishes, krill, or crab display the vessel's official number in a specific way. The display of the number assists law enforcement officials in monitoring fishing and other activities and to ascertain whether the vessel is participating in activities authorized for that vessel.

NOAA has previously received Paperwork Reduction Act clearance for all of its vessel-identification requirements under one Office of Management and Budget (OMB) control number, 0648-0306, but for internal management reasons NOAA intends that future clearances will be obtained on a regional or fishery basis.

II. Method of Collection

The vessel's official number must be displayed in a specified size on the port and starboard sides of the deckhouse and on a weather deck.

III. Data

OMB Number: None.

Form Number: N/A.

Type of Review: Regular submission.

Affected Public: Business and other for-profit organizations.

Estimated Number of Respondents: 1.

Estimated Time Per Response: 45 minutes (15 minutes for each of 3 specified locations).

Estimated Total Annual Burden Hours: 1.

Estimated Total Annual Cost to Public: $40.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14940 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

NOAA Satellite Ground Station Customer Questionnaire

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to George Winston, E/SP3, 4700 Silver Hill Road, Suitland, MD 20233–9909 (301–457–5681).

SUPPLEMENTARY INFORMATION:

I. Abstract

NOAA retransmits low-resolution satellite imagery and other meteorological data to a worldwide user community having specialized electronic equipment and satellite receiving-station capabilities. Imagery and data are provided from GOES, TIROS, and METEOSAT satellites. NOAA requires a minimal amount of information from persons to determine their station location and receiving status, the satellite(s) from which they wish to receive products, and related data. Current system users are also periodically asked to update their information. The form is always available on the World-Wide-Web for users needing to change their information.

II. Method of Collection

The information is collected on a form.

III. Data

OMB Number: 0648–0227.
Form Number: None.
Type of Review: Regular submission.
Affected Public: Not-for-profit institutions; individuals; business or other for-profit; State, Local, or Tribal governments; the Federal government; and farms.
Estimated Number of Respondents: 300.
Estimated Time Per Response: 10 minutes.
Estimated Total Annual Burden Hours: 50 hours.
Estimated Total Annual Cost to Public: $0.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14941 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Gear-Marking Requirements for Fishing in the Southern Ocean Areas of the Convention of Antarctic Marine Living Resources

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Robin Tuttle, Office of Science and Technology, National Marine Fisheries Service, Room 14212, 1315 East-West Highway, Silver Spring, MD 20910 (301–713–2282).

SUPPLEMENTARY INFORMATION:

I. Abstract

Under the provisions of the Convention of Antarctic Marine Living Resources a requirement had been imposed that vessels operating in certain areas of the southern oceans and fishing for finfishes, krill, or crab must mark any fishing gear not attached to the vessel with a buoy displaying the vessel's identification number. The requirements assists law enforcement officials in monitoring fishing and other activities and to ascertain whether the vessel is participating in activities authorized for that vessel.

NOAA has previously received Paperwork Reduction Act clearance for all of its gear-marking requirements under one Office of Management and Budget (OMB) control number, 0648–0305, but for internal management reasons NOAA intends that future clearances will be obtained on a regional or fishery basis.

II. Method of Collection

The vessel's official number must be displayed on any fishing gear not attached to the vessel.

III. Data

OMB Number: None (Previously cleared under 0648–0305).
Form Number: N/A.
Type of Review: Regular submission.
Affected Public: Business and other for-profit organizations.
Estimated Number of Respondents: 1.
Estimated Time Per Response: 15 minutes per buoy.
Estimated Total Annual Burden Hours: 5.
Estimated Total Annual Cost to Public: $200.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14942 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Northwest Emergency Assistance Plan (NEAP)

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or

copies of the information collection instrument(s) and instructions should be directed to Steven P. Freese, NOAA NMFS(NWR), Sustainable Fisheries Division, 7600 Sand Point Way NE, Seattle, WA, 98115 (206) 526–6113.

SUPPLEMENTARY INFORMATION:

I. Abstract

The Northwest Emergency Assistance Plan (NEAP) provides assistance to salmon fishermen in the Pacific Northwest who have been affected by a fishery resource disaster, while providing conservation benefits to salmon resources. These disaster relief funds, which first were made available under the Interjurisdictional Fisheries Act (IFA) and more recently under the Magnuson-Stevens Fishery Conservation and Management Act, initially were applied to the following three programs, administered by the following intermediaries: a vessel permit buyback program—Washington Department of Fish and Wildlife (WDFW); (2) a habitat restoration jobs program—Natural Resource Conservation Service of the U.S. Department of Agriculture (USDA); and, (3) a data collection jobs program—Pacific States Marine Fisheries Commission (PSMFC). The habitat program is no longer in effect and the data collection program expires on January 31, 1999. Any information collection burden relevant to the data collection program (October–December 1998) would be quite small as most of the funded projects will be concluded by August 1998 and less than 20 fishermen are expected to be hired after August 1998. Many of these fishermen have already completed the necessary forms. Therefore the reporting burden associated with the data collection program is assumed to be within the estimates provided herein for the Washington State buyback program.

Under the NEAP, Washington state permits for Columbia River gillnet, ocean troll and salmon delivery, and charterboat permits were purchased under two successive bidding rounds. In response to the winter 1996–97 floods, Congress appropriated $3.5 million to continue a salmon fishing buyback program and the State of Washington is providing $1.17 million in required matching funds. Unlike the previous buyback rounds, this third round will include Puget Sound permits and exclude charterboat permits. With respect to information requirements, bidding procedures will be similar or simpler to the previous buyback rounds.

II. Method of Collection

A salmon fisherman who wishes to sell a valid Washington State salmon permit will submit: (1) An ''offer sheet'' designed by WDFW; (2) a ''landings permission'' form also may be used if WDFW wishes to undertake auditing of fishermen's offers, or should the fisherman give WDFW authorization to find his records instead of him supplying backup documentation to his request; and/or (3) a ''letter of acceptance and acknowledgment'' if the buyback offer is accepted. These forms will be returned to WDFW by mail or in person as an original signature is needed on all three forms.

III. Data

OMB Number: 0648–0288.

Form Number: None.

Type of Review: Regular submission.

Affected Public: Business and other for-profit (commercial salmon fishermen licensed to operate in the State of Washington).

Estimated Number of Respondents: 2,300.

Estimated Time Per Response: 4 hours per offer form, 8 hours per appeal, and 6 minutes per acceptance form.

Estimated Total Annual Burden Hours: 5,035 hours.

Estimated Total Annual Cost to Public: $7,000.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14943 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Southwest Region Vessel Identification Requirements

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Alvin Katekaru, Pacific Islands Area Office, Southwest Region, NMFS, 2570 Dole Street, Honolulu, HI 96822–2396 (808) 973–2985.

SUPPLEMENTARY INFORMATION:

I. Abstract

Under the provisions of the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 et seq.) NOAA is responsible for management of the Nation's marine fisheries. As part of its efforts to enforce fishery regulations, NOAA has included in some of those regulations requirements that fishing vessels be clearly identified through painting or display of an identification number on its deckhouse, hull, and/or weather deck. The ability to identify vessels from air platforms greatly enhances the ability to enforce fishery regulations and determine whether a particular vessel is authorized to participate in a fishery or engage in the activities observed.

NOAA has previously received Paperwork Reduction Act clearance for all of its gear-marking requirements under one Office of Management and Budget (OMB) control number, 0648–0306, but for internal management reasons NOAA has concluded that future clearances will be obtained on a regional or fishery basis. This notice is

for the requirements imposed in the Southwest Region's pelagic longline, crustaceans, bottomfish and seamount groundfish, precious corals, and northern anchovy fisheries.

II. Method of Collection

In these fisheries, the official number of the vessel must be clearly displayed on the port and starboard sides of the deck house or hull and on a weather deck. Minimum marking sizes are set as well as a requirement to keep the numbers visible without interference from gear or rigging.

III. Data

OMB Number: None (Previously cleared under 0648–0306).

Form Number: N/A.

Type of Review: Regular submission.

Affected Public: Business and other for-profit organizations.

Estimated Number of Respondents: 175.

Estimated Time Per Response: 15 per marking, 45 minutes per vessel.

Estimated Total Annual Burden Hours: 169 hours.

Estimated Total Annual Cost to Public: $2,500.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14944 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Southwest Region Gear Identification Requirements

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Alvin Katekaru, Pacific Islands Area Office, Southwest Region, NMFS, 2570 Dole Street, Honolulu, HI 96822–2396 (808) 973–2985.

SUPPLEMENTARY INFORMATION:

I. Abstract

Under the provisions of the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 *et seq.*) NOAA is responsible for management of the Nation's marine fisheries. As part of its efforts to enforce fishery regulations, NOAA has included in some of those regulations requirements that fishing gear be marked. The ability to link gear to its owner or operator is essential for enforcement in these fisheries, and the identification of gear is also useful in actions concerning the damage or loss of gear. NOAA has previously received Paperwork Reduction Act clearance for all of its gear-marking requirements under one Office of Management and Budget (OMB) control number, 0648–0305, but for internal management reasons NOAA intends that future clearances will be obtained on a regional or fishery basis. This notice is for the requirements imposed in the Southwest Region's pelagic longline and crustaceans fisheries.

II. Method of Collection

Fishermen in these fisheries must mark their fishing gear. Longline vessel operators must ensure that the official number of the vessel is affixed to every longline float and buoy, whether or not the float or buoy is deployed. The lobster vessel's official number must be marked legibly on all traps and floats.

III. Data

OMB Number: None (Formerly cleared under 0648–0305).

Form Number: N/A.

Type of Review: Regular submission.

Affected Public: Business and other for-profit organizations.

Estimated Number of Respondents: 175.

Estimated Time Per Response: 2–5 minutes per mark.

Estimated Total Annual Burden Hours: 2,202 hours.

Estimated Total Annual Cost to Public: $33,000.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14945 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Gear Marking and Call-in Requirements for Atlantic Large Whale Take Reduction Plan

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to comment on proposed information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instructions should be directed to Kevin Chu, National Marine Fisheries Service, 166 Water St., Woods Hole, MA 02543, (508) 495–2367.

SUPPLEMENTARY INFORMATION:

I. Abstract

Two collections of information are proposed. First, persons setting lobster or gillnet gear in some areas of the Atlantic Ocean would be required to paint or otherwise mark their gear with two color codes, one color designating the type of gear, the other designating the area where the gear is set. These marking requirements would apply in right whale critical habitats and in areas described below as the Southeast Observer Area and as the Stellwagen Bank/Jeffreys Ledge Restricted Area. The goals of this collection of information are to obtain more information on where large whales are being entangled and on what kind of gear is responsible for the entanglement.

Second, from November 15 to March 31, persons netting for sharks in Atlantic waters off Florida and Georgia would be required to call NMFS 48 hours prior to departure to arrange for an observer. The purpose of this collection of information is to allow NMFS to coordinate fisheries observer coverage of the fishery. Observer coverage is required not only by the Atlantic Large Whale Take Reduction Plan, but also by a Biological Opinion conducted under Section 7 of the Endangered Species Act. Placement of observers on these vessels would not only allow NMFS to quantify the level of takes of protected species associated with this fishery, but would ensure that disentanglement efforts will be immediately initiated if any northern right whales, a critically endangered species, are netted incidental to these fishing activities.

Method of Collection

A. Gear Marking: The gear marking requirement would apply to lobster pot gear and gillnet gear set in specified areas. The specified areas are: Southeast U.S. (SEUS) Observer Area, Great South Channel Critical Habitat for right whales, Cape Cod Bay Critical Habitat for right whales, and the Stellwagen Bank/Jeffreys Ledge Restricted Area. The SEUS Observer Area consists of the area from 32°00′ N lat. (near Savannah, GA) south to 26°46.5′ N lat. (near Sebastian Inlet, FL), extending from the shore eastward to 80°00′ W long. The Stellwagen Bank/Jeffreys Ledge Restricted Area means all Federal waters in the Gulf of Maine, except those designated as the Cape Cod Bay Critical Habitat, that lie south of the 43°15′N lat. line and west of the 70°00′W long. line. The Great South Channel Critical Habitat and the Cape Cod Bay Critical Habitat are as specified under 50 CFR 216.13(a) and (b).

Starting November 15, 1998, any person who owns or fishes with lobster pot gear or gillnet gear in the specified areas would be required to mark that gear in accordance with a color code.

All lobster and gillnet gear in specified areas must be marked with two color codes, one designating the gear type, the other indicating the area where the gear is set. Each of the color codes must be permanently marked on or along the buoy lines. After November 15, 1999, gillnets in the Southeast Observer Area (including strike nets) also would need to be marked along both the float line and the lead line at least once every 100 feet (30.8 m) with the same color code.

Each color mark would have to be clearly visible when the gear is hauled or removed from the water. Each mark would be at least 4 inches (10.2 cm) long. The two color marks would be placed within 6 inches (15.2 cm) of each other. If the color of the rope is the same or similar to a color code, a white mark may be substituted for that color code. In marking or affixing the color code or associated neutral band, the line may be dyed, painted, or marked with thin colored whipping line, thin colored plastic or heat shrink tubing, or other material, or thin line may be woven into or through the line.

Burden hours for both the gillnet and lobster fleets from the gear marking requirements were estimated assuming that persons would use paint to mark their lines. Public comments have indicated that painting would be the least time-consuming way of applying marks. However, other methods may also be used, including ''whipping'', to mark lines. If whipping is used, the time required to mark the lines would be considerably greater than painting. Comments are requested on the assumption that marks would be painted.

B. Observer requirement. No person would be allowed to fish with drift or strikenet gear in the SEUS observer area from November 15 through March 31 unless the operator of the vessel calls the SE Regional Office in St. Petersburg, FL, not less than 48 hours prior to departing on any fishing trip in order to arrange for observer coverage. If the Regional Office requests that an observer be taken on board a vessel during a fishing trip at any time from November 15 through March 31 of the following year, no person would be allowed to fish with drift or strikenet gear aboard that vessel in the SEUS observer area unless an observer is on board that vessel during the trip.

III. Data

OMB Number: None.

Form Number: None.

Type of Review: Regular submission.

Affected Public: Business and other for-profit (persons participating in the lobster and gillnet fisheries in specified areas).

Estimated Number of Respondents: The gear marking requirements are expected to affect 1100 lobster fishermen and 160 gillnet fishermen. The call-in requirement in the SEUS Observer Area is expected to affect 30 shark gillnet fishermen.

Estimated Time Per Response: The estimated time per response for the gear marking requirement is 3.0 hours per lobster vessel and 1.5 hours per gillnet vessel.

The estimated time per response for the call-in procedure in the SEUS Observer Area is 10 minutes per call.

Estimated Total Annual Burden Hours: 3,560 (3300 hours for the lobster fleet based on 3 hours per vessel × 1100 vessels; 240 hours for the gillnet fleet based on 1.5 hours per vessel × 160 vessels; and 20 hours for the call-in requirement in the SEUS Observer Area based on 30 fishers × 4 calls/fisher × 10 minutes/call).

Estimated Total Annual Cost to Public: $24,460 ($24,100 to paint marks on the affected gear assuming $0.06 per mark, and $360 for the call-in requirement assuming $3.00 per phone call).

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information

is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14947 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Foreign Fishing Gear Identification Requirements

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Bob Dickinson, Office of Sustainable Fisheries, International Fisheries Division, 1315 East West Highway, Silver Spring, Maryland 20910, (301) 713–2337.

SUPPLEMENTARY INFORMATION:

I. Abstract

Under provisions of the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 *et seq.*), NOAA is responsible for management of the Nation's marine fisheries. As part of its efforts to enforce fishery regulations, NOAA has included in some of those regulations requirements that fishing gear be marked. The ability to link gear to its owner or operator is essential for enforcement in these fisheries, and the identification of gear is also useful in actions concerning the damage or loss of gear. NOAA has previously received Paperwork Reduction Act clearance for all of its gear-marking requirements under one Office of Management and Budget (OMB) control number, 0648–0305, but for internal management reasons NOAA intends that future clearances will be obtained on a regional or fishery basis. This notice is for requirements imposed on foreign fishing vessels authorized to deploy gear in the U.S. Exclusive Economic Zone. At this time no vessels have such an authorization.

II. Method of Collection

Deployed gear which is not physically and continuously attached to the vessel must be marked by a buoy displaying the vessel identification of the vessel that deployed the gear and must have attached a light visible for two miles at night in good visibility.

III. Data

OMB Number: None.
Form Number: N/A.
Type of Review: Regular submission.
Affected Public: Business and other for-profit organizations.
Estimated Number of Respondents: 0.
Estimated Time Per Response: 30 minutes.
Estimated Total Annual Burden Hours: 0.
Estimated Total Annual Cost to Public: $0.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14948 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Northeast Region Vessel Identification Requirements

ACTION: Proposed collection; Comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Mary M. Tokarcik, Fisheries Management Specialist, One Blackburn Drive, Gloucester, MA 01930, (978) 281–9326.

SUPPLEMENTARY INFORMATION:

I. Abstract

Under the provisions of the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 et seq.) NOAA is responsible for management of the Nation's marine fisheries. As part of its efforts to enforce fishery regulations, NOAA has included in some of those regulations a requirement that fishing vessels display the vessel's official number in a specific way. The display of the number assists law enforcement

officials in monitoring fishing and other activities and to ascertain whether the vessel is participating in activities authorized for that vessel.

NOAA has previously received Paperwork Reduction Act clearance for all of its vessel-identification requirements under one Office of Management and Budget (OMB) control number, 0648–0306, but for internal management reasons NOAA intends that future clearances will be obtained on a regional or fishery basis. This notice is for the requirements imposed in the Northeast Region for the following fisheries: summer flounder; black sea bass; scup; American lobster; Atlantic sea scallop; Northeast multispecies; Atlantic surf clam and ocean quahog; Atlantic mackerel, squid and butterfish.

II. Method of Collection

The vessel's official number must be displayed in a specified size on the port and starboard sides of the deckhouse or hull and on a weather deck.

III. Data

OMB Number: None.

Form Number: N/A.

Type of Review: Regular submission.

Affected Public: Business and other for-profit organizations.

Estimated Number of Respondents: 5,655.

Estimated Time Per Response: 45 minutes (15 minutes for each of 3 specified locations).

Estimated Total Annual Burden Hours: 4,241 hours.

Estimated Total Annual Cost to Public: $120,169.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14949 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Northeast Region Gear Identification Requirements

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington, DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Mary M. Tokarcik, Fisheries Management Specialist, One Blackburn Drive, Gloucester, MA 01930, (978) 281–9326.

SUPPLEMENTARY INFORMATION:

I. Abstract

Under the provisions of the Magnuson-Stevens Fishery Conservation and Management Act (16 U.S.C. 1801 *et. seq.*) NOAA is responsible for management of the Nation's marine fisheries. As part of its efforts to enforce fishery regulations, NOAA has included in some of those regulations requirements that fishing gear be marked. The ability to link gear to its owner or operator is essential for enforcement in these fisheries, and the identification of gear is also useful in actions concerning the damage or loss of gear.

NOAA has previously received Paperwork Reduction Act clearance for all of its gear-marking requirements under one Office of Management and Budget (OMB) control number, 0648–0305, but for internal management reasons NOAA intends that future clearances will be obtained on a regional or fishery basis. This notice is for the requirements imposed in the Northeast Region for the following: American lobster traps; black sea bass traps; scup traps; multispecies fish traps; multispecies gill nets; and multispecies longlines.

II. Method of Collection

Fishermen in selected fisheries must mark their fishing gear. American Lobster, black sea bass and scup traps must be marked by a number assigned by the Regional Administrator. Multispecies traps, longlines and gillnets must be marked with the owner and vessel names or the vessel's official number, so that it is visible on the surface of the water.

III. Data

OMB Number: None.

Form Number: N/A.

Type of Review: Regular submission.

Affected Public: Business and other for-profit organizations.

Estimated Number of Respondents: 3,203.

Estimated Time Per Response: Each lobster trap will take one minute to mark, each multispecies trap, longline and gillnet will take one minute to mark, each scup pot will take one minute to mark and each black sea bass pot will take one minute to mark.

Estimated Total Annual Burden Hours: 24,516 hours.

Estimated Total Annual Cost to Public: $367,736.

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14950 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

Atlantic Highly Migratory Species Gear Identification Requirements

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)).

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington, DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information or copies of the information collection instrument(s) and instructions should be directed to Christopher Rogers, Highly Migratory Species Management Division (F/SF1), Office of Sustainable Fisheries, NMFS, 1315 East-West Highway, Silver Spring, MD 20910; (301) 713–2347.

SUPPLEMENTARY INFORMATION:

I. Abstract

Any flotation device attached to handline or harpoon gear used to fish for Atlantic highly migratory species (tunas, swordfish, sharks) must be marked with the permit number of the vessel from which it is used. Regulations for these fisheries prohibit at-sea transfer of catch. This requirement is necessary to identify catch that is buoyed for later pickup.

II. Method of Collection

There is no form used under this requirement. Permit numbers are issued to vessel operators (under a separate information collection) and the permit number is marked on flotation gear. The requirement is contained at 50 CFR 285.33.

III. Data

OMB Number: None.

Form Number: None.

Type of Review: Regular submission.

Affected Public: Individuals, Business and other for-profit organizations (respondents are operators of vessels in the Atlantic tunas, swordfish and shark fisheries who fish with handgear).

Estimated Number of Respondents: 1,600.

Estimated Time Per Response: 15 minutes per float (it is assumed that each vessel would have a maximum of five floats).

Estimated Total Annual Burden Hours: 2,000.

Estimated Total Annual Cost to Public: $24,000 (for materials).

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized and/or included in the request for OMB approval of this information collection; they also will become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14951 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[Docket No. 980427106–8106–01]

RIN 0648–ZA42

Dean John A. Knauss Marine Policy Fellowship National Sea Grant College Federal Fellows Program

AGENCY: Office of Oceanic and Atmospheric Research, National Oceanic and Atmospheric Administration, Commerce.

ACTION: Notice.

SUMMARY: This notice announces that applications may be submitted for a Fellowship program which was initiated by the National Sea Grant College Program Office (NSGCPO), in fulfilling its broad educational responsibilities, to provide educational experience in the policies and processes of the Legislative and Executive Branches of the Federal Government to graduate students in marine related fields. The Fellowship program accepts applications once a year during the month of September. All applicants must submit an application to one of the Sea Grant College Programs in their state. If there is no program in the applicant's state they should apply through the closest state Sea Grant College Program.

DATES: Deadlines vary from state to state, but are generally due in early August. Contact your state Sea Grant College Program for specific deadlines (see list below).

ADDRESSES: Applications should be addressed to the Sea Grant College Program in your state or the closest state. Contact your state Sea Grant College Program for the mailing address from the list below.

FOR FURTHER INFORMATION CONTACT: Information and brochures can be obtained from Dr. Shirley J. Fiske, Director, National Sea Grant Federal Fellows Program, National Sea Grant College Program, 1315 East-West Highway, Silver Spring, Maryland 20910, telephone (301) 713–2431 extension 148 or call your nearest Sea Grant program:

University of Alaska—(907) 474–7086
University of California—(619) 534–4440
University of Connecticut—(860) 405–9128
University of Delaware—(302) 831–2841
University of Florida—(352) 392–5870
University of Georgia—(706) 542–6009
University of Hawaii—(808) 956–7031
University of Illinois—(317) 494–3593
Louisiana State University—(504) 388–6710
University of Maine—(207) 581–1436
University of Maryland—(301) 405–6371
Massachusetts Institute of Technology—(617) 253–7131
University of Michigan—(313) 763–1437
University of Minnesota—(218) 726–8106
Mississippi-Alabama Sea Grant Consortium—(601) 875–9341
University of New Hampshire—(603) 862–3505

New Jersey Marine Science Consortium—(908) 872–1300
State University of New York—(516) 632–6905
University of North Carolina—(919) 515–2454
The Ohio State University—(614) 292–8949
Oregon State University—(541) 737–3396
University of Puerto Rico—(787) 832–3585
Purdue University—(317) 494–3593
University of Rhode Island—(401) 874–6800
South Carolina Sea Grant Consortium—(803) 727–2078
University of Southern California—(213) 740–1961
Texas A&M University—(409) 845–3854
Virginia Graduate Marine Science Consortium—(804) 924–5965
University of Washington—(206) 543–6600
University of Wisconsin—(608) 262–0905
Woods Hole Oceanographic Institute—(508) 457–2000 ext. 2665

SUPPLEMENTARY INFORMATION:

Dean John A. Knauss Marine Policy Fellowship, National Sea Grant College Federal Fellows Program.

Purpose of the Fellowship Program

In 1979, the National Sea Grant College Program Office (NSGCPO), in fulfilling its broad educational responsibilities, initiated a program to provide educational experience in the policies and processes of the Legislative and Executive Branches of the Federal Government to graduate students in marine related fields. The U.S. Congress recognized the value of this program and in 1987, Pub. L. 100–220 stipulated that the Sea Grant Federal Fellows Program was to be a formal part of the National Sea Grant College Program Act. The recipients are designated Dean John A. Knauss Marine Policy Fellows pursuant to 33 U.S.C. 1127(b).

Announcement

Fellows program announcements are sent annually to all participating Sea Grant institutions and campuses by the state Sea Grant Director upon receipt of notice from the National Sea Grant College Program Office (NSGCPO). A brochure describing the program is also available from the NSGCPO for distribution by both that office and the state Sea Grant programs.

Eligibility

Any student who, on September 30, 1998, is in a master's, doctoral or professional program in a marine related field from any accredited institution of higher education in the United States may apply to the NSGCPO through the state or closest state Sea Grant program. NOAA makes financial assistance funds available to the National Sea Grant Colleges to implement the fellowship program. The National Sea Grant College Program is listed in the Catalog of Federal Domestic Assistance under number 11.417: Sea Grant Support.

Deadlines

Applications must be obtained from and submitted with their signature (no copies required) to the state Sea Grant Director by the date set by the Directors in their individual program announcement (usually early to mid-September). State Sea Grant programs may select and forward to the National Office no more than four (4) finalists according to a selection criteria comparable to that of the National Office.

Applications are to be submitted to the NSGCPO by the sponsoring state Sea Grant Director, no later than close of business on September 30th of any given year. The competitive selection process and subsequent notification will be completed by October 31st of any given year.

Stipend and Expenses

For 1999 a Fellow will receive an award of $36,000 which is distributed between salary (stipend) and living expenses in accordance with University guidelines. Other expenses covered are travel, moving costs, health insurance and institutional overhead.

Application

An application will include:

Personal and academic resume or curriculum vitae.
Personal education and career goal statement which emphasizes expectations from the experience in the way of career development (not to exceed 2 pages).
No more than two letters of recommendation with at least one being from the student's major professor.
A letter of endorsement from the sponsoring state Sea Grant Director.
Copy of undergraduate and graduate student transcripts. Thesis papers nor additional supporting documents are desired.

It is our intent that all applicants be evaluated only on their ability, therefore letters of endorsements from members of Congress, friends, relatives or others will not be considered.

Placement preference in the Executive or Legislative Branches of the Government may be stated, and will be honored to the extent possible.

Selection Criteria

The selection criteria will include:

Strength of academic performance.
Communications skills (both written and oral).
Diversity of academic background.
Work experience.
Support of major professor.
Support of Sea Grant Director.
Ability to work with people.

Selection

Applicants will be individually reviewed and ranked by a panel chaired by the Director of Federal Fellowships of the NSGCPO and include representation from (1) the Sea Grant Association, (2) the Office of the Assistant Administrator for Oceanic and Atmospheric Research, and (3) the current and possibly last past group of Fellows. The individuals representative of these groups will be chosen on a year by year basis according to availability, timing, and other exigencies. Selection of finalists by the panel will be done by the Panel Chair according to the criteria outlined above. Relative weights for the evaluation criteria are equal. After selection, the panel chair will group applicants into the two categories, legislative and executive, based upon the applicant's stated preference and/or judgment of the panel based upon material submitted. The number of fellows assigned to the Congress will be limited to 10.

Federal Policies and Procedures

Fellows receive funds directly from the National Sea Grant Colleges and are considered to be subrecipients of Federal assistance subject to all Federal laws and Federal and Commerce Department policies, regulations, and procedures applicable to Federal financial assistance awards.

Past Performance

Unsatisfactory performance under prior Federal awards may result in an application not being considered for funding.

Pre-Award Activities

If applicants incur any costs prior to an award being made, they do so solely at their own risk of not being reimbursed by the Government. Notwithstanding any verbal or written assurance that may have been received, there is no obligation on the part of Department of Commerce to cover pre-award costs.

No Obligation for Further Funding

If an application is selected for funding, Department of Commerce has no obligation to provide any additional future funding in connection with that award. Renewal of an award to increase funding or extend the period of performance is at the total discretion of Department of Commerce.

Delinquent Federal Debts

No award of Federal funds shall be made to a Fellows applicant who has an outstanding delinquent Federal debt or fine until either:

i. The delinquent account is paid in full,

ii. A negotiated repayment schedule is established and at least one payment is received, or

iii. Other arrangements satisfactory to Department of Commerce are made.

Name Check Review

All non-profit and for-profit applicants are subject to a name check review process. Name checks are intended to reveal if any key individuals associated with the applicant have been convicted of or are presently facing criminal charges such as fraud, theft, perjury, or other matters which significantly reflect on the applicant's management honesty or financial integrity.

Primary Application Certifications

All primary applicants must submit a completed Form CD–511, ''Certifications Regarding Debarment, Suspension and Other Responsibility Matters; Drug-Free Workplace Requirements and Lobbying,'' and the following explanations are hereby provided:

i. Nonprocurement Debarment and Suspension

Prospective participants (as defined at 15 CFR part 26, section 105) are subject to 15 CFR part 26, ''Nonprocurement Debarment and Suspension'' and the related section of the certification form prescribed above applies;

ii. Drug-Free Workplace

Grantees (as defined at 15 CFR Part 26, section 605) are subject to 15 CFR part 26, subpart F, ''Governmentwide Requirements for Drug-Free Workplace (Grants)'' and the related section of the certification form prescribed above applies;

iii. Anti-Lobbying

Persons (as defined at 15 CFR part 28, section 105) are subject to the lobbying provisions of 31 U.S.C. 1352, ''Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,'' and the lobbying section of the certification form prescribed above applies to applications/bids for grants, cooperative agreements, and contracts for more than $100,000 and loans and loan guarantees for more than $150,000, or the single family maximum mortgage limit for affected programs, whichever is greater; and

iv. Anti-Lobbying Disclosures

Any applicant that has paid or will pay for lobbying using any funds must submit an SF–LLL, ''Disclosure of Lobbying Activities,'' as required under 15 CFR part 28, appendix B.

Lower Tier Certifications

Recipients shall require applicants/bidders for subgrants, contracts, subcontracts, or other lower tier covered transactions at any tier under the award to submit, if applicable, a completed Form CD–512, ''Certifications Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-Lower Tier Covered Transactions and Lobbying'' and disclosure form, SF–LLL, ''Disclosure of Lobbying Activities.'' Form CD–512 is intended for the use of recipients and should not be transmitted to Department of Commerce. SF–LLL submitted by any tier recipient or subrecipient should be submitted to Department of Commerce in accordance with the instructions contained in the award document.

False Statements

A false statement on an application is grounds for denial or termination of funds and grounds for possible punishment by a fine or imprisonment as provided in 18 U.S.C. 1001.

Intergovernmental Review

Applications under this program are subject to Executive Order 12372, ''Intergovernmental Review of Federal Programs.''

Classification

Prior notice and an opportunity for public comments are not required by the Administrative Procedure Act or any other law for this notice concerning grants, benefits, and contracts. Therefore, a regulatory flexibility analysis is not required for purposes of the Regulatory Flexibility Act.

This action has been determined to be not significant for purposes of E.O. 12866.

This document contains a collection-of-information requirement subject to the Paperwork Reduction Act. The collection of this information has been approved by OMB under control number 0648–0294. Notwithstanding any other provision of law, no person is required to respond to, nor shall any person be subject to a penalty for failure to comply with, a collection of information subject to the requirements of the Paperwork Reduction Act unless that collection of information displays a currently valid OMB Control Number.

Dated: June 1, 1998.

Elbert W. Friday,

Assistant Administrator, Office of Oceanic and Atmospheric Research.

[FR Doc. 98–15073 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–12–M

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 040298A]

Small Takes of Marine Mammals Incidental to Specified Activities; Space Launch Vehicles at Vandenberg Air Force Base, CA

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

ACTION: Notice of issuance of an incidental harassment authorization.

SUMMARY: In accordance with provisions of the Marine Mammal Protection Act (MMPA) as amended, notification is hereby given that an Incidental Harassment Authorization (IHA) to take small numbers of seals and sea lions by harassment incidental to launches of Lockheed Martin Athena launch vehicles (Athena) at Space Launch Complex 6 (SLC–6), Vandenberg Air Force Base, CA (Vandenberg) has been issued to the U.S. Air Force for a period not to exceed 1 year.

DATES: This authorization is effective from July 18, 1998, through July 17, 1999.

ADDRESSES: A copy of the application, authorization, previous documentation, and **Federal Register** notices on this action may be obtained by writing to the Chief, Marine Mammal Division, Office of Protected Resources, NMFS, 1315 East-West Highway, Silver Spring, MD 20910 or by telephoning the contact listed here.

FOR FURTHER INFORMATION CONTACT: Kenneth Hollingshead, Marine Mammal Division, Office of Protected Resources at 301–713–2055, or Irma Lagomarsino, Southwest Regional Office at 562–980–4016.

SUPPLEMENTARY INFORMATION:

Background

Section 101(a)(5)(A) of the MMPA (16 U.S.C. 1361 *et seq.*) directs 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) within a specified geographical region if certain findings are made and regulations are issued.

Permission may be granted if NMFS finds that the taking will have a negligible impact on the species or stock(s) and will not have an unmitigable adverse impact on the availability of the species or stock(s) for subsistence uses, and that the permissible methods of taking and requirements pertaining to the 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 U.S. citizens can apply for an authorization to incidentally take small numbers of marine mammals by harassment for a period of up to 1 year. The MMPA defines ''harassment'' as:

> ...any act of pursuit, torment, or annoyance which (a) has the potential to injure a marine mammal or marine mammal stock in the wild; or (b) has the potential to disturb a marine mammal or marine mammal stock in the wild by causing disruption of behavioral patterns, including, but not limited to, migration, breathing, nursing, breeding, feeding, or sheltering.

Subsection 101(a)(5)(D) establishes a 45-day time limit for NMFS review of an application followed by a 30-day public notice and a comment period on any proposed authorizations for the incidental harassment of small numbers 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 March 10, 1998, NMFS received an application from the U.S. Air Force, Vandenberg, requesting continuation of an authorization for the harassment of small numbers of harbor seals and possibly California sea lions, northern elephant seals, and other pinnipeds incidental to launches of Athena rockets from Vandenberg. The present authorization expires on July 18, 1998. The U.S. Air Force application incorporates by reference the information contained in applications provided each year since 1995. Detailed descriptions of the activity and the expected impact from rocket launches on marine mammals have been provided in previous authorization notices for Lockheed (60 FR 24840, May 10, 1995; 60 FR 38308, July 26, 1995; 61 FR 19609, May 2, 1996; 61 FR 38437, July 24, 1996; 62 FR 26779, May 15, 1997; and 62 FR 40335, July 28, 1997). These applications and notices are available upon request (see **ADDRESSES**).

It should be noted that NMFS has received a petition for regulations and an application for a small take authorization under section 101(a)(5)(A) of the MMPA. If implemented, this rulemaking will replace this 1-year authorization, (see 62 FR 40335, July 28, 1997) with a 5-year regulatory program, governing incidental takes of marine mammals by launches of all rocket and missile types, and jet aircraft and helicopter operations from Vandenberg.

Comments and Responses

A notice of receipt of the U.S. Air Force application and proposed authorization was published on April 8, 1998 (63 FR 17154), and a 30-day public comment period was provided on the application and proposed authorization. No comments were received during the comment period.

Description of Marine Mammals and Potential Effects of Launches on Marine Mammals

The marine mammal species anticipated to be incidentally harassed by launches from Vandenberg is principally the harbor seal (*Phoca vitulina*). California sea lions (*Zalophus californianus*), northern elephant seals (*Mirounga angustirostris*), northern fur seals (*Callorhinus ursinus*), and possibly Guadalupe fur seals (*Arctocephalus townsendi*) in the vicinity of Vandenberg and on the Northern Channel Islands (NCI) may also be harassed, but in significantly smaller numbers. A detailed description of the Southern California Bight population of seals and sea lions and the potential impacts from rocket launches on these species and stocks, have been provided in the previously referenced **Federal Register** notices and are not repeated here. For the appropriate discussion, interested reviewers are encouraged to refer to those documents, which are available upon request from NMFS (see **ADDRESSES**).

As a result of the noise associated with launches and the sonic boom resulting from some launch vehicles at certain trajectories, there is a potential to cause a startle response to those seals and sea lions that haul out on the coastline of Vandenberg and on the NCI. The effect on the above listed seals and sea lions would be anticipated to result in a negligible short-term impact to small numbers of seals and sea lions that are hauled out at the time of a launch. No impacts are anticipated to animals that are in the water at the time of launch.

Conclusions

Based upon information provided by the applicant and by previous reviews of the incidental take of seals and sea lions by this activity, NMFS believes that the short-term impact of the rocket launches at Vandenberg is expected to result in, at worst, a temporary reduction in utilization of the haulout as seals and/or sea lions leave the beach for the safety of the water. Launchings are not expected to result in any reduction in the number of seals or sea lions, and they are expected to continue to occupy the same areas. Additionally, there will not be any impact on the habitat itself. Based upon studies conducted for previous space vehicle launches at Vandenberg, significant long-term impacts on seals and sea lions at Vandenberg are unlikely.

For these reasons, NMFS has determined that the requirements of section 101(a)(5)(D) of the MMPA have been met and the authorization can be issued.

Authorization

For the above reasons, NMFS has issued an IHA for a period of time not to exceed 1 year for launches of Athena rockets at SLC–6, Vandenberg, provided the monitoring and reporting requirements currently in effect are continued.

Dated: June 1, 1998.

Patricia A. Montanio,

Deputy Director, Office of Protected Resources, National Marine Fisheries Service.

[FR Doc. 98–14868 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–F

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 052798C]

Gulf of Mexico Fishery Management 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 of its Florida/Alabama, Mississippi/Louisiana, and Texas Habitat Protection Advisory Panels (AP).

DATES: A meeting of the Florida/Alabama Habitat Protection AP will be held on Wednesday, June 17, 1998. A meeting of the Mississippi/Louisiana Habitat Protection AP will be held on Monday, June 22, 1998. A meeting of the Texas Habitat Protection AP will be held on Tuesday, June 30, 1998. The meetings in Florida and Texas will begin 10:00 a.m. and conclude by 5:00 p.m.; the meeting in Louisiana will begin at 9:00 a.m. and conclude by 4:00 p.m.

ADDRESSES: The meeting of the Florida/Alabama Habitat Protection AP will meet at the Ramada Airport Inn & Conference Center, 5303 West Kennedy Boulevard, Tampa, FL; telephone: 813–289–1950. The Mississippi/Louisiana Habitat Protection AP will meet at the New Orleans Airport Radisson, 2150 Veterans Boulevard, Kenner, LA; telephone: 504–467–3111. The Texas Habitat Protection AP will meet at the Hobby Airport Hilton, 8181 Airport Boulevard, Houston, TX; telephone: 713–645–3000.

Council address: Gulf of Mexico Fishery Management Council, 3018 U.S. Highway 301 North, Suite 1000, Tampa, FL 33619.

FOR FURTHER INFORMATION CONTACT: Richard Leard, Senior Fishery Biologist; telephone: 813–228–2815.

SUPPLEMENTARY INFORMATION: The APs will be convened to review the draft generic amendment on essential fish habitat (EFH). The draft document is mandated by the Magnuson-Stevens Fishery Conservation and Management Act (Magnuson Act) and addresses EFH in all seven of the Council?s Fishery Management Plans (FMP). Following is a summary of the amendment:

1. Essential fish habitat (EFH) is identified and described based on areas where various life stages of 21 selected managed species and the coral complex commonly occur. The selected species are shrimp (brown shrimp, *Penaeus aztecus;* white shrimp, *Penaeus setiferus;* pink shrimp, *Penaeus duorarum*); red drum, *Sciaenops ocellatus;* reef fish (red grouper, *Epinephelus morio*; gag grouper, *Mycteroperca microlepsis;* scamp grouper, *Mycteroperca phenax*; red snapper, *Lutjanus campechanus;* gray snapper, *Lutjanus griseus;* yellowtail snappper, *Ocyurus chrysurus;* lane snapper, *Lutjanus synagris*; greater amberjack, *Seriola dumerili;* lesser amberjack, *Seriola fasciata;* tilefish, *Lopholatilus chamaeleonticeps;* and gray triggerfish, *Balistes capriscus*), coastal migratory pelagic species (king mackerel, *Scomberomorus cavalla;* Spanish mackerel, Scomberomorus maculatus; cobia, *Rachycentron canadum;* and dolphin, *Coryphaena hippurus*), stone crab, *Menippe mercenaria;* spiny lobster, *Panulirus argus;* and the coral complex;

2. The selected species represent about a third of the species under management by the Gulf of Mexico Fishery Management Council. Collectively, these species commonly occur throughout all of the marine and estuarine waters of the Gulf of Mexico. EFH for the remaining managed species will be addressed in future FMP amendments, as appropriate;

3. EFH is defined as everywhere that the above managed species commonly occur. Because these species collectively occur in all estuarine and marine habitats of the Gulf of Mexico, EFH is separated into estuarine and marine components. For the *estuarine* component, EFH includes all estuarine waters and substrates (mud, sand, shell, rock and associated biological communities), including the sub-tidal vegetation (seagrasses and algae) and adjacent inter-tidal vegetation (marshes and mangroves). In *marine* waters of the Gulf of Mexico, EFH includes virtually all marine waters and substrates (mud, sand, shell, rock and associated biological communities) from the shoreline to the seaward limit of the EEZ;

4. Threats to EFH from fishing and nonfishing activities are identified;

5. Options to conserve and enhance EFH are provided and research needs are identified;

6. No management measures and, therefore, no regulations are proposed at this time. Fishing-related management measures to minimize any identified impacts are deferred to future amendments when the Council has the information necessary to decide if the measures are practicable.

Although other issues not contained in this agenda may come before the Panels for discussion, in accordance with the Magnuson-Stevens Fishery Conservation Act, those issues may not be the subject of formal action during this meeting. Panel action will be restricted to those issues specifically identified in the agenda listed in this notice.

A copy of the agenda can be obtained by contacting the Gulf Council (see **ADDRESSES**).

Special Accommodations

These meetings are physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aids should be directed to Anne Alford at the Council (see **ADDRESSES**) by June 10, 1998.

Dated: June 1, 1998.

Bruce C. Morehead,

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

[FR Doc. 98–15028 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–F

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 052798B]

Pacific Fishery Management Council; Public Meetings

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

ACTION: Notice of public meetings.

SUMMARY: The Pacific Fishery Management Council and its advisory entities will hold public meetings.

DATES: The Council, and its advisory entities will meet during June 22–26, 1998. The Council meeting will begin on Tuesday, June 23, at 8 a.m. with a closed session to discuss litigation and personnel matters. The open session begins at 8:30 a.m. The Council will reconvene Wednesday through Friday at 8 a.m. in open session. The Council will meet as late as necessary each day to complete its scheduled business.

ADDRESSES: The meetings will be held at the Doubletree Hotel, Seattle Airport, 18740 Pacific Highway South, Seattle, WA 98188; telephone: (206) 246–8600.

Council address: Pacific Fishery Management Council, 2130 SW Fifth Avenue, Suite 224, Portland, OR 97201.

FOR FURTHER INFORMATION CONTACT: Lawrence D. Six, Executive Director; telephone: (503) 326–6352.

SUPPLEMENTARY INFORMATION: The following items are on the Council agenda, but not necessarily in this order:

A. Call to Order

1. Opening Remarks, Introductions, Roll Call.

2. Remarks of Rear Admiral J. David Spade, USCG.

3. Approve Agenda.

4. Approve November 1997, March 1998, and April 1998.

Meeting Minutes

B. Habitat Issues - Report of the Habitat Steering Group

C. Salmon Management

1. Sequence of Events and Status of Fisheries.

2. Risk Analysis for Oregon Coastal Coho Plan Amendment.

3. Draft Plan Amendments and Preliminary Draft.

Environmental Impact Statement

4. Comprehensive Review of Hooking Mortality and Encounter Rates.

D. Dungeness Crab Management - Review Status of Legislation and Determine Need for Council Plan

E. Coastal Pelagic Species Management

1. Anchovy Biomass Estimate and Quotas for 1998 - 1999 Season.

2. Draft Plan Amendments.

F. Groundfish Management

1. Status of Federal Regulations and Other Activities.

2. Report of Congressional Hearing.

3. Proposal to Allow Landing of Fish in Excess of Cumulative Limits.

4. Status of Fisheries and Inseason Adjustments.

5. Preliminary Results of Oregon Enhanced Data Collection Project.

6. Draft Plan Amendments.

7. Lingcod and Rockfish Allocation.

8. Stock Assessment Priorities for 1999.

9. Exempted Fishing Permits for Depth-Specific Sampling and ''Fish for Research'' in 1998.

10. Capacity Reduction Program.

G. Administrative and Other Matters

1. Report of the Budget Committee.

2. Status of Legislation.

3. Report on the National Ocean Conference.

4. Appointments to Advisory Groups.

5. Research and Data Needs and Economic Data Plan.

6. Approve September 1998 Agenda.

Advisory Meetings

The Habitat Steering Group meets at 10 a.m. on Monday,June 22, to address issues and actions affecting habitat of fish species managed by the Council.

The Scientific and Statistical Committee will convene on Monday, June 22, at 8 a.m. and on Tuesday, June 23, at 8 a.m. to address scientific issues on the Council agenda.

The Groundfish Management Team will convene on Monday,

June 22, at 8 a.m. to address groundfish management items on the Council agenda.

The Groundfish Advisory Subpanel will convene on Monday, June 22, at 3 p.m. and on Tuesday, June 23, at 8 a.m., and will continue to meet throughout the week as necessary to address groundfish management items on the Council agenda.

The Enforcement Consultants meet at 7 p.m. on Tuesday,June 23, to address enforcement issues relating to Council agenda items.

The Budget Committee meets on Monday, June 22, at 1 p.m., to review the status of the 1998 Council budget and develop a 1999 budget.

Although other issues not contained in this agenda may come before these groups for discussion, in accordance with the Magnuson-Stevens Fishery Conservation and Management Act, those issues may not be the subject of formal action during this meeting. Action will be restricted to those issues specifically identified in the agenda listed 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 Mr. John S. Rhoton at (503) 326–6352 at least 5 days prior to the meeting date.

Dated: June 1, 1998.

Bruce C. Morehead,

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

[FR Doc. 98–15027 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–22–F

DEPARTMENT OF COMMERCE

[Docket No. 980422102–8102–01]

RIN 0660–AA13

Elements of Effective Self Regulation for the Protection of Privacy and Questions Related to Online Privacy

AGENCY: National Telecommunications and Information Administration, Department of Commerce.

ACTION: Notice and request for public comment.

SUMMARY: The Department of Commerce, along with the Office of Management and Budget has been asked to report to the President on industry efforts to establish self-regulatory regimes to ensure privacy online and to develop technological solutions to protect privacy. The President also directed the Commerce Department and the Office of Management and Budget to ensure that means are developed to protect children's privacy online. The Department of Commerce requests comments on various aspects of Internet Privacy including the effectiveness of self regulation for privacy. Specifically, the Department of Commerce seeks comment on the staff discussion paper ''Elements of Effective Self Regulation for Protection of Privacy.'' It also asks for responses to specific questions concerning online privacy protection. In addition, the Department seeks input on the specific instances in which government action may be necessary to protect privacy on the Internet.

DATES: Comments must be received by July 6, 1998.

ADDRESSES: Mail written comments to Jane Coffin, Office of International Affairs, National Telecommunications and Information Administration (NTIA), Room 4898, 14th St. and Constitution Ave., NW, Washington, DC. 20230, or email comments to privacy@ntia.doc.gov. Messages to that address will receive a reply in acknowledgment. Comments submitted in electronic form should be in ASCII, WordPerfect (please specify version), or Microsoft Word (please specify version) format. Comments will be posted on the NTIA website at http://www.ntia.doc.gov. Detailed information about electronic filing is available on the NTIA website, *http://www.ntia.doc.gov*. Paper submissions should include three paper copies and a version on diskette in a format specified above.

FOR FURTHER INFORMATION CONTACT: Jane Coffin, NTIA, (202) 482–1890.

SUPPLEMENTARY INFORMATION:

Background

The rapid growth in the use of the Internet, for both personal and commercial purposes, has led to increased public concern about personal privacy. The promise of information technologies—their ability to facilitate the collection, re-use and instantaneous transmission of information—can, if not managed carefully, diminish personal privacy. A Framework for Global Electronic Commerce, issued by the Administration on July 1, 1997, recognizes that it is essential to assure personal privacy in the networked environment if people are to feel comfortable doing business online.

There are a number of statutory or regulatory regimes that continue to apply in an online environment (e.g., the Fair Credit Reporting Act). For Internet industries and commercial activities not covered by statute or regulation, however, the Administration has called on the private sector to develop self-regulatory mechanisms to protect privacy online. The President directed the Department of Commerce and the Office of Management and

Budget to work with the private sector to develop and implement effective, consumer-friendly, self-regulatory privacy regimes. These regimes should enable consumers to choose how their personal information will be used, ensure adoption of and adherence to fair information practices, and provide for prompt, efficient dispute resolution.

The Administration supports private sector efforts to implement effective self-regulatory privacy regimes for the Internet. These include mechanisms for facilitating consumer awareness of privacy principles and the exercise of choice about whether and under what circumstances to disclose personal information online, evaluating private sector adoption of and adherence to fair information practices, and dispute resolution. The Administration also anticipates that technology tools will empower consumers to exercise choices about their privacy. If, upon evaluation, this approach proves not to be effective, other government action may be needed.

The Department of Commerce has talked with industry, members of the academic community, public interest groups and the international community to consider what characteristics of a self regulatory program would be necessary to protect privacy effectively. The Department seeks the views of the public regarding the draft discussion paper, ''Elements of Effective Self Regulation for Protection of Privacy'' (''the draft discussion paper'' published below), which proposes the elements that should be present in a self regulation regime that effectively protects privacy online, while encouraging industry to craft methods of implementing those elements that best serve its needs and the needs of its consumers. The Department also seeks comment on issues surrounding self regulation and online privacy. Specifically, the Department seeks information on the following:

1. The discussion paper sets out nine specific characteristics of effective self regulation for privacy: awareness, choice, data security, data integrity, consumer access, accountability, consumer recourse, verification and consequences. Which of the individual elements set out in the draft discussion paper do you believe are necessary for self regulation to protect privacy? To what extent is each element necessary for effective self regulation? What are the impediments and costs involved in fulfilling each element of a self regulatory scheme? What are the competing interests in providing each element? How would the inclusion of each element affect larger, medium sized, and smaller companies? What advantages or disadvantages does each element hold for consumers? What are the challenges faced by companies in providing each element? How do these challenges depend upon the size and nature of the business?

2. The draft discussion paper notes that individual industry sectors will need to develop their own methods of providing the necessary requirements of self regulation. How might companies and/or industry sectors implement each of the elements for self regulation?

3. Please submit examples of existing privacy policies. In what ways do they effectively address concerns about privacy in the information to which they apply? In what ways do they fail?

4. Are elements or enforcement mechanisms other than those identified in the draft discussion paper necessary for effective self regulation for privacy protection? If so, what are they? How might they be implemented? In addition to the fair information practices and enforcement mechanisms stated in the discussion draft, are there other privacy protections or rights essential to privacy protection?

5. Should consumer limitations on how a company uses data be imposed on any other company to which the consumer's information is transferred or sold? How should such limitations be imposed and enforced?

6. Please comment specifically on the elements set out in the draft discussion paper that deal with enforcement (verification, recourse, and consequences) and suggest ways in which companies and industry sectors might implement these. What existing systems and/or organizations might serve as models for consumer recourse mechanisms, and explain why they might or might not be effective? Would a combination of elements from existing systems and/or organizations be effective? How might verification be accomplished? What would constitute adequate verification, i.e., in what instances would third-party verification or auditing be necessary, and in what cases would something such as self certification or assertions that one is ''audit-ready'' suffice? What criteria should be considered to determine the kind of verification that would be appropriate for a company or sector? What constitutes ''reasonable access?'' What are the costs/impediments involved in providing access? What criteria should be considered to determine ''reasonable access'' to information for a company or sector?

7. In the section on consequences, the draft discussion paper states that ''sanctions should be stiff enough to be meaningful and swift enough to assure consumers that their concerns are addressed in a timely fashion.'' Identify appropriate consequences for companies that do not comply with fair information practices that meet this goal, and explain why they would be effective.

8. What is required to make privacy self regulation effective? Self-regulatory systems usually entail specific requirements, e.g., professional/business registries, consumer help resources, seals of accreditation from professional societies, auditing requirements. What other elements/enforcement mechanisms might be useful to make privacy self regulation effective? How have these enhanced or failed to enhance a self-regulation regime?

9. Self regulation has been used by the business community in other contexts. Please provide examples and comment on instances in which self regulation is used in an industry, profession or business activity that you believe would be relevant to enhance privacy protection. In what ways does self regulation work in these instances? In what ways does it fail? How could existing self-regulatory regimes be adapted or improved to better protect privacy?

10. Please comment on the extent to which you believe self regulation can successfully protect privacy online. Are there certain areas of online activity in which self regulation may be more appropriate than in others? Why?

11. Please comment on the costs business would incur in implementing a self-regulatory regime to protect privacy. How do these costs compare to the costs incurred to comply with legislation or regulation?

12. What issues does the online environment raise for self regulation that are not raised in traditional business environments? What characteristics of a self-regulatory system in a traditional business environment may be difficult to duplicate online? Does the online environment present special requirements for self regulation that are not present in a traditional business environment? Does the traditional business environment have special requirements that are not presented in the online environment? What are these requirements?

13. What experiences have you encountered online in which privacy has been at issue? In what instances has privacy appeared to be at risk? In what instances is it well protected? In what ways have businesses or organizations been responsive to privacy concerns? How difficult have you found it to protect your privacy online? What

circumstances give rise to good privacy protection in a traditional business setting or online?

14. The Administration's A Framework for Global Electronic Commerce cites the need to strike a balance between freedom of information values and individual privacy concerns. Please comment on the appropriate point at which that balance might be struck. What is the responsibility of businesses, organizations or webpages to protect individual privacy? To what extent do these parties have a right to collect and use information to further their commercial interests? To what extent is it the individual's responsibility to protect his or her privacy?

Elements of Effective Self-Regulation for Protection of Privacy

As set forth in A Framework for Global Electronic Commerce, the Clinton Administration supports private sector efforts to implement meaningful, consumer-friendly, self-regulatory regimes to protect privacy. To be meaningful, self-regulation must do more than articulate broad policies or guidelines. Effective self-regulation involves substantive rules, as well as the means to ensure that consumers know the rules, that companies comply with them, and that consumers have appropriate recourse when injuries result from noncompliance. This paper discusses the elements of effective self-regulatory regimes—one that incorporates principles of fair information practices with enforcement mechanisms that assure compliance with those practices.

A. Principles of Fair Information Practices

Fair information practices form the basis for the Privacy Act of 1974, the legislation that protects personal information collected and maintained by the United States government. In 1980, these principles were adopted by the international community in the Organization for Economic Cooperation and Development's Guidelines for the Protection of Personal Data and Transborder Data Flows.

Principles of fair information practices include consumer awareness, choice, appropriate levels of security, data integrity, and consumer access to their personally identifiable data. While the discussion that follows suggests ways in which these principles can be implemented, the private sector is encouraged to develop its own ways of accomplishing this goal.

1. Awareness. At a minimum, consumers need to know the identity of the collector of their personal information, the intended uses of the information, and the means by which they may limit its disclosure. Companies are responsible for raising consumer awareness and can do so through the following avenues:

- *Privacy policies.* Privacy policies articulate the manner in which a company collects, uses, and protects data, and the choices they offer consumers to exercise rights in their personal information. On the basis of this policy, consumers can determine whether and to what extent they wish to make information available to companies.
- *Notification.* A company's privacy policy should be made known to consumers. Notification should be written in language that is clear and easily understood, should be displayed prominently, and should be made available before consumers are asked to provide personal information to the company.
- *Consumer education.* Companies should teach individuals to ask for relevant knowledge about why personal information is being collected, what the information will be used for, how it will be protected, the consequences of providing or withholding information, and any recourse they may have. Consumer education enables consumers to make informed decisions about how they allow their personal data to be used as they participate in the information economy. Consumer education may be carried out by individual companies, trade associations, or industry public service campaigns.

2. Choice. Consumers should be given the opportunity to exercise choice with respect to whether and how their personal information is used, either by businesses with whom they have direct contact or by third parties. Consumers must be provided with simple, readily visible, available, and affordable mechanisms—whether through technological means or otherwise—to exercise this option. For certain kinds of information, e.g., medical information or information related to children, affirmative choice by consumers may be appropriate. In these cases companies should not use personal information unless its use is explicitly consented to by the individual or, in the case of children, his or her parent or guardian.

3. Data Security. Companies creating, maintaining, using or disseminating records of identifiable personal information must take reasonable measures to assure its reliability for its intended use and must take reasonable precautions to protect it from loss, misuse, alteration or destruction. Companies should also strive to assure that the level of protection extended by third parties to whom they transfer personal information is at a level comparable to its own.

4. Data Integrity. Companies should keep only personal data relevant for the purposes for which it has been gathered, consistent with the principles of awareness and choice. To the extent necessary for those purposes, the data should be accurate, complete, and current.

5. Consumer Access. Consumers should have the opportunity for reasonable, appropriate access to information about them that a company holds, and be able to correct or amend that information when necessary. The extent of access may vary from industry to industry. Providing access to consumer information can be costly to companies, and thus decisions about the level of appropriate access should take into account the nature of the information collected, the number of locations in which it is stored, the nature of the enterprise, and the ways in which the information is to be used.

6. Accountability. Companies should be held accountable for complying with their privacy policies.

B. Enforcement

To be effective, a self-regulatory privacy regime should include mechanisms to assure compliance with the rules and appropriate recourse to an injured party when rules are not followed. Such mechanisms are essential tools to enable consumers to exercise their privacy rights, and should, therefore, be readily available and affordable to consumers. They may take a variety of forms and businesses may need to use more than one depending upon the nature of the enterprise and the kind and sensitivity of information the company collects and uses. The discussion of enforcement tools below is in no way intended to be limiting. The private sector may design the means to provide enforcement that best suit its needs and the needs of consumers.

1. Consumer recourse. Companies that collect and use personally identifiable information should offer consumers mechanisms by which their complaints and disputes can be resolved. Such mechanisms should be readily available and affordable.

2. Verification. Verification provides attestation that the assertions businesses make about their privacy practices are true and that privacy practices have been implemented as represented. The nature and the extent of verification depends upon the kind of information

with which a company deals—companies using highly sensitive information may be held to a higher standard of verification. Because verification may be costly for business, work needs to be done to arrive at appropriate, cost-effective ways to provide companies with the means to provide verification.

3. Consequences. For self-regulation to be effective, failure to comply with fair information practices should have consequences. Examples of such consequences include cancellation of the right to use a certifying seal or logo, posting the name of the non-complier on a ''bad-actor'' list, or disqualification from membership in an industry trade association. Non-compliers could be required to pay the costs of determining their non-compliance. Ultimately, sanctions should be stiff enough to be meaningful and swift enough to assure consumers that their concerns are addressed in a timely fashion. When companies make assertions that they are abiding by certain privacy practices and then fail to do so, they may be liable for deceptive practices and subject to action by the Federal Trade Commission or appropriate bank or financial regulatory authority.

Shirl Kinney,

Deputy Assistant Secretary and Administrator.

[FR Doc. 98–15063 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–60–P

DEPARTMENT OF COMMERCE

Patent and Trademark Office

Patent Term Extension

ACTION: Proposed collection; comment request.

SUMMARY: The Department of Commerce (DOC), as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to comment on the continuing information collection, as required by the Paperwork Reduction Act of 1995, Public Law 104–13 (44 U.S.C. 3506(c)(2)(A)), and by the Patent and Trademark Office (Office) in the performance of its statutory functions of processing applications for patent term extension as required by the Hatch-Waxman Act, 35 U.S.C. 156.

DATES: Written comments must be submitted on or before August 4, 1998.

ADDRESSES: Direct all written comments to Linda Engelmeier, Departmental Forms Clearance Officer, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW, Washington, DC 20230.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be directed to the attention of Karin L. Tyson, at the Special Program Law Office, Office of the Deputy Assistant Commissioner for Patent Policy and Projects, Washington DC 20231, by telephone at (703) 305–9285 or by facsimile transmission to (703) 308–6916.

SUPPLEMENTARY INFORMATION:

I. Abstract

The Patent and Trademark Office (Office), together with the Secretary of Health and Human Services and the Department of Agriculture administers the Hatch-Waxman Act, e.g. 35 U.S.C. 156. This Act permits the Office to restore the patent term lost due to certain types of regulatory review by the Food and Drug Administration or the Department of Agriculture. Only patents for drug products, medical devices, food additives, and color additives are eligible for extension. The maximum length that a patent may be extended (the maximum of patent term that may be restored) is five years.

The Hatch-Waxman Act requires that an application for patent term extension be filed with the Office within 60 days of a product (approved product) that was subject to regulatory review receiving permission for commercial marketing or use from the Food and Drug Administration or the Department of Agriculture. Under 35 U.S.C. 156(d)(1), an application for patent term extension must identify the approved product, the patent to be extended, and the claims of the patent that claim the approved product, a method of use of the approved product, or a method of manufacturing the approved product. It must also set forth sufficient information for the Commissioner of the Patent and Trademark Office to determine the eligibility of the patent for extension and to enable the Commissioner and the Secretary of Health and Human Services or the Department of Agriculture to determine the length of extension. In addition, the application for patent term extension must provide a brief description of the activities undertaken by the applicant during the regulatory review period with respect to the approved product and the significant dates of these activities. If the information supplied is not sufficient for the Commissioner to determine the eligibility of the patent for extension, the rights that will be derived from the extension, or the period of extension, the Commissioner may regard the application as informal and the applicant may provide a response, addressing any deficiencies. In addition, the Commissioner may require additional information; for example, to identify the holder of the regulatory approval or to elect a single patent for extension. An applicant may file a written declaration of withdrawal of an application for patent term extension. If a patent is finally determined not to be eligible for patent term extension, an applicant for patent term extension may request reconsideration of this decision.

Under 35 U.S.C. 156(d)(5), an interim extension for a patent may be granted if the regulatory review of a product is in the approval phase (i.e., the regulatory review period referenced in 35 U.S.C. 156(d)(5)(A) has begun), but the approval phase is expected to extend beyond the original expiration date of the patent. An application for interim extension is required to be filed in the period beginning six months and ending fifteen days before the term of the patent is set to expire. An application for interim extension must identify the product subject to regulatory review, the Federal Statute which requires its review, the patent for which interim extension is sought, including each claim of the patent which claims the product under regulatory review or a method of using or manufacturing the product, and information to enable the Commissioner to determine eligibility for extension under 35 U.S.C. 156(a)(1), (a)(2) and (a)(3). In addition, an application for interim extension must provide a brief description of the activities undertaken by the applicant during the applicable regulatory review period to date and the significant dates applicable to such activities. If the information supplied is not sufficient for the Commissioner to determine the eligibility of the patent for interim extension or the rights that will be derived from the interim extension, the Commissioner may regard the application as informal and the applicant may provide a response, addressing any deficiencies. In addition, the Commissioner may require additional information.

Under 35 U.S.C. 156(e)(2), an interim extension may be granted if the term of a patent for which an application for patent term extension has been submitted under 35 U.S.C. 156(d)(1), and which is eligible for extension, would expire before a certificate of extension is issued.

II. Method of Collection

By mail, facsimile transmission, or hand carried to the Patent and Trademark Office.

III. Data

OMB Number: 0651–0020.

Type of Review: Renewal with change.

Affected Public: Individuals or households, businesses or other for-profit, not-for-profit institutions, farms, state, local or tribal governments, and the Federal Government.

Estimated Number of Respondents: 57.

Estimated Time Per Response: It is estimated to take the public 20 to 25 hours to complete an application for patent term extension under 35 U.S.C. 156(d)(1), an application for interim patent term extension under 35 U.S.C. 156(d)(5), or to petition for review of a final eligibility decision. In addition, it is estimated to take the public 1 to 2 hours to file a request for an interim extension under 35 U.S.C. 156(e)(2), to respond to a requirement for additional information, and to file a written declaration of withdrawal. There are no forms associated with this information collection.

Estimated Total Annual Respondent Burden Hours: 1,302 hours per year.

Estimated Total Annual Respondent Cost Burden: $227,850 per year.

Title of form	Form Nos.	Estimated time for response (hours)	Estimated annual burden hours	Estimated annual responses
Application to Extend Patent Term under 35 U.S.C. 156(d)(1).	No Forms Associated	25	1,250	50
Request for Interim Extension under 35 U.S.C. 156(e)(2)	No Forms Associated	1	1	1
Petition to Review Final Eligibility Decision	No Forms Associated	25	25	1
Application for Interim Extension under 35 U.S.C. 156(d)(5)	No Forms Associated	20	20	1
Response to Requirement to Elect	No Forms Associated	1	2	2
Response to Request to Identify Holder of Regulatory Approval.	No Forms Associated	2	2	1
Declaration to Withdraw an Application To Extend Patent Term.	No Forms Associated	2	2	1
Totals			1,302	57

IV. Request for Comments

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden (including hours and cost) of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Comments submitted in response to this notice will be summarized or included in the request for OMB approval of this information collection; they will also become a matter of public record.

Dated: June 1, 1998.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 98–14946 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–16–P

COMMITTEE FOR THE IMPLEMENTATION OF TEXTILE AGREEMENTS

Adjustment of Import Limits for Certain Cotton and Man-Made Fiber Textile Products Produced or Manufactured in Pakistan

June 1, 1998.

AGENCY: Committee for the Implementation of Textile Agreements (CITA).

ACTION: Issuing a directive to the Commissioner of Customs increasing limits.

EFFECTIVE DATE: June 8, 1998.

FOR FURTHER INFORMATION CONTACT: Ross Arnold, International Trade Specialist, Office of Textiles and Apparel, U.S. Department of Commerce, (202) 482–4212. For information on the quota status of these limits, refer to the Quota Status Reports posted on the bulletin boards of of each Customs port or call (202) 927–5850. For information on embargoes and quota re-openings, call (202) 482–3715.

SUPPLEMENTARY INFORMATION:

Authority: Section 204 of the Agricultural Act of 1956, as amended (7 U.S.C. 1854); Executive Order 11651 of March 3, 1972, as amended.

The current limits for certain categories are being increased for carryover.

A description of the textile and apparel categories in terms of HTS numbers is available in the CORRELATION: Textile and Apparel Categories with the Harmonized Tariff Schedule of the United States (see **Federal Register** notice 62 FR 66057, published on December 17, 1997). Also see 62 FR 63524, published on December 1, 1997.

Troy H. Cribb,

Chairman, Committee for the Implementation of Textile Agreements.

Committee for the Implementation of Textile Agreements

June 1, 1998.

Commissioner of Customs,
Department of the Treasury, Washington, DC 20229.

Dear Commissioner: This directive amends, but does not cancel, the directive issued to you on November 25, 1997, by the Chairman, Committee for the Implementation of Textile Agreements. That directive concerns imports of certain cotton and man-made fiber textile products, produced or manufactured in Pakistan and exported during the twelve-month period which began on January 1, 1998 and extends through December 31, 1998.

Effective on June 8, 1998, you are directed to increase the limits for the following categories, as provided for under the Uruguay Round Agreement on Textiles and Clothing:

Category	Adjusted limit [1]
237	442,316 dozen.
239pt. [2]	1,910,245 kilograms.
335/635	373,963 dozen.
336/636	486,778 dozen.
341/641	796,170 dozen
342/642	394,062 dozen.

Category	Adjusted limit [1]
352/652	826,577 dozen.
360	5,378,074 numbers.
361	6,609,727 numbers.
369–R [3]	12,295,436 kilograms.
615	25,132,565 square meters.
647/648	880,900 dozen.
666–S [4]	4,291,170 kilograms.

[1] The limits have not been adjusted to account for any imports exported after December 31, 1997.

[2] Category 239pt.: only HTS number 6209.20.5040 (diapers).

[3] Category 369–R: only HTS number 6307.10.2020.

[4] Category 666–S: only HTS numbers 6302.22.1030, 6302.22.1040, 6302.22.2020, 6302.32.1030, 6302.32.1040, 6302.32.2030 and 6302.32.2040.

The Committee for the Implementation of Textile Agreements has determined that these actions fall within the foreign affairs exception of the rulemaking provisions of U.S.C. 553(a)(1).

Sincerely,

Troy H. Cribb,

Chairman, Committee for the Implementation of Textile Agreements.

[FR Doc.98–15042 Filed 6–4–98; 8:45 am]

BILLING CODE 3510–DR–F

DEPARTMENT OF EDUCATION

Notice of Proposed Information Collection Requests

AGENCY: Department of Education.

SUMMARY: The Acting Deputy Chief Information Officer, Office of the Chief Information Officer, invites comments on the proposed information collection requests as required by the Paperwork Reduction Act of 1995.

DATES: Interested persons are invited to submit comments on or before August 4, 1998.

ADDRESSES: Written comments and requests for copies of the proposed information collection requests should be addressed to Patrick J. Sherrill, Department of Education, 600 Independence Avenue, S.W., Room 5624, Regional Office Building 3, Washington, D.C. 20202–4651.

FOR FURTHER INFORMATION CONTACT: Patrick J. Sherrill (202) 708–8196. Individuals who use a telecommunications device for the deaf (TDD) may call the Federal Information Relay Service (FIRS) at 1–800–877–8339 between 8 a.m. and 8 p.m., Eastern time, Monday through Friday.

SUPPLEMENTARY INFORMATION: Section 3506 of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35) requires that the Office of Management and Budget (OMB) provide interested Federal agencies and the public an early opportunity to comment on information collection requests. OMB may amend or waive the requirement for public consultation to the extent that public participation in the approval process would defeat the purpose of the information collection, violate State or Federal law, or substantially interfere with any agency's ability to perform its statutory obligations. The Acting Deputy Chief Information Officer, Office of the Chief Information Officer, publishes this notice containing proposed information collection requests prior to submission of these requests to OMB. Each proposed information collection, grouped by office, contains the following: (1) Type of review requested, e.g., new, revision, extension, existing or reinstatement; (2) Title; (3) Summary of the collection; (4) Description of the need for, and proposed use of, the information; (5) Respondents and frequency of collection; and (6) Reporting and/or Recordkeeping burden. OMB invites public comment at the address specified above. Copies of the requests are available from Patrick J. Sherrill at the address specified above.

The Department of Education is especially interested in public comment addressing the following issues: (1) Is this collection necessary to the proper functions of the Department; (2) will this information be processed and used in a timely manner; (3) is the estimate of burden accurate; (4) how might the Department enhance the quality, utility, and clarity of the information to be collected, and (5) how might the Department minimize the burden of this collection on the respondents, including through the use of information technology.

Dated: June 1, 1998.

Hazel Fiers,

Acting Deputy Chief Information Officer, Office of the Chief Information Officer.

Office of Intergovernmental and Interagency Affairs

Type of Review: Existing.

Title: Sign-on Forms for Partnership for Family Involvement in Education and America Goes Back to School.

Frequency: One time.

Affected Public: Businesses or other for-profits; Not-for-profit institutions; State, local or Tribal Gov't; SEAs or LEAs.

Reporting and Recordkeeping Hour Burden:

Responses: 1,000

Burden Hours: 300.

Abstract: The Partnership for Family Involvement in Education (PFIE) offers a vehicle for schools, community organizations, employers, and faith organizations to commit to promoting children's learning through development of family-school-community partnerships. America Goes Back to School (AGBTS) is an annual PFIE initiative to focus attention on improving education across America through sponsorship of AGBTS events during the back-to-school period. PFIE utilizes four specially-tailored sign-on forms, each developed by members of the respective sector, to add to a database of member organizations. AGBTS utilizes an event sign-on form to acquire information on planned back-to-school events.

Office of Special Education and Rehabilitative Services

Type of Review: Revision.

Title: State Plan Under Part B of the Individuals with Disabilities Education Act.

Frequency: Annually.

Affected Public: State, local or Tribal Gov't; SEAs or LEAs.

Reporting and Recordkeeping Hour Burden:

Responses: 58

Burden Hours: 1,740.

Abstract: State educational agencies were required to submit State Plans to the U.S. Department of Education in order to receive funds under Part B of the Individuals with Disabilities Education Act (IDEA). Each State now has a State Plan on file with the Department. Any policies and procedures that are currently on file that are consistent with the 1997 amendments to IDEA remain in effect, unless the Secretary or the State determine the need for a change.

[FR Doc. 98–14927 Filed 6–4–98; 8:45 am]

BILLING CODE 4000–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. GP98–34–000]

BP Exploration and Oil, Inc.; Notice of Petition

June 1, 1998.

Take notice that on May 20, 1998, BP Exploration and Oil, Inc. (BP Exploration), filed a petition requesting the Commission to determine certain issues affecting the amount and interest due from BP Exploration to ANR Pipeline Company (ANR) as a result of certain Kansas *ad valorem* tax reimbursements. BP Exploration requests, among other things, (1) an

extension of 106 days to and including June 23, 1998, of the deadline to make payment of any refunds due to ANR and (2) waiver of any interest obligation applicable to the period November 10, 1997 through February 24, 1998. BP Exploration's petition is on file with the Commission and open to public inspection.

On September 10, 1997, in Docket No. RP97–369–000 *et al.*, the Commission issued an order,[1] on remand from the D.C. Circuit Court of Appeals,[2] that directed first sellers to make Kansas as valorem tax refunds, with interest, for the period from 1983 to 1988. The Commission directed the pipelines to serve first sellers with a Statement of Refunds Due within 60 days of the date of the refund order, and directed first sellers to make the necessary refunds within 180 days of the date of the refund order (i.e., by March 9, 1998).

BP Exploration states that the Kansas *ad valorem* tax reimbursements for which it is responsible were received by Lear Petroleum Exploration, Inc. (Lear), and were attributable to production sold by Lear to ANR between 1983 and 1985. BP Exploration states there is no dispute between ANR and BP Exploration about the amount and timing of reimbursements received and the petition relates solely to issues of law and policy. BP Exploration therefore does not ask the Commission to determine the amount of the refund obligation.

BP Exploration states that although it does not have any interest in Lear, BP Exploration, by contract, retains general responsibility for past refund obligations of Lear. BP Exploration is therefore responding to ANR's Statement of Refunds Due (Statement) and will make the required payments.

BP Exploration states its response to ANR's Statement has been unavoidably delayed because BP did not receive notice from ANR of any claimed refund liability until after February 24, 1998. Therefore, BP has filed for an adjustment in Docket No. SA98–77–000 in which it has requested that its time for payment of refunds be extended by 106 days so that BP will have the full time period contemplated by the Commission to review ANR's documentation and to resolve any disputes. BP has also requested to be relieved of any interest due for the additional 106-days period. BP states that is incorporates by reference its petition for adjustment in Docket No. SA98–77–000.

BP states that the FERC has established procedures to determine whether ANR will be required to flow refunds through to its customers. BP requests that if the Commission determines that ANR is not required to flow refunds through to its customers, BP is not required to pay interest to ANR.

BP states that although the refund obligation is to be tied under the court's order to production on and after October 4, 1983, ANR has assessed refunds attributable to ANR's purchases of Lear's production from January 1, 1983. BP recognizes that the Commission in its September 10, Public Service Company order provided a clarification of the court's opinion, stating that refunds would be due based on tax bills rendered after October 4, 1983, rather than on production purchased after October 4. BP believes the Commission's clarification of the court's intention was in error. Accordingly, BP requests that the court's October 4 refund commencement date, based on production, be applied to it and that it receive the benefit of whatever clarification, correction, or reconsideration of the Commission's position may occur as a result of action by the Commission or the courts in this or other proceedings. BP requests the refund amounts (both principal and interest) be recalculated and reduced to reflect production purchased after October 4, 1983.

Reflecting its assertions, BP states that on or before June 1, 1998, it will refund certain undisputed amounts of principal and interest. BP states that certain disputed principal and interest amounts will be placed in an escrow account.

Any person desiring to comment on or make any protest with respect to the above-referenced petition should, on or before June 22, 1998, file with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, DC., 20426, a motion to intervene or protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.214 or 385.211). All protests filed with the Commission will be considered by it in determining the appropriate action to be taken, but will not serve to make the protestants parties to the proceeding. Any person wishing to become a party to the proceeding or to participate as a party in any hearing therein, must file a motion to intervene in accordance with the Commission's Rules.

David P. Boergers,

Acting Secretary.

[FR Doc. 98–14967 Filed 6–4–98; 8:45 am]

BILLING CODE 6717–01–M

[1] See 80 FERC ¶ 61,264 (1997); order denying reh'g issued January 28, 1998, 82 FERC ¶ 61,058 (1998).

[2] *Public Service Company of Colorado* v. *FERC*, 91 F.3d 1478 (D.C. 1996), cert. Denied, Nos. 96–954 and 96–1230 (65 U.S.L.W.) 3751 and 3754, May 12, 1997) (Public Service).

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket Nos. EC96–19–027 and ER96–1663–028]

The California Independent System Operator Corporation; Notice of Filing

May 29, 1998.

Take notice that on May 19, 1998, the California Independent System Corporation (ISO), filed for Commission acceptance in the above referenced docket, pursuant to Section 205 of the Federal Power Act, an application to amend the ISO Tariff, including the ISO Protocols (Amendment No. 8), and a motion for waiver of the 60-day notice requirement. The ISO requests that proposed Amendment No. 8, be made effective as of May 19, 1998, and that the Commission take expedited action with respect to Amendment No. 8.

The ISO states that Amendment No. 8, would provide an interim Regulation Energy payment adjustment to address reliability problems arising from insufficient Regulation reserves bids in the ISO's Ancillary Services market. Amendment No. 8, also proposed various related clarifying changes.

Any person desiring to be heard or to protest said filing should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 18 CFR 385.214). All such motions and protests should be filed on or before June 8, 1998. Protests will be considered by the Commission to determine the appropriate action to be taken, but will not serve to make protestants parties to the proceedings. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection.

David P. Boergers,

Acting Secretary.

[FR Doc. 98–14969 Filed 6–4–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. SA98–76–000]

Edwin A. Cornell; Notice of Petition for Adjustment

June 1, 1998.

Take notice that on March 16, 1998, as supplemented on May 29, 1998, Edwin A. Cornell (Cornell), filed a petition, pursuant to Section 502(c) of the Natural Gas Policy Act of 1978 (NGPA), for relief from making Kansas as valorem tax refunds, with interest, to Northern Natural Gas Company (Northern), with respect to: (1) Cornell's 1.0 percent working interest in the Bouziden oil and gas lease, that Cornell held from November 29, 1978 to August 27, 1984; and (2) Cornell's 0.76563 percent working interest in the McMinimy lease, that Cornell held from May 20, 1980 to August 27, 1984.[1] Absent the relief requested, Cornell will have to make the refunds, as required by the Commission's September 10, 1997 order in Docket No. RP97–369–000 *et al*,[2] on remand from the D.C. Circuit Court of Appeals.[3] That order directed First Sellers to make Kansas ad valorem tax refunds, with interest, for the period from 1983 to 1988. Cornell's petition is on file with the Commission and open to public inspection.

Cornell's March 16, petition consists of a March 10, 1998, letter stating that Cornell filed for Chapter 7 bankruptcy on March 7, 1986, and that such bankruptcy was discharged by the U.S. Bankruptcy Court for the District of Kansas on September 23, 1986. Cornell's May 29, supplement consists of a May 19, 1998 letter, in which Cornell explains (a) that he seeks to be relieved from paying the Kansas ad valorem tax refunds claimed by Hummon ($572.24 in all), (b) that the court, in Cornell's August 27, 1984, divorce decree, entitled his ex-wife to all royalties, profits, proceeds, and interest in any mineral, oil, and/or gas leases, (c) that such divorce decree resulted in the loss of his business and subsequent bankruptcy, and (d) that, due to extended illness, he has been unable to work since 1992.

[1] Cornell's May 29 supplement indicates that the wells on the Bouziden and McMinimy leases were operated by Hummon Corporation (Hummon).

[2] See 80 FERC ¶ 61,264 (1997); order denying rehearing issued January 28, 1998, 82 FERC ¶ 61,058 (1998).

[3] *Public Service Company of Colorado* v. *FERC*, 91 F.3d 1478 (D.C. 1996), cert. denied, Nos. 96–954 and 96–1230 (65 U.S.L.W. 3751 and 3754, May 12, 1997).

Any person desiring to be heard or to make any protest with reference to said petition should on or before 15 days after the date of publication in the **Federal Register** of this notice, file with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, a motion to intervene or a protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.214, 385.211, 385.1105, and 385.1106). All protests filed with the Commission will be considered by it in determining the appropriate action to be taken but will not serve to make the protestants parties to the proceeding. Any person wishing to become a party to a proceeding or to participate as a party in any hearing therein must file a motion to intervene in accordance with the Commission's Rules.

David P. Boergers,

Acting Secretary.

[FR Doc. 98–14966 Filed 6–4–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP97–369–003, RP98–39–006, RP98–40–005, RP98–42–004, RP98–43–004, RP98–52–005, RP98–53–005 and RP98–54–006]

Public Service Company of Colorado, et al., Northern Natural Gas Company, Panhandle Eastern Pipe Line Company, ANR Pipeline Company, Anadarko Gathering Company, Williams Natural Gas Company, KN Interstate Gas Transmission Company, and Colorado Interstate Gas Company; Notice of Motion for Waiver

June 1, 1998

Take notice that on May 19, 1998, Graham-Michaelis Corporation; Kansas Petroleum, Inc.; John W. LeBosquet; The Trees Oil Company; Pickrell Drilling Company; R.J. Patrick d/b/a/ R.J. Patrick Operating Company; Quinque Operating Company; Quinque Oil & Gas Producing Company; Lester Wilkonson; Kaiser-Francis Oil Company, CLX Energy, Inc.; Banks Oil Co.; Hummon Corporation; Osborn Heirs Company; Cabot Oil & Gas Corporation; Dorchester Hugoton, Ltd.; Ensign Oil & Gas Inc.; Helmerich & Payne, Inc.; Midgard Energy Company; and Pioneer Natural Resources USA, Inc. [jointly referred to herein as Producers], filed a motion pursuant to Rule 212 of the Commission's Rules of Practice and Procedure [18 CFR 385.212], where each request that the Commission grant a waiver of the refund liability in these proceedings which is attributable to their respective royalties based on the enactment of Section 7 of Kansas House Bill No. 2419. In the alternative, the Producers request that the Commission grant generic relief of the same. In either case, the Producers request that the Commission direct the pipelines to return any refunds paid previously by the Producers pursuant to the Commission's prior orders which are attributable to such royalties, with interest at the Commission's prescribed rates.

The Producers state that the captioned proceedings involve the Commission's directives that first sellers refund Kansas *ad valorem* taxes paid over the period 1983 to 1988, based on the decision of the United States Court of Appeals for the District of Columbia Circuit in *Public Service Company of Colorado* v. *FERC*.[1] In addition, the Commission's general refund orders were issued in Public Service Company of Colorado, *et al.*, Docket No. RP97–369 (Commission Orders).[2] It is stated that the individual cases captioned above were commenced upon the filing by the individual pipelines of a Statement of Refund Due.

In June 1997 producers (including many submitting the motion) filed a request that the Commission waiver royalties that were unrecoverable. The Producers state that in PSC of Colorado, the Commission recognized that there may be situations where producers are unable to collect refunds attributable to royalty interest owners.[3] However, the Producers note that the Commission determined that it would not grant a generic waiver of uncollectible royalties, but rather would consider waiver of a refund on grounds of uncollectibility from royalty owners on a case-by-case basis, if a person seeking such relief can demonstrate that it attempted to collect the refund from the royalty owner and that the refund is uncollectible.[4] The Producers contend that the Commission ruled that the standard for uncollectibility would be that set forth in Wylee Petroleum Corporation.[5]

The Producers state that on April 20, 1998, the Governor of Kansas signed into law House Bill No. 2419, which went into effect on April 30, 1998. They contend that the enactment of the House Bill makes refunds under the

[1] 91 F.3rd 1478 (1996), *cert denied*, 65 USLW 3751 and 3754 (May 12, 1997) (PSC of Colorado).

[2] 80 FERC ¶ 61,624 (1997) and 82 FERC ¶ 61,058 (1998).

[3] 80 FERC ¶ 61,264 at 61,953 (1997).

[4] Id.

[5] 33 FERC ¶ 61,014 (1985).

Commission Orders attributable to royalty payments in the 1983 to 1988 period unrecoverable. The Producers state that any attempts by first sellers to seek such recovery now violates Kansas law. The Producers argue that the standard for uncollectibility under *Wylee* has now been met, and the Commission has the authority to grant adjustment relief in the form of a waiver of uncollectible refunds.

Using procedures described by the Commission in its order, the Producers claim they implemented efforts over the past six months to recover Kansas *ad valorem* tax refunds from the royalty owners during the 1983–88 period. However, Kansas House Bill No. 2419 now legally bars such efforts by the Producers to recover refunds attributable to royalties. The Producers state that under Section 7(b) of the law:

> No first seller of natural gas shall maintain any action against royalty interest owners to obtain refund of reimbursements for *ad valorem* taxes attributable to royalty interests, ordered by the Federal Energy Regulatory Commission.

Further, the Producers state that Sections 7(c)(1) and (c)(2) provide:

> It is hereby declared under Kansas law:
> (1) The period of limitation of time for commencing civil actions to recover such refunds attributable to reimbursements of *ad valorem* taxes on royalty interests during the years 1983 through 1988 has expired and such refunds claimed to be owed by royalty interest owners are uncollectible;
> (2) first sellers of natural gas are prohibited from utilizing billing adjustments or other set-offs as a means of recovering from royalty owners any such claimed refunds . . .

The Producers contend that the language of Section 7 of the Kansas House Bill No. 2419 provides that the statute of limitations prevents any recover of *ad valorem* tax refunds for the 1983–88 period which are attributable to royalties. In addition, the Producers state that the Bill prohibits producers from taking any action (through set-offs or deductions from future royalties) to recover such refunds.

Each of the Producers requests that the Commission recognize that passage of Kansas House Bill No. 2419 prohibits any ability of producers to recover *ad valorem* tax reimbursements refunds from royalty owners. It is stated that the Kansas Bill meets the test under Wylee and a waiver is appropriate and necessary. In addition, the Producers contend that they should not be required to expend further resources and monies in seeking to recover payments which are not recoverable under the Kansas law. The Producers argue that none of them should continue to be at risk for such refunds.

Accordingly, they ask that the Commission expeditiously grant to each named Producer a waiver of refunds as to royalties finding that, based upon the Kansas House Bill No. 2419, such refunds are collectible.

In the alternative, the Producers request that the Commission grant a generic waiver of refunds attributable to royalties. It is stated that such a generic ruling would avoid the duplication of expense and administrative burdens of having the same issue considered on a case-by-case basis.

If a waiver of royalty refunds is granted as requested, the Producers request that any producer which has paid royalty refunds to the pipeline is entitled to recovery of such amounts plus interest for the period the pipeline (or its customers) held such monies.

Any person desiring to be heard or to make any protest with reference to said motion should on or before June 22, 1998, file with the Federal Energy Regulatory Commission, 888 First Street, N.W. Washington, D.C. 20436, a motion to intervene or a protest in accordance with the requirements of the Commission's Rules of Practice and Procedure (18 CFR 385.214 or 385.211) and the Regulations under the Natural Gas Act (18 CFR 157.10). All protests filed with the Commission will be considered by it in determining the appropriate action to be taken but will not serve to make the Protestants parties to the proceeding. Any person wishing to become a party to a proceeding or to participate as a party in any hearing therein must file a motion to intervene in accordance with the Commission's Rules.

David P. Boergers,

Acting Secretary.

[FR Doc. 98–14968 Filed 6–4–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Project No. 2696–004]

Niagara Mohawk Power Corporation; Notice of Availability of Environmental Assessment

June 1, 1998.

In accordance with the National Environmental Policy Act of 1969 and the Federal Energy Regulatory Commission's Regulations, 18 CFR Part 380 (Order No. 486, 52 FR 47897), the Commission's Office of Hydropower Licensing has reviewed the license surrender application for the Stuyvesant Falls Project, No. 2696–004. The Stuyvesant Falls Project is located on Kinderhook Creek in Columbia County, New York. The licensee is applying for a surrender of the license due to leaks in the pipelines that are uneconomical to repair for safe and effective operation of the project. A Final Environmental Assessment (FEA) was prepared for the application. The FEA finds that approving the application would not constitute a major federal action significantly affecting the quality of the human environment.

Copies of the FEA are available for review in the Commission's Reference and Information Center, Room 2A, 888 First Street, N.E., Washington, D.C. 20426. For further information, please contact Ms. Hillary Berlin, at (202) 219–0038.

David P. Boergers,

Acting Secretary.

[FR Doc. 98–14965 Filed 6–4–98; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Office of Hearings and Appeals

Notice of Issuance of Decisions and Orders During the Week of March 9 Through March 13, 1998

During the week of March 9 through March 13, 1998, the decisions and orders summarized below were issued with respect to appeals, applications, petitions, or other requests filed with the Office of Hearings and Appeals of the Department of Energy. The following summary also contains a list of submissions that were dismissed by the Office of Hearings and Appeals.

Copies of the full text of these decisions and orders are available in the Public Reference Room of the Office of Hearings and Appeals, 950 L'Enfant Plaza, SW, Washington, D.C. 20585–0107, Monday through Friday, except federal holidays. They are also available in *Energy Management: Federal Energy Guidelines,* a commercially published loose leaf reporter system. Some decisions and orders are available on the Office of Hearings and Appeals World Wide Web site at http://www.oha.doe.gov.

Dated: May 20, 1998.

Thomas O. Mann,

Acting Director, Office of Hearings and Appeals.

Decision List No. 76; Week of March 9 Through March 13, 1998

Appeals

Dr. Nicolas Dominguez, 313/10/98, VFA–0377, VFA–0378, VFA–0379

Dr. Nicolas Dominguez filed three Freedom of Information Act (FOIA) Appeals requesting that the Office of Hearings and Appeals of the Department of Energy (DOE) order a new search for responsive documents and release documents withheld from three FOIA requests. In considering the Appeal, the DOE determined that additional responsive documents may exist and that other documents were not ''agency records.'' Thus, the DOE remanded the Appeal to the Oak Ridge Operations Office.

Janice C. Curry, 13/10/98, VFA–0370

The DOE issued a decision granting in part a Freedom of Information Act (FOIA) Appeal filed by Janice C. Curry. Curry sought the release of documents withheld under FOIA Exemptions 6, 7(C), and 7(F) by the Office of Minority Affairs of the Environmental Management Division (EM/MA). In its decision, OHA found that withholding under Exemption 6 was proper, but EM/MA had made no attempt to disclose non-exempt segregable information. Because the DOE did not have evidence of the law enforcement authority of the ombudsman of EM/MA, withholding under Exemption 7 was denied. Accordingly, the Appeal was granted in part, denied in part, and remanded to EM/MA for a new determination.

Masako Matsuzaki, 3/12/98, VFA–0381

The DOE issued a decision denying a Privacy Act Appeal filed by Masako Matsuzaki. Matsuzaki sought the release of documents confirming that she was exposed to radiation while serving in the military and stationed at the Hanford Site in Richland, Washington. In its decision, the DOE found that its Richland Operations Office performed an adequate search for responsive information under the Privacy Act and the Freedom of Information Act. Accordingly, the Appeal was denied.

Stand of Amarillo, 3/10/98, VFA–0374

The DOE granted an appeal of a FOIA determination from the DOE's Albuquerque Operations Office (AOO). In the determination, AOO released what it stated were all materials responsive to the appellant's request. In the appeal, the appellant included information from the transcript of a hearing conducted by the Department of Labor indicating that additional responsive documents might exist. The matter was therefore remanded to AOO to search for the documents indicated in the appeal.

Refund of Applications

The Office of Hearings and Appeals issued the following Decisions and Orders concerning refund applications, which are not summarized. Copies of the full texts of the Decisions and Orders are available in the Public Reference Room of the Office of Hearings and Appeals.

HAHN TRUCK LINE, INC	RF272–95302	3/10/98
OGALLALA PUBLIC SCHOOLS	RF272–79795	3/12/98
OGLE SERVICE COMPANY	RG272–00198	3/10/98
R.C. GERLACH	RK272–01820	3/12/98
STROEHMANN BAKERIES, L.C	RK272–4642	3/12/98
EASTERN FINE PAPER, INC	RJ272–54	
EASTERN FINE PAPER, INC	RC272–382	
NATIONAL TEA CO	RJ272–53	
NATIONAL TEA CO	RC272–381	
STROEHMANN BROS CO., INC	RC272–380	

Dismissals

The following submissions were dismissed.

Name	Case No.
PATRICIA MCCRACKEN	VFA–0385

[FR Doc. 98–14971 Filed 6–4–98; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Office of Hearings and Appeals

Notice of Issuance of Decisions and Orders During the Week of January 19 Through January 23, 1998

During the week of January 19 through January 23, 1998, the decisions and orders summarized below were issued with respect to appeals, applications, petitions, or other requests filed with the Office of Hearings and Appeals of the Department of Energy. The following summary also contains a list of submissions that were dismissed by the Office of Hearings and Appeals.

Copies of the full text of these decisions and orders are available in the Public Reference Room of the Office of Hearings and Appeals, 950 L'Enfant Plaza, SW, Washington, DC 20585–0107, Monday through Friday, except Federal holidays. They are also available in *Energy Management: Federal Energy Guidelines,* a commercially published loose leaf reporter system. Some decisions and orders are available on the Office of Hearings and Appeals World Wide Web site at http://www.oha.doe.gov.

Dated: May 20, 1998.

Thomas O. Mann,

Acting Director, Office of Hearings and Appeals.

Decision List No. 69; Week of January 19 Through January 23, 1998

Appeal

Charlene Pazar, 1/20/98, VFA–0364

Charlene Pazar (Appellant) filed an Appeal of a Determination issued to her by the Rocky Flats Field Office (RFFO) of the Department of Energy (DOE) in response to a request under the Freedom of Information Act (FOIA). In its determination, RFFO withheld the sole requested document under Exemption 5 of the FOIA. RFFO claimed that the document was protected under the attorney work-product privilege. The Office of Hearings and Appeals determined that the document was protected by the attorney-work product privilege. Although the litigation which had led to the creation of the withheld document had ended, other ongoing litigation involved the same set of facts. Therefore, release of the document could compromise DOE's strategy and tactics. Accordingly, the DOE denied the Appeal.

Ruth Towle Murphy, 1/23/98, VFA–0360

Ruth Towle Murphy completed the filing of a Freedom of Information Act (FOIA) Appeal requesting that the Office of Hearings and Appeals of the Department of Energy (DOE) order the release of ''estimated costs, fixed fees, and the names of key personnel to implement a contract,'' information withheld pursuant to 5 U.S.C. § 552(b)(4). In considering the Appeal, the DOE determined that all of the information withheld was commercial information within the meaning of that Exemption. Thus, the DOE dismissed Ms. Murphy's Appeal.

Refund Applications

The Office of Hearings and Appeals issued the following Decisions and Orders concerning refund applications, which are not summarized. Copies of the full texts of the Decisions and Orders are available in the Public Reference Room of the Office of Hearings and Appeals.

CITY OF PROVO	RG272–738	1/20/98
CITY OF QUINCY	RF272–95482	1/20/98
ELSA COOP GIN ASSN	RF272–95719	.....
J & H ASSOCIATES ET AL	RK272–01580	1/21/98
QUANTUM CHEMICAL CORP./RICE OIL CO	RF330–67	.....
RICE-LINDQUIST, INC	RF300–21841	.....
WINN-DIXIE MIDWEST, INC. ET AL	RK272–04683	1/23/98

Dismissals

The following submissions were dismissed.

Name	Case No.
ARTHUR F. MURFIN	VWA–0016
BROOKLYN-GERNSEY-MALCOLM COMM. SCHOOLS	RF272–79520
GENERAL DELIVERY AND SERVICE	RF272–94642
JONES, WALKER, WAECHTER, POITEVENT, CA	VFA–0363

[FR Doc. 98–14972 Filed 6–4–98; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Office of Hearings and Appeals

Notice of Issuance of Decisions and Orders During the Week of March 2 Through March 6, 1998

During the week of March 2 through March 6, 1998, the decisions and orders summarized below were issued with respect to appeals, applications, petitions, or other requests filed with the Office of Hearings and Appeals of the Department of Energy. The following summary also contains a list of submissions that were dismissed by the Office of Hearings and Appeals.

Copies of the full text of these decisions and orders are available in the Public Reference Room of the Office of Hearings and Appeals, 950 L'Enfant Plaza, SW, Washington, DC 20585–0107, Monday through Friday, except Federal holidays. They are also available in *Energy Management: Federal Energy Guidelines,* a commercially published loose leaf reporter system. Some decisions and orders are available on the Office of Hearings and Appeals World Wide Web site at http://www.oha.doe.gov.

Dated: May 20, 1998.

Thomas O. Mann,

Acting Director, Office of Hearings and Appeals.

Decision List No. 75; Week of March 2 Through March 6, 1998

Appeal

GLEN MILNER, 3/3/98, *VFA–0170*

Glen Milner filed an Appeal from a denial by the Albuquerque Operations Office of a Request for Information that he filed under the Freedom of Information Act (FOIA). Because the withheld information was identified as classified under Executive Order 12958 and the Atomic Energy Act, the DOE withheld it under Exemptions 1 and 3 of the FOIA. In considering the information that was withheld, the DOE determined on appeal that a small portion of the document must continue to be withheld under Exemption 3, but the remainder could be released. Accordingly, the Appeal was granted in part and a newly redaction version of the requested information was ordered to be released.

Personnel Security Hearing

PERSONNEL SECURITY HEARING, 3/5/98 *VSO–0183*

A Hearing Officer Opinion recommended against the grant of access authorization. The Opinion found that the individual had not resolved the security concern arising from a pattern of dishonest conduct.

Refund Applications

ENRON CORP./FERRELLGAS, INC., 3/3/98, RF340–60

The DOE granted an Application for Refund submitted by Ferrellgas, Inc. (Ferrellgas) in the Enron Corporation (Enron) special refund proceeding. The DOE found that Ferrellgas was a reseller and retailer that purchased large quantities of propane and butane from Enron. The DOE also found that Ferrellgas' propane and butane purchases from Enron were not discretionary in nature, and were necessary for Ferrellgas to meet the supply requirements of its regular customers. The DOE found that Ferrellgas had demonstrated that the prices it paid to Enron for butane resulted in an economic injury to Ferrellgas, and granted Ferrellgas a full volumetric refund for its butane purchases. However, with respect to propane, the DOE found that Ferrellgas had not established a level of injury sufficient to qualify for a full volumetric refund. The DOE therefore limited this refund to the volume of propane that Ferrellgas purchased from Enron at above market prices. Accordingly, the DOE granted Ferrellgas a refund, including interest, of $347,549.

LAWRENCE PAPERBOARD CORPORATION, 3/3/98, RK272–04120, RK272–04178, RC272–00377

The DOE issued a Decision and Order concerning competing claims to the right to a refund based on the purchases of Lawrence Paperboard Corporation. The DOE had originally granted the refund to Atlantic Coast Paperboard. In the instant case, the DOE learned that Atlantic merely purchased the assets of Lawrence Paperboard and that the assets did not include the right to the refund. Accordingly, the DOE rescinded the refund granted Atlantic. As between the two remaining claimants to the refund, the bankruptcy trustee on one hand, and the sole owner of the corporation at the time of its dissolution on the other, the DOE determined that the refund should be sent to the bankruptcy trustee for distribution to unpaid creditors. Accordingly, the request of the bankruptcy trustee was granted and the claim of the owner at the time of dissolution was denied.

Refund Applications

The Office of Hearings and Appeals issued the following Decisions and Orders concerning refund applications, which are not summarized. Copies of the full texts of the Decisions and Orders are available in the Public Reference Room of the Office of Hearings and Appeals.

CITY OF RENSSELAER ELEC. DEPT. ET AL	RF272–79197	3/3/98
JOHN RAY TRUCKING CO. ET AL	RF272–76565	3/3/98

Dismissals

The following submissions were dismissed.

Name	Case No.
VERNON J. BRECHIN	VFA–0383

[FR Doc. 98–14973 Filed 6–4–98; 8:45 am]

BILLING CODE 6450–01–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–6108–2]

New Jersey State Prohibition on Marine Discharges of Vessel Sewage; Final Affirmative Determination

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: Notification is hereby given that the Regional Administrator, Environmental Protection Agency (EPA) Region II has affirmatively determined, pursuant to section 312(f) of Public Law 92–500, as amended by Public Law 95–217 and Public Law 100–4 (the Clean Water Act), that adequate facilities for the safe and sanitary removal and treatment of sewage from all vessels are reasonably available for the waters of the Manasquan River, Counties of Monmouth and Ocean, State of New Jersey.

This petition was made by the New Jersey Department of Environmental Protection (NJDEP) in cooperation with the Monmouth-Ocean Alliance to Enhance the Manasquan River. Upon receipt of this affirmative determination, NJDEP will completely prohibit the discharge of sewage, whether treated or not, from any vessel in the Manasquan River in accordance with section 312(f)(3) of the Clean Water Act and 40 CFR 140.4(a). Notice of the Receipt of Petition and Tentative Determination was published in the **Federal Register** on March 12, 1998. Comments on the tentative determination were accepted during the comment period which closed on April 13, 1998. Written statements were received from the following:

1. James F. Lacey, Freeholder Director, Ocean County Board of Chosen Freeholders, P.O. Box 2191, Toms River, New Jersey 08754–2191
2. Mr. Lester W. Jargowsky, M.P.H., Public Health Coordinator, Monmouth County Board of Health, 3435 Highway 9, Freehold, New Jersey 07728
3. Ms. Cindy Zipf, Executive Director, Clean Ocean Action, P.O. Box 505, Highlands, New Jersey 07732
4. Mr. Arthur J. Bretnall, Jr., President, Raritan Engineering, P.O. Box 1157, Millville, New Jersey 08332
5. Mr. Philip G. Conner, President, Crockett Brothers Boatyard, Inc., P.O. Box 369, Oxford, Maryland 21654

The comments are summarized and responded to below:

Three individuals expressed their support of the Manasquan River determination. One individual stated that the notice failed to mention that the proposed No Discharge Area (NDA) included the southern shore of the Manasquan River which lies within Ocean County. Another individual stated that many organizations and individuals have worked hard to ensure that there are an adequate and convenient supply of sewerage pumpout facilities in the subject coastal watershed. He further commented that his organization will continue to educate and motivate boaters to adhere to the designation.

EPA acknowledges the support. While the document clearly indicates the boundaries of the area including the southern shoreline, EPA has added Monmouth County and Ocean County to the listed communities for clarification. The description now reads, ''The lower 6.5 miles of the river forms the estuary that is bordered by Wall Township, Brielle Borough and Manasquan Borough to the north in Monmouth County and Brick Township, Point Pleasant Borough and Point Pleasant Beach Borough to the south in Ocean County.'' EPA also agrees that education is a key component of the compliance and enforcement effort.

One individual stated that there is evidence that there is a need for better management of marine sewage. He commented that shellfish beds in the river continue to be closed to harvesting due to elevated fecal coliform counts. Through the establishment of an NDA, the local Boards of Health will have a new management tool for vessel sewage which can reduce the fecal coliform loading and which may assist in the reopening of the shellfish beds for harvest. No revision to the determination is warranted based on this comment.

Another individual stated that there is no credible reason to disallow the continued use of the Type I and Type II Marine Sanitation Devices (MSDs). He further stated that according to the National Shellfish Register the five principal sources of pollution are upstream sources, wildlife, individual waste management systems, septic tanks and waste treatment plants.

In response, EPA notes that the National Shellfish Register stated in the

Overview of Results that the top five pollution sources reported as contributing to harvest limitations were urban runoff, upstream sources, wildlife, individual wastewater treatment systems and wastewater treatment systems. The above commenter's listing of the top five pollution sources omitted urban runoff and listed septic tanks in addition to individual wastewater treatment systems.

In addition, the Overview of Results in the National Shellfish Register regarding pollution sources cites an apparent trend. Compared to the 1990 Register, there is a significant decrease in the acreage that is harvest-limited due to contributions from industry, wastewater treatment plants and direct discharges. There is an increase in the acreage limited by boating and marinas (when added together to reflect the way the data were collected in the 1990 Register), urban runoff and agricultural runoff.

In further response to the above comments, EPA notes that NJDEP's application includes a certification that the protection and enhancement of the Manasquan River requires greater environmental protection than the applicable federal standard. NJDEP presented data which indicate that fecal coliforms exceed the bathing beach and shellfish special restricted classification criteria. In 1990, 400 acres of the more than 1,500 acres were downgraded to Prohibited status by NJDEP. Runoff from residential and commercial development, marina and boating activity, and agriculture have been implicated as sources of bacterial loading. EPA has accepted NJDEP's certification and EPA concludes that no revision to the determination is warranted.

One individual criticized the method used to calculate the number of pumpouts for the vessel population. He stated that no allowance was made for vessels of length 26 feet and under with toilets. He commented that the assumption used in NJDEP's application that only 50% of the boats between 26 feet and 40 feet length were equipped with toilets was low based on his experience. He also stated that the assumed peak occupancy rate of 45% was low. During the busiest part of the boating season, the percentage of boats in use would be much higher. Due to these assumptions, he stated the application underestimated the need for pumpouts.

The vessel populations were based on the vessels docked at marinas and yacht clubs, vessels docked at non-marina facilities and transient vessels. The number of pumpouts needed in the Manasquan River NDA were calculated using two different methodologies. Both are based on the probability of a vessel being equipped with a holding tank, not a toilet, and an acceptable boat to pumpout ratio. The first method is based on the New Jersey Clean Vessel Act Steering Committee's recommendation that one pumpout be provided for every 200 to 300 vessels. The second method was developed by the U.S. Department of Interior Fish and Wildlife Service. The percent of vessels with holding tanks is based on surveys conducted by the Fish and Wildlife Service and available data for vessels using the Manasquan River. EPA finds the estimates to be based on accepted methodologies and the best information available. No revision to the determination is needed.

One individual stated that there was no need for the establishment of an NDA in the Manasquan River. He indicated that enforcement of the current regulation, 40 CFR 140.3, which prohibits discharge of untreated sewage is the ''key element to the issue.'' He further stated that the prohibition of the discharge of untreated sewage from vessels has never been adequately enforced. In response, EPA notes that the New Jersey Attorney General's Office and the New Jersey Marine Police have issued numerous citations when the discharge of raw sewage has been observed. One violator was criminally prosecuted and received 5 years probation, a $30,000 fine and 200 hours of community service. New Jersey has enforced current regulations, but as certified in the application, greater environmental protection is needed. No revision to the determination is warranted.

Another individual stated that the only effect the establishment of an NDA will have would be to outlaw the use of Type I and Type II MSDs.

The intent of the Manasquan River NDA is not to outlaw any type of MSDs, but to prohibit the discharge of sewage, whether treated or untreated, from a vessel until the vessel has left the Manasquan River. Once a vessel has exited the Inlet and is in the Atlantic Ocean, the discharge from a Type I or Type II MSD is allowed. Discharge of untreated sewage is prohibited from a vessel at all times while operating in U.S. waters. No revision to the determination is warranted.

Another individual stated that the intent of Congress when it passed the Federal Water Pollution Control Act of 1976 (referred to as the current MSD law) was to assure uniformity as vessels engaged in interstate commerce. He further stated that granting exceptions compromises the existing uniformity.

The federal MSD standards were set to provide a uniform standard for all vessels, regardless of area operation, in regards to protecting waters of the U.S. Congress also recognized that States, when further environmental protection was warranted, should be allowed to completely prohibit the discharge from all vessels of any sewage, whether treated or not, into some or all of the waters within a State by applying to EPA for such a prohibition. The State of New Jersey is exercising that option provided by Congress through section 312(f)(3) of the Clean Water Act. No revision to the determination is warranted based on the comment.

Two people commented that forcing boaters into a position that requires holding tanks with no other option is dangerous to the boating public. These comments addressed the risk of transmitting disease when handling untreated waste. One person further stated that people have been overcome and died due to the generation and the escaping of hydrogen sulfide gas from a holding tank. He stated that the application does not address this. Another person stated that methane gas may build up in the holding tanks and explode.

The establishment of a Manasquan River NDA does not require vessel owners to retrofit their MSDs. The comment regarding the generation of hydrogen sulfide gas and escape from a holding tank, is not relevant to the adequacy of the application submitted by NJDEP. MSDs are certified by the U.S. Coast Guard in regard to safety and performance. Any questions regarding the safety of any certified MSD should be brought to the attention of the U.S. Coast Guard since it is the certifying agency. No revision to the determination is warranted based on the comment.

One individual commented that the establishment of an NDA, in and of itself, does not prevent the discharge of raw sewage.

The discharge of raw sewage is currently prohibited by law. Establishment of an NDA prohibits the discharge of sewage, whether treated or untreated, from vessels. Compliance with the prohibition is dependent on the attitude of the boating population. A major component of a compliance program is the education of the regulated community and the impacts of noncompliance. No revision to the determination is warranted based on the comment.

One person stated that Type I and Type II MSDs treat the pathogens in

sewage as effectively, if not better than, municipal sewer plants. In comparing Type I and Type II systems to sewage treatment plants, he stated that an MSD achieves coliform results that are virtually zero and BOD percent reductions of over 70%.

The treatment plants that handle the sewage from the pumpouts are reporting Fecal Coliform counts of less than 10 colonies per 100 ml. and achieve BOD percent removal of greater than 90%. Samples of the effluent are taken at least twice per week to monitor the discharge. Based on these removals, EPA believes the performance of the treatment works is better than MSDs. The municipal authorities are required by New Jersey Pollutant Discharge Elimination System (NJPDES) permits to properly operate and maintain the treatment plant and to report any noncompliance with the permit conditions. Also, the treated wastewater from the treatment plant is discharged to the Atlantic Ocean, not the Manasquan River. MSDs are certified on a one time basis and after installation are rarely, if ever, checked to see if they are operating properly. They are never recertified. No revision to the determination is warranted based on the comment.

One individual commented that the federal MSD laws are obsolete and that the standards should be modified immediately. While this comment is not relevant to the determination or the factual content of the application, modification of the regulation cannot be initiated by the State or EPA Region II. 40 CFR 140 was recently modified to clarify the application requirements to establish NDAs for drinking water intakes zones. It is unlikely that this regulation will be evaluated for modification in the near future. No revision to the determination is warranted.

The remainder of this document summarizes the location of the NDA, the available pumpout facilities and related information. The Manasquan River is located in central New Jersey and runs southeasterly through Monmouth County for more than 23 miles before emptying into the Atlantic Ocean at the Manasquan Inlet. The Manasquan River is classified as a medium river with a drainage area of 81 square miles. The lower 6.5 miles of the river forms the estuary that is bordered by Wall Township, Brielle Borough and Manasquan Borough to the north in Monmouth County and Brick Township, Point Pleasant Borough and Point Pleasant Beach Borough to the south in Ocean County. The NDA will include all navigable waters in the Manasquan Estuary beginning at Manasquan Inlet and including Stockton Lake, Glimmer Glass, Lake Louise and Point Pleasant Canal up to the Route 88 bridge.

Information submitted by the State of New Jersey and the Monmouth-Ocean Alliance to Enhance the Manasquan River stated that there are five existing pumpout facilities available and two portable toilet dump stations to service vessels which use the Manasquan River. A detailed description of the available facilities was published in the Tentative Affirmative Determination in the **Federal Register** on March 12, 1998. The location of the facilities are as follows:

1. Brielle Marine Basin (stationary pumpout and portable pumpout), 608 Green Avenue, Brielle, New Jersey
2. Brielle Yacht Club (stationary pumpout), located 201 Union Lane, Brielle, New Jersey
3. Manasquan River Club (portable toilet dump station), 217 Riverside Drive, Brick, New Jersey
4. Suburban Boatworks and Marina (stationary pumpout and a portable toilet dump station), 1500 Riverside Drive, Brick, New Jersey
5. Crystal Point Yacht Club (stationary pumpout), 4000 River Road, Point Pleasant, New Jersey

Within six nautical miles of the Manasquan River are eight additional pumpout facilities and two portable toilet dump stations. Three facilities are located on the Shark River, three facilities are located on the Metedeconk River and two facilities are on Barnegat Bay.

Vessel waste generated from the pumpout facilities in Monmouth County is conveyed to the South Monmouth Regional Sewage Authority (NJPDES Permit No. NJ0024520). Vessel waste generated from the pumpout facilities in Ocean County is conveyed to the Ocean County Utilities Authority—Northern Plant (NJPDES Permit No. NJ0028142). These plants operate under permits issued by the New Jersey Department of Environmental Protection.

According to the State's petition, the maximum daily vessel population for the waters of Manasquan River is approximately 2624 vessels. This estimate is based on (1) vessels docked at marinas and yacht clubs (1940 vessels), (2) vessels docked at non-marina facilities (559 vessels) and (3) transient vessels (125 vessels). The vessel population based on length is 1505 vessels less than 26 feet in length, 885 vessels between 26 feet and 40 feet in length and 234 vessels greater than 40 feet in length. Based on number and size of boats, and using various methods to estimate the number of holding tanks, it is estimated that 3 to 5 pumpouts are needed for the Manasquan River.

The EPA hereby makes a final affirmative determination that adequate facilities for the safe and sanitary removal and treatment of sewage from all vessels are reasonably available for the Manasquan River in the counties of Monmouth and Ocean, New Jersey. This final determination on this matter will result in a New Jersey State prohibition of any sewage discharges from vessels in Manasquan River.

Dated: May 26, 1998.

Jeanne M. Fox,

Regional Administrator.

[FR Doc. 98–15015 Filed 6–4–98; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–6108–3]

New Jersey State Prohibition on Marine Discharges of Vessel Sewage; Final Affirmative Determination

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: Notification is hereby given that the Regional Administrator, Environmental Protection Agency (EPA) Region II has affirmatively determined, pursuant to section 312(f) of Public Law 92–500, as amended by Public Law 95–217 and Public Law 100–4 (the Clean Water Act), that adequate facilities for the safe and sanitary removal and treatment of sewage from all vessels are reasonably available for the waters of the Shark River, County of Monmouth, State of New Jersey.

This petition was made by the New Jersey Department of Environmental Protection (NJDEP) in cooperation with Monmouth County and the Shark River Roundtable. Upon receipt of this affirmative determination, NJDEP will completely prohibit the discharge of sewage, whether treated or not, from any vessel in the Shark River in accordance with section 312(f)(3) of the Clean Water Act and 40 CFR 140.4(a). Notice of the Receipt of Petition and Tentative Determination was published in the **Federal Register** on March 12, 1998. Comments on the tentative determination were accepted during the comment period which closed on April 13, 1998. Written statements were received from the following:

1. Mr. Lester W. Jargowsky, M.P.H., Public Health Coordinator,

Monmouth County Board of Health, 3435 Highway 9, Freehold, New Jersey 07728

2. Ms. Cindy Zipf, Executive Director, Clean Ocean Action, P.O. Box 505, Highlands, New Jersey 07732
3. Mr. Arthur J. Bretnall, Jr., President, Raritan Engineering, P.O. Box 1157, Millville, New Jersey 08332
4. Mr. Philip G. Conner, President, Crockett Brothers Boatyard, Inc., P.O. Box 369, Oxford, Maryland 21654

The comments are summarized and responded to below:

Two individuals expressed their support of the Shark River determination. Another individual stated that many organizations and individuals have worked hard to ensure that there are an adequate and convenient supply of sewerage pumpout facilities in the subject coastal watershed. He further commented that his organization will continue to educate and motivate boaters to adhere to the designation.

EPA acknowledges the support. EPA also agrees that education is a key component of the compliance and enforcement effort.

One individual stated that there is evidence that there is a need for better management of marine sewage. He commented that shellfish beds in the river continue to be closed to harvesting due to elevated fecal coliform counts. Through the establishment of a NDA, the local Board of Health will have a new management tool for vessel sewage which can reduce the fecal coliform loading and which may assist in the reopening of the shellfish beds for harvest. No revision to the determination is warranted based on this comment.

Another individual stated that there is no credible reason to disallow the continued use of the Type I and Type II Marine Sanitation Devices (MSDs). He further stated that according to the National Shellfish Register the five principal sources of pollution are upstream sources, wildlife, individual waste management systems, septic tanks and waste treatment plants.

In response, EPA notes that the National Shellfish Register stated in the Overview of Results that the top five pollution sources reported as contributing to harvest limitations were urban runoff, upstream sources, wildlife, individual wastewater treatment systems and wastewater treatment systems. The above commenter's listing of the top five pollution sources omitted urban runoff and listed septic tanks in addition to individual wastewater treatment systems.

In addition, the Overview of Results in the National Shellfish Register regarding pollution sources cites an apparent trend. Compared to the 1990 Register, there is a significant decrease in the acreage that is harvest-limited due to contributions from industry, wastewater treatment plants and direct discharges. There is an increase in the acreage limited by boating and marinas (when added together to reflect the way the data were collected in the 1990 Register), urban runoff and agricultural runoff.

In further response to the above comments, EPA notes that NJDEP's application includes a certification that the protection and enhancement of the Shark River requires greater environmental protection than the applicable federal standard. NJDEP presented data which indicate that fecal coliforms exceed the bathing beach and shellfish special restricted classification criteria. In 1994, NJDEP classified the shellfish waters of the Shark River impaired and only partially supported shellfish harvesting. Runoff from extensive residential and commercial development, marina and boating activity, and agriculture have been implicated as sources of bacterial loading. EPA has accepted NJDEP's certification and EPA concludes that no revision to the determination is warranted.

One individual criticized the method used to calculate the number of pumpouts for the vessel population. He stated that no allowance was made for vessels of length 26 feet and under with toilets. He commented that the assumption used in NJDEP's application that only 50% of the boats between 26 feet and 40 feet length were equipped with toilets was low based on his experience. He also stated that the assumed peak occupancy rate of 45% was low. During the busiest part of the boating season, the percentage of boats in use would be much higher. Due to these assumptions, he stated the application underestimated the need for pumpouts.

The vessel populations were based on the vessels docked at marinas and yacht clubs, vessels docked at non-marina facilities and transient vessels. The number of pumpouts needed in the Shark River NDA were calculated using two different methodologies. Both are based on the probability of a vessel being equipped with a holding tank, not a toilet, and an acceptable boat to pumpout ratio. The first method is based on the New Jersey Clean Vessel Act Steering Committee's recommendation that one pumpout be provided for every 200 to 300 vessels. The second method was developed by the U.S. Department of Interior Fish and Wildlife Service. The percent of vessels with holding tanks is based on surveys conducted by the Fish and Wildlife Service and available data for vessels using the Shark River. EPA finds the estimates to be based on accepted methodologies and the best information available. No revision to the determination is needed.

One individual stated that there was no need for the establishment of an NDA in the Shark River. He indicated that enforcement of the current regulation, 40 CFR 140.3, which prohibits discharge of untreated sewage is the ''key element to the issue.'' He further stated that the prohibition of the discharge of untreated sewage from vessels has never been adequately enforced. In response, EPA notes that the New Jersey Attorney General's Office and the New Jersey Marine Police have issued numerous citations when the discharge of raw sewage has been observed. One violator was criminally prosecuted and received 5 years probation, a $30,000 fine and 200 hours of community service. New Jersey has enforced current regulations, but as certified in the application, greater environmental protection is needed. No revision to the determination is warranted.

Another individual stated that the only effect the establishment of a NDA will have would be to outlaw the use of Type I and Type II MSDs.

The intent of the Shark River NDA is not to outlaw any type of MSDs, but to prohibit the discharge of sewage, whether treated or untreated, from a vessel until the vessel has left the Shark River. Once a vessel has exited the Inlet and is in the Atlantic Ocean, the discharge from a Type I or Type II MSD is allowed. Discharge of untreated sewage is prohibited from a vessel at all times while operating in U.S. waters. No revision to the determination is warranted.

Another individual stated that the intent of Congress when it passed the Federal Water Pollution Control Act of 1976 (referred to as the current MSD law) was to assure uniformity as vessels engaged in interstate commerce. He further stated that granting exceptions compromises the existing uniformity.

The federal MSD standards were set to provide a uniform standard for all vessels, regardless of area operation, in regards to protecting waters of the U.S. Congress also recognized that States, when further environmental protection was warranted, should be allowed to

completely prohibit the discharge from all vessels of any sewage, whether treated or not, into some or all of the waters within a State by applying to EPA for such a prohibition. The State of New Jersey is exercising that option provided by Congress through section 312(f)(3) of the Clean Water Act. No revision to the determination is warranted based on the comment.

Two people commented that forcing boaters into a position that requires holding tanks with no other option is dangerous to the boating public. These comments addressed the risk of transmitting disease when handling untreated waste. One person further stated that people have been overcome and died due to the generation and the escaping of hydrogen sulfide gas from a holding tank. He stated that the application does not address this. Another person stated that methane gas may build up in the holding tanks and explode.

The establishment of a Shark River NDA does not require vessel owners to retrofit their MSDs. The comment regarding the generation of hydrogen sulfide gas and escape from a holding tank, is not relevant to the adequacy of the application submitted by NJDEP. MSDs are certified by the U.S. Coast Guard in regard to safety and performance. Any questions regarding the safety of any certified MSD should be brought to the attention of the U.S. Coast Guard since it is the certifying agency. No revision to the determination is warranted based on the comment.

One individual commented that the establishment of an NDA, in and of itself, does not prevent the discharge of raw sewage.

The discharge of raw sewage is currently prohibited by law. Establishment of a NDA prohibits the discharge of sewage, whether treated or untreated, from vessels. Compliance with the prohibition is dependent on the attitude of the boating population. A major component of a compliance program is the education of the regulated community and the impacts of noncompliance. No revision to the determination is warranted based on the comment.

One person stated that Type I and Type II MSDs treat the pathogens in sewage as effectively, if not better than, municipal sewer plants. In comparing Type I and Type II systems to sewage treatment plants, he stated that a MSD achieves coliform results that are virtually zero and BOD percent reductions of over 70%.

The treatment plants that handle the sewage from the pumpouts are reporting Fecal Coliform counts of less than 10 colonies per 100 ml. and achieve BOD percent removal of greater than 90%. Samples of the effluent are taken at least twice per week to monitor the discharge. Based on these removals, EPA believes the performance of the treatment works is better than MSDs. The municipal authorities are required by New Jersey Pollutant Discharge Elimination System (NJPDES) permits to properly operate and maintain the treatment plant and to report any noncompliance with the permit conditions. Also, the treated wastewater from the treatment plant is discharged to the Atlantic Ocean, not the Shark River. MSDs are certified on a one time basis and after installation are rarely, if ever, checked to see if they are operating properly. They are never recertified. No revision to the determination is warranted based on the comment.

One individual commented that the federal MSD laws are obsolete and that the standards should be modified immediately. While this comment is not relevant to the determination or the factual content of the application, modification of the regulation cannot be initiated by the State or EPA Region II. 40 CFR 140 was recently modified to clarify the application requirements to establish NDAs for drinking water intakes zones. It is unlikely that this regulation will be evaluated for modification in the near future. No revision to the determination is warranted.

The remainder of this Notice summarizes the location of the NDA, the available pumpout facilities and related information. The Shark River is located in central New Jersey and runs southeasterly through Monmouth County for more than 23 miles before emptying into the Atlantic Ocean at the Shark Inlet. The Shark River, located in central New Jersey, has its headwaters in Tinton Falls and flows into its estuary of approximately 810 acres. The estuary is surrounded by the towns of Avon-by-the-Sea, the Borough of Belmar, Neptune City, Neptune Township and Wall Township. The river empties into the Atlantic Ocean via the Shark River Inlet. The Shark River drains a watershed area of 23 square miles. The NDA will include all navigable waters in the Shark River beginning at the Shark River Inlet.

Information submitted by the State of New Jersey, the Monmouth County, and the Shark River Roundtable stated that there are two existing pumpout facilities available and two portable toilet dump stations to service vessels which use the Shark River. A detailed description of the available facilities was published in the Tentative Affirmative Determination in the **Federal Register** on March 12, 1998. The location of the facilities are as follows:

1. Belmar Municipal Marine Basin (stationary pumpout and dump station), 900 Marine Avenue, Belmar, New Jersey
2. Main One Marina (stationary pumpout and a portable toilet dump station), 1 Main Street, Avon, New Jersey

Vessel waste generated from the pump-out facilities in Wall Township and the Borough of Belmar is conveyed to the South Monmouth Regional Sewage Authority (NJPDES Permit No. NJ0024520). Vessel waste generated from the pump-out facilities in Avon, Neptune City and Neptune Township is conveyed to the Neptune Township Sewage Authority (NJPDES Permit No. NJ0024872). These plants operate under permits issued by the New Jersey Department of Environmental Protection.

According to the State's petition, the maximum daily vessel population for the Shark River is approximately 1183 vessels. This estimate is based on (1) vessels docked at marinas and yacht clubs (882 vessels), (2) vessels docked at non-marina facilities (129 vessels) and (3) transient vessels (172 vessels). The vessel population based on length is 872 vessels less than 26 feet in length, 263 vessels between 26 feet and 40 feet in length and 48 vessels greater than 40 feet in length. Based on number and size of boats, and using various methods to estimate the number of holding tanks, it is estimated that 1 to 2 pumpouts are needed for the Shark River.

The EPA hereby makes a final affirmative determination that adequate facilities for the safe and sanitary removal and treatment of sewage from all vessels are reasonably available for the Shark River in the County of Monmouth, New Jersey. This final determination on this matter will result in a New Jersey State prohibition of any sewage discharges from vessels in the Shark River.

Dated: May 26, 1998.

Jeanne M. Fox,

Regional Administrator.

[FR Doc. 98–15017 Filed 6–4–98; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–6105–1]

National Advisory Council for Environmental Policy and Technology; Notice of Charter Renewal

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of charter renewal.

SUMMARY: The charter for the Environmental Protection Agency's (EPA) National Advisory Council for Environmental Policy and Technology (NACEPT) will be renewed for an additional two-year period as a necessary committee that is in the public's interest, and in accordance with the provisions of the Federal Advisory Committee Act (FACA), 5 U.S.C. appl.2 section 9(c). The purpose of NACEPT is to provide advice and counsel to the Administrator of EPA on issues associated with environmental management and policy. It is determined that NACEPT is in the public's interest in connection with the performance of duties imposed on the Agency by law.

Inquiries may be directed to Gwendolyn Whitt, Designated Federal Officer, NACEPT, U.S. EPA (1601–F), 401 M Street, SW, Washington, D.C. 20460.

Dated: May 8, 1998.

Gwendolyn Whitt,

Designated Federal Officer.

[FR Doc. 98–15010 Filed 6–4–98; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[ER–FRL–5492–4]

Environmental Impact Statements; Notice of Availability

Responsible Agency: Office of Federal Activities, General Information (202) 564–7167 OR (202) 564–7153.

Weekly receipt of Environmental Impact Statements

Filed May 25, 1998 Through May 29, 1998

Pursuant to 40 CFR 1506.9.

EIS No. 980158, Draft EIS, NPS, VT, Marsh-Billings National Historical Park, General Management Plan, Implementation, Woodstock, VT, Due: July 06, 1998, Contact: Rolf Diamant (802) 457–3368.

This EIS was inadvertently omitted from the 05–08–98 **Federal Register**. The official 45 days NEPA review period is calculated from 05–08–98.

EIS No. 980198, Final EIS, NPS, CA, NV, NM, P140 Coaxial Cable Removal Project, Plan Approval and Permits Issuance, Socorro, New Mexico to Mojave, California, NM, CA and NV, Due: July 06, 1998, Contact: Joan DeGraff (303) 969–2464.

EIS No. 980199, Final Supplement, NPS, CA, Santa Rosa Island Resources Management Plan Improvements of Water Quality and Conservation of Rare Species and their Habitats, Channel Islands National Park, Santa Barbara County, CA, Due: July 06, 1998, Contact: Alan Schmierer (415) 427–1441.

EIS No. 980200, Final EIS, AFS, AK, Control Lake Timber Sale, Implementation, Prince of Wales Island, Tongass National Forest, AK, Due: July 06, 1998, Contact: Dave Arrasmith (907) 228–6304.

EIS No. 980201, Final EIS, USN, CA, US Pacific Fleet F/A 18 E/F Aircraft for Development of Facilities to Support Basing on the West Coast of the United States, Possible Installations are (1) Lemoore Naval Air Station and (2) El Centro Naval Air Facility, Fresno, King and Imperial Counties, CA, Due: July 06, 1998, Contact: Surinder Sikand (650) 244–3020.

EIS No. 980202, Draft EIS, FHW, NY, US 219 between Springville to Salamanca, Improvements from NY 39 to NY 17, PIN 5101.53, Funding and COE Section 404 Permit, Erie and Cattaraugus Counties, NY, Due: July 27, 1998, Contact: Harold J. Brown (518) 431–4127.

EIS No. 980203, Final EIS, AFS, AK, Canal Hoya Timber Sale, Implementation, Stikine Area, Tongass National Forest, Value Comparison Unit (VCU), AK, Due: July 20, 1998, Contact: Scott Posner (907) 874–2323.

EIS No. 980204, Final EIS, USN, FL, VA, USS SEAWOLF Submarine Shock Testing, Implementation, located in the Offshore Mayport, FL or Norfolk, VA, Due: July 06, 1998, Contact: Will Sloger (803) 820–5797.

EIS No. 980205, Draft EIS, BIA, AZ, Southpoint Power Plant, Fort Mojave Indian Reservation Approval of a Lease for Development Project, Construction and Operation of a 500 Megawatt Natural Gas Fired Power Plant, NPDES Permit and COE Section 404 Permit, Mohave County, AZ, Due: August 15, 1998, Contact: Amy Heuslein (602) 379–6750.

EIS No. 980206, Draft EIS, BIA, CA, Programmatic-Cabazon Resource Recovery Park Section 6 General Plan, Implementation, Approval of Master Lease and NPDES Permit, Mecca, CA, Due: July 6, 1998, Contact: Donald R. Sutherland (202) 208–4791.

EIS No. 980207, Final EIS, BLM, NV, Las Vegas Land and Resource Management Plan, (formerly known as Stateline Resource Area, Land and Resource Management Plan), Implementation, Clark and Nye Counties, NV, Due: July 14, 1998, Contact: Jeff Steinmetz (702) 647–5097.

Amended Notices

EIS No. 980079, Draft EIS, IBR, CA, Programmatic—CALFED Bay-Delta Program, Long-Term Comprehensive Plan to Restore Ecosystem Health and Improve Water Management, Implementation, San Francisco Bay—Sacramento/San Joaquin River Bay-Delta, CA, Due: July 01, 1998, Contact: Rick Brietenbach (916) 657–2666.

Published FR 03–20–98 Review Period Extended.

EIS No. 980116, Draft EIS, FAA, MA, Provincetown Municipal Airport Safety and Operational Enhancement Project, Improvements (1) Firefighter Equipment Garage; (2) General Aviation Parking Apron Expansion; (3) Runaway Safety Areas, and (4) a Runaway Extension, COE Section 404 Permit, Cape Cod National Seashore, Barnstable County, MA, Due: June 24, 1998, Contact: John C. Silva (781) 238–7602.

Published FR—04–17–98—Review Period Extended.

EIS No. 980171, Draft EIS, COE, TX, Dallas Floodway Extension, Implementation, Trinity River Basin, Flood Damage Reduction and Environmental Restoration, Dallas County, TX, Due: July 10, 1998, Contact: Gene T. Rice, Jr. (817) 978–2110.

Published FR 05–15–98—Review Period Extended.

EIS No. 980194, Final EIS, ICC, Conrail Acquisition (Finance Docket No. 33388) by CSX Corporation and CSX Transportation Inc., and Norfolk Southern Corporation and Norfolk Southern Railway Company (NS), Control and Operating Leases and Agreements, To serve portion of eastern United States, Due: July 06, 1998, Contact: Michael Dalton (888) 869–1997.

Published FR 05–29–98—Review Period Extended.

Dated: June 02, 1998.

William D. Dickerson,

Director, NEPA Compliance Division, Office of Federal Activities.

[FR Doc. 98–15067 Filed 6–4–98; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–6108–1]

Notice Announcing Availability, Guidance and Evaluation Criteria for Sector-Based Multimedia State Cooperative Agreement Funds

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

PURPOSE: This Notice and Cooperative Agreement Guidance and Evaluation Criteria, announces the availability of the cooperative agreements and summarizes the requirements and process for States to submit proposals for funding. At this time EPA invites eligible States and Territories to submit pre-proposals no longer than 5 pages to the appropriate EPA Regional office and to the workgroup chair by Friday, July 10, 1998.

CONTACT: Amy Porter, 2225A, Office of Compliance, US EPA, 401 M Street SW, Washington, DC 20460, (202) 564–4149, porter.amy@epamail.epa.gov.

This information is also being made available, with additional details, on the Internet at http://es.epa.gov/oeca/polguid0.html. Hard copy of the full package, with detailed pre-proposal requirements, can be obtained at the address above, or through any EPA Regional Office.

Background and Purpose

The FY 1998 EPA budget contains $1,836,000 in State cooperative agreement funds available for multimedia/sector-based work under authority of section 28 of the Toxic Substances Control Act (TSCA). EPA plans to fund proposals in the range of $100,000–$500,000 to address sector, multimedia, ecosystem, or community-based environmental protection (CBEP) compliance and enforcement projects which are part of State efforts to establish or operate programs under section 28 of TSCA. All projects should have an impact on improving any aspect of data quality, either for the area being addressed, or overall. Projects relating to the national priority and significant sectors as defined by the OECA Memoranda of Agreement with Regions, as well as multi-State projects addressing problems affecting adjoining States, will be given priority for funding. Also, any other sector or priority project identified by Regions in their individual MOAs will be given funding priority. The national priority sectors include Dry Cleaners, Primary Nonferrous Metals, and Petroleum Refining. The significant sectors are Municipalities, Industrial Organic Chemicals, Chemical Preparation, Iron and Basic Steel Products, Pulp Mills, Auto Service/Repair Shops, and Agricultural Practices.

Statutory Authority

The funding authority for making these grants is section 28 of TSCA which allows ''the Administrator to make grants to States for the establishment and operation of programs to prevent or eliminate unreasonable risks within the States to health or the environment which are associated with a chemical substance or mixture and with respect to which the Administrator is unable or is unlikely to take action under [TSCA] for their prevention and elimination.'' The Office of Compliance believes that all projects that meet the criteria laid out in the guidance and which qualify for funding under this program will meet the statutory standards of TSCA section 28 because there are no multi-media compliance and enforcement initiatives for the types of projects being funded by this grant, nor are there likely to be.

If the forthcoming Environmental Program Grants Rule has been promulgated at the time these grants are awarded, they will be governed by that Rule.

Eligibility

Eligible entities include State governments and U.S. Territories. Eligible applicants will compete nationally for a portion of the total $1,836,000 allocation. The Agency intends to announce a separate call for proposals for Federally recognized Tribes with a different focus at a later date.

Scope

The funding authority provides an avenue for cross-media environmental concerns. Cooperative agreements funded under this initiative are intended to provide eligible States and Territories the opportunity to try different and/or innovative approaches to multimedia compliance and enforcement. Proposals must address sector, multimedia, ecosystem, or community based environmental protection (CBEP) compliance assistance, monitoring or enforcement related to programs for the prevention or elimination of risks associated with chemical substances or mixtures. (For the definitions of chemical substances and mixtures, please refer to section 3 of TSCA, or contact EPA for further clarification.) Proposals should address how the project will improve at least one of the following aspects of data quality: accuracy, completeness, consistency, utility, timeliness, and/or access to existing data systems or those newly developed for sector-related projects, either for the area being addressed, or overall.

Projects relating to the MOA national priority and significant sectors will be given priority for funding. Also, any other sector or priority project identified by Regions in their individual MOAs will be given the same priority for funding. Proposals for multi-State projects submitted by the lead State addressing problems affecting adjoining States, proposals for multi-year projects and multiple projects per State are also welcome.

Funding

Proposals in the range of $100,000–$500,000 will be considered for funding. The funding authority requires that recipients provide 25% matching funds. In-kind contributions such as volunteer labor hours may be applied towards the match, provided they meet the criteria in 40 CFR 31.24. Awards must be received by the State within two years of the budget allocation, but there are no time constraints on when the States can spend the money. States may use awards all at once or over multiple years, and at any time.

Process

Pre-proposals not longer than 5 pages, following the format specified in the guidance, must be submitted to EPA. The format includes a detailed list of proposal requirements. The pre-proposal process is intended to enable EPA to evaluate the proposals, request clarifications as needed, suggest modifications, and select States invited to submit a full proposal to the appropriate Region. The pre-proposal process is designed to reduce the investment of State resources for those States not invited to submit a full proposal.

Schedule

(1) At this time, we are asking interested States to submit pre-proposals of 5 pages or less to both the appropriate EPA Regional office and to the workgroup chair, Amy Porter, by July 10, 1998. The name and address of the Regional Contact can be obtained from Amy Porter (see **CONTACT** section above).

(2) EPA will complete its analysis of the pre-proposals and request clarification by September 4, 1998.

(3) Full State proposals are due to the appropriate EPA Region no later than November 27, 1998.

(4) EPA will analyze the final State proposal to assure it is in concert with the evaluation criteria and any clarifications requested from the pre-proposal, and meet any necessary administrative requirements before making an award.

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

Dated: May 26, 1998.

Elaine Stanley,

Director, Office of Compliance.

[FR Doc. 98–15004 Filed 6–4–98; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[OPP–00538; FRL–5792–8]

Announcement of a Workshop to Develop a Protocol for Testing the Efficacy of Disinfectants Used to Inactivate Hepatitis B Virus

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: EPA is announcing a public workshop to be held July 23 and 24, 1998, in the Washington DC area. The purpose of this workshop is to allow all interested parties to have input in developing a new and usable protocol, using a surrogate test species such as ''Duck'', for testing the efficacy of disinfectants used to inactivate Hepatitis B Virus (HBV). The Agency is requesting that interested parties send in any protocols and other information that they would want to be included in the deliberations of the workshop. A package of pertinent information, including the workshop agenda, will be sent to the participants before the workshop. The workshop will be structured to allow the participants to discuss all issues that are germane to the development of a workable test protocol.

DATES: Protocols, other information, and comments, identified by the docket number [OPP–00538], should be received on or before July 6, 1998 to be given full consideration.

ADDRESSES: Submit protocols and other information identified by the docket control number OPP–00538 by mail to: Public Information and Records Integrity Branch, Information Resources and Services Division (7502C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW, Washington, DC 20460. In person, bring comments directly to the OPP Docket Office, which is located in Rm. 119 of Crystal Mall #2, 1921 Jefferson Davis Highway, Arlington, VA.

Information submitted as a comment concerning this document may be claimed confidential by marking any part or all of that information as Confidential Business Information (CBI). Information so marked will not be disclosed except in accordance with procedures set forth in 40 CFR part 2. A copy of the comment that does not contain CBI must be submitted for inclusion in the public record. Information not marked confidential may be disclosed publicly by EPA without prior notice.

FOR FURTHER INFORMATION CONTACT: By mail: Ibrahim Barsoum, Antimicrobials Division (7510W), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. Office location and telephone number: 6W23, Crystal Station #1, 2800 Crystal Drive, Arlington, VA, (703) 308–6417, fax: 703–308–6466, e-mail: barsoum.ibrahim@epamail.epa.gov.

SUPPLEMENTARY INFORMATION:

I. Background

EPA has the authority through FIFRA to register antimicrobial pesticides. For public health pesticides, OPP reviews the submitted data for efficacy as well as safety. Guidelines have been developed for methods and performance standards which are used to test the efficacy of the various types of antimicrobial products that need to be registered.

II. Hepatitis Virus B Testing

The Agency has approved registrations for products that have Hepatitis Virus B claims based on a method using chimpanzees as the test subject. The continued use of the chimpanzee test is in doubt because the test is very expensive, which means that only one animal can be economically used for each test. An OPP Scientific Advisory Panel Meeting in September 1997 recommended that EPA look at alternative test systems, such as tests using Duck Hepatitis Virus B, in order to produce a new method to replace the chimpanzee test. EPA has decided to conduct a workshop in order to develop a new protocol for HBV efficacy testing. The workshop is being planned to include all parties interested in this issue. The group's goal will be to provide information that will aid EPA's development of a workable protocol. The Agency will be responsible for developing the actual protocol suitable for testing and validation.

III. Workshop Process

The two-day workshop will concentrate on producing an effective protocol that will replace the chimpanzee test. EPA anticipates that individuals from academia, industry, health care facilities, other federal agencies and public health advocacy groups will attend the workshop. The Agency is requesting that all interested parties submit any information that would be relevant for developing a new protocol. Submissions could include protocols developed by the submitters and those found in the open literature. EPA requests that submitters not claim the materials as confidential because the Agency would like to disseminate the materials to the public. Any confidential information sent into the Agency for the workshop would be used internally by EPA scientists in identifying appropriate topics to be discussed, but would not be included in the information that would be provided to the participants. Any other pertinent information that interested parties feel would be helpful to the Agency in setting the workshop agenda, especially scientific issues that need to be discussed and names of individuals who should specifically be invited to attend, should be sent to the Agency as indicated under ADDRESSES or Unit V. The goal of the workshop will be for EPA to develop a draft protocol for validation.

IV. Workshop Follow up

Once EPA produces a protocol, it will be disseminated to the public, including the regulated community, and to testing laboratories for immediate use. If an applicant submits data using the new protocol, and EPA decides to register the product based on the results of the study along with the other required information, the registration will be time limited. This approach allows products to be registered and used during the time it takes for the AOAC validation. However, the registration will automatically expire, if the test protocol does not pass the validation process. EPA anticipates allowing a two year registration that may be renewed if

more time is needed to complete the validation process.

V. Public Record and Electronic Submissions

A record has been established for this action under docket number ''OPP–00538'' (including comments and data submitted electronically as described below). A public version of this record, including printed, paper versions of electronic comments, which does not include any information claimed as CBI, is available for inspection from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The public record is located in Rm. 119 of the Public Information and Records Integrity Branch, Information Resources and Services Division, Office of Pesticide Programs, Environmental Protection Agency, Crystal Mall #2, 1921 Jefferson Davis Highway, Arlington, VA.

Protocols and other information may also be submitted electronically by sending electronic mail (e-mail) to: opp-docket@epamail.epa.gov. Electronic comments must be submitted as an ASCII file avoiding the use of special characters and any form or encryption. Comments will also be accepted on disks in WordPerfect in 5.1/6.1 or ASCII file format. All comments and data in electronic form must be identified by the docket number ''OPP–00538.'' No CBI should be submitted through e-mail. Electronic comments on this document may be filed online at many Federal Depository Libraries.

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

List of Subjects

Environmental protection, Antimicrobials, Efficacy testing, Hepatitis Virus B (HBV), Pesticides.

Dated: June 1, 1998.

Frank T. Sanders,

Director, Antimicrobials Division, Office of Pesticide Programs.

[FR Doc. 98–15011 Filed 6–4–98; 8:45 am]

BILLING CODE 6560–50–F

ENVIRONMENTAL PROTECTION AGENCY

[FRL–6108–4]

Science Advisory Board; Notification of Public Teleconference Meeting

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: Pursuant to the Federal Advisory Committee Act, Public Law 92–463, notice is hereby given that the Science Advisory Board's (SAB) Executive Committee, will conduct a public teleconference meeting on Wednesday, June 24, 1998, between the hours of 11:00 AM and 1:00 PM, Eastern Time. The meeting will be coordinated through a conference call connection in Room 3709 of the Mall at the U.S. Environmental Protection Agency, 401 M Street SW, Washington, DC 20460. The public is welcome to attend the meeting physically or through a telephonic link. Additional instructions about how to participate in the conference call can be obtained by calling Ms. Priscilla Tillery-Gadson at (202) 260–4126 by June 22, 1998.

In this meeting the Executive Committee plans to review drafts from several of its Committees. These anticipated drafts include:

(1) Environmental Engineering Committee Review of the ORD Pollution Prevention Research Plan

(2) Environmental Engineering Committee Review of the Agency's Surface Impoundments Survey

(3) Environmental Engineering Committee Review of the Agency's Quality Management Program

(4) Research Strategies Advisory Committee's Commentary on the ORD Budget Presentation and Process

FOR FURTHER INFORMATION CONTACT: Any member of the public wishing further information concerning the meeting or wishing to submit comments should contact Dr. Donald G. Barnes, Designated Federal Officer for the Executive Committee, Science Advisory Board (1400), U.S. Environmental Protection Agency, Washington DC 20460; telephone (202) 260–4126; FAX (202) 260–9232; and via the INTERNET at: barnes.don@epa.gov. Copies of the relevant documents are available from the same source. Draft documents will also be available on the SAB Website (http:///www.epa.gov/sab) at least one week prior to the meeting.

Dated: May 29, 1998.

Donald G. Barnes,

Staff Director, Science Advisory Board.

[FR Doc. 98–15009 Filed 6–4–98; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[OPP–30441A; FRL–5793–3]

Church and Dwight Inc.; Approval of a Pesticide Product Registration

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: This notice announces Agency approval of an application to register the pesticide product Armicarb 100, involving a changed use pattern of the active ingredient pursuant to the provisions of section 3(c)(5) of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), as amended.

FOR FURTHER INFORMATION CONTACT: By mail: Denise Greenway, Biopesticides and Pollution Prevention Division (7511W), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. Office location and telephone number: Rm. CS5-W57, Westfield Building North Tower, 2800 Crystal Drive, Arlington, VA 22202, (703) 308–8263; e-mail: greenway.denise@epamail.epa.gov.

SUPPLEMENTARY INFORMATION:

Electronic Availability: Electronic copies of this document and the Fact Sheet are available from the EPA home page at the **Federal Register**-Environmental Documents entry for this document under ''Laws and Regulations'' (http://www.epa.gov/fedrgstr/).

EPA issued a notice, published in the **Federal Register** of September 30, 1997 (62 FR 51105)(FRL–5747–2), which announced that Church and Dwight Co., Inc., 469 N. Harrison St., Princeton, NJ 08543, had submitted an application to register the pesticide product Armicarb 100, a fungicide (EPA File Symbol 10772-U), containing the active ingredient potassium bicarbonate at 85 percent, an active ingredient which involves a changed use pattern.

The application was approved on April 28, 1998, as Armicarb 100, to add to the active ingredient's presently registered use, a new use to control powdery mildew and other diseases on ornamentals and other food/feed crop plants (EPA Registration Number 10772–4). This application is submitted as a changed use pattern because of the large increase in use sites over the only other end-use product ''Kaligreen,''

(EPA Reg. 70231-1) for use on grapes, cucumbers, strawberries, tobacco, and roses which also contains the active ingredient potassium bicarbonate.

The Agency has considered all required data on risks associated with the proposed use of potassium bicarbonate, and information on social, economic, and environmental benefits to be derived from use. Specifically, the Agency has considered the nature of the chemical and its pattern of use, application methods and rates, and level and extent of potential exposure. Based on these reviews, the Agency was able to make basic health and safety determinations which show that use of potassium bicarbonate when used in accordance with widespread and commonly recognized practice, will not generally cause unreasonable adverse effects to the environment.

More detailed information on this registration is contained in an EPA Pesticide Fact Sheet on potassium bicarbonate.

A copy of this fact sheet, which provides a summary description of the pesticides, use patterns and formulations, science findings, and the Agency's regulatory position and rationale, may be obtained from the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, VA 22161.

In accordance with section 3(c)(2) of FIFRA, a copy of the approved label, the list of data references, the data and other scientific information used to support registration, except for material specifically protected by section 10 of FIFRA, are available for public inspection in the Public Information and Records Integrity Branch, Information Resources and Services Division (7502C), Office of Pesticide Programs, Environmental Protection Agency, Rm. 119, CM #2, Arlington, VA 22202 (703–305–5805). Requests for data must be made in accordance with the provisions of the Freedom of Information Act and must be addressed to the Freedom of Information Office (A-101), 401 M St., SW., Washington, DC 20460. Such requests should: (1) Identify the product name and registration number and (2) specify the data or information desired.

Authority: 7 U.S.C. 136.

List of Subjects

Environmental protection, Pesticides and pests, Product registration.

Dated: May 22, 1998.

Janet L. Andersen,

Director, Biopesticides and Pollution Prevention Division, Office of Pesticide Programs.

[FR Doc. 98–15012 Filed 6–4–98; 8:45 am]

BILLING CODE 6560–50–F

ENVIRONMENTAL PROTECTION AGENCY

[OPP–30433A; FRL–5790–4]

Novartis Crop Protection Inc.; Approval of Pesticide Product Registrations

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: This notice announces Agency approval of applications submitted by Novartis Crop Protection Inc. to conditionally register the pesticide products CGA-219417 Technical, Vangard WP, and Vangard WG containing a new active ingredient not included in any previously registered products pursuant to the provisions of section 3(c)(7)(C) of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA), as amended.

FOR FURTHER INFORMATION CONTACT: By mail: Mary Waller, Product Manager (PM) 21, Registration Division (7505C), Office of Pesticide Programs, 401 M St., SW., Washington, DC 20460. Office location and telephone number: Rm. 247, CM #2, Environmental Protection Agency, 1921 Jefferson Davis Hwy, Arlington, VA 22202, 703–305–9354; e-mail: waller.mary@epamail.epa.gov.

SUPPLEMENTARY INFORMATION:

Electronic Availability: Electronic copies of this document and the Fact Sheet are available from the EPA home page at the **Federal Register** Environmental Sub-Set entry for this document under ''Laws and Regulations'' (http://www.epa.gov/fedrgstr/).

EPA issued a notice, published the **Federal Register** of March 26, 1997 (62 FR 14413) (FRL–5596–2), which announced that Ciba Crop Protection, Ciba-Geigy Corporation, (now known as Novartis Crop Protection Inc.) P.O. Box 18300, Greensboro, NC 27419-8300, had submitted applications to conditionally register the fungicide products Cyprodinil Technical, Vangard WP, and Vangard WG (EPA File Symbols 100–IRR, 100–IRG, and 100–IEI) containing the active ingredient Cyprodinil *N*-(4-cyclopropyl-6-methyl-pyrimidin-2-yl)-aniline at 99, 75, and 75 percent respectively, an active ingredient not included in any previously registered products.

The applications were approved on April 10, 1998, for one Technical and two end-use products listed below:

1. CGA-219417 Technical (formerly Cyprodinil Technical) for formulation into end-use fungicide products (EPA Registration Number 100–811).
2. Vangard WP for control of certain diseases in almonds, grapes, pome fruit, and stone fruit (EPA File Registration Number 100–813).
3. Vangard WG for control of certain diseases in almonds, grapes, pome fruit, and stone fruit (EPA Registration Number 100–828).

These applications are conditionally registered until December 31, 1998, as a reduced risk pesticide and evaluated under a NAFTA/CUSTA Joint Project to jointly review the scientific data with the Pest Management Regulatory Agency (PMRA) of Canada.

A conditional registration may be granted under section 3(c)(7)(C) of FIFRA for a new active ingredient where certain data are lacking, on condition that such data are received by the end of the conditional registration period and do not meet or exceed the risk criteria set forth in 40 CFR 154.7; that use of the pesticide during the conditional registration period will not cause unreasonable adverse effects; and that use of the pesticide is in the public interest. The Agency has considered the available data on the risks associated with the proposed use of cyprodinil *N*-(4-cyclopropyl-6-methyl-pyrimidin-2-yl)-aniline, and information on social, economic, and environmental benefits to be derived from such use. Specifically, the Agency has considered the nature and its pattern of use, application methods and rates, and level and extent of potential exposure. Based on these reviews, the Agency was able to make basic health and safety determinations which show that use of cyprodinil *N*-(4-cyclopropyl-6-methyl-pyrimidin-2-yl)-aniline during the period of conditional registration will not cause any unreasonable adverse effect on the environment, and that use of the pesticide is, in the public interest.

Consistent with section 3(c)(7)(C), the Agency has determined that these conditional registrations are in the public interest. Use of the pesticides are of significance to the user community, and appropriate labeling, use directions, and other measures have been taken to ensure that use of the pesticides will not result in unreasonable adverse effects to man and the environment.

More detailed information on these conditional registrations is contained in

an EPA Pesticide Fact Sheet on cyprodinil *N*-(4-cyclopropyl-6-methyl-pyrimidin-2-yl)-aniline.

A paper copy of this fact sheet, which provides a summary description of the chemical, use patterns and formulations, science findings, and the Agency's regulatory position and rationale, may be obtained from the National Technical Information Service (NTIS), 5285 Port Royal Road, Springfield, VA 22161.

In accordance with section 3(c)(2) of FIFRA, a copy of the approved label, the list of data references, the data and other scientific information used to support registration, except for material specifically protected by section 10 of FIFRA, are available for public inspection in the Public Information and Records Intregrity Branch, Information Resources and Services Division (7502C), Office of Pesticide Programs, Environmental Protection Agency, Rm. 119, CM #2, Arlington, VA 22202 (703–305–5805). Requests for data must be made in accordance with the provisions of the Freedom of Information Act and must be addressed to the Freedom of Information Office (A-101), 401 M St., SW., Washington, D.C. 20460. Such requests should: (1) Identify the product name and registration number and (2) specify the data or information desired.

Authority: 7 U.S.C. 136.

List of Subjects

Environmental protection, Pesticides and pests, Product registration.

Dated: May 27, 1998.

James Jones,

Director, Registration Division, Office of Pesticide Programs.

[FR Doc. 98–15013 Filed 6–4–98; 8:45 am]

BILLING CODE 6560–50–F

ENVIRONMENTAL PROTECTION AGENCY

[PF–807; FRL–5791–4]

Notice of Filing of Pesticide Petitions

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: This notice announces the initial filing of pesticide petitions proposing the establishment of regulations for residues of certain pesticide chemicals in or on various food commodities.

DATES: Comments, identified by the docket control number PF–807, must be received on or before July 6, 1998.

ADDRESSES: By mail submit written comments to: Public Information and Records Integrity Branch, Information Resources and Services Division (7502C), Office of Pesticides Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. In person bring comments to: Rm. 119, CM #2, 1921 Jefferson Davis Highway, Arlington, VA.

Comments and data may also be submitted electronically by following the instructions under ''SUPPLEMENTARY INFORMATION.'' No confidential business information should be submitted through e-mail.

Information submitted as a comment concerning this document may be claimed confidential by marking any part or all of that information as ''Confidential Business Information'' (CBI). CBI should not be submitted through e-mail. Information marked as CBI will not be disclosed except in accordance with procedures set forth in 40 CFR part 2. A copy of the comment that does not contain CBI must be submitted for inclusion in the public record. Information not marked confidential may be disclosed publicly by EPA without prior notice. All written comments will be available for public inspection in Rm. 1132 at the address given above, from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays.

FOR FURTHER INFORMATION CONTACT: The product manager listed in the table below:

Product Manager	Office location/telephone number	Address
Joanne Miller (PM 23) ...	Rm. 237, CM #2, 703–305–6224, e-mail:miller.joanne@epamail.epa.gov.	1921 Jefferson Davis Hwy, Arlington, VA
Beth Edwards (PM 3)	Rm. 206, CM #2, 703–305–5400, e-mail: edwards.beth@epamail.epa.gov.	Do.

SUPPLEMENTARY INFORMATION: EPA has received pesticide petitions as follows proposing the establishment and/or amendment of regulations for residues of certain pesticide chemicals in or on various food commodities under section 408 of the Federal Food, Drug, and Comestic Act (FFDCA), 21 U.S.C. 346a. EPA has determined that these petitions contain data or information regarding the elements set forth in section 408(d)(2); however, EPA has not fully evaluated the sufficiency of the submitted data at this time or whether the data supports granting of the petition. Additional data may be needed before EPA rules on the petition.

The official record for this notice of filing, as well as the public version, has been established for this notice of filing under docket control number [PF–807] (including comments and data submitted electronically as described below). A public version of this record, including printed, paper versions of electronic comments, which does not include any information claimed as CBI, is available for inspection from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays. The official record is located at the address in ''ADDRESSES'' at the beginning of this document.

Electronic comments can be sent directly to EPA at:

opp-docket@epamail.epa.gov

Electronic comments must be submitted as an ASCII file avoiding the use of special characters and any form of encryption. Comment and data will also be accepted on disks in Wordperfect 5.1 file format or ASCII file format. All comments and data in electronic form must be identified by the docket number (insert docket number) and appropriate petition number. Electronic comments on notice may be filed online at many Federal Depository Libraries.

List of Subjects

Environmental protection, Agricultural commodities, Food additives, Feed additives, Pesticides and pests, Reporting and recordkeeping requirements.

Dated: May 20, 1998.

James Jones,

Director, Registration Division, Office of Pesticide Programs.

Summaries of Petitions

Petitioner summaries of the pesticide petitions are printed below as required by section 408(d)(3) of the FFDCA. The summaries of the petitions were prepared by the petitioners and represent the views of the petitioners. EPA is publishing the petition summaries verbatim without editing

them in any way. The petition summary announces the availability of a description of the analytical methods available to EPA for the detection and measurement of the pesticide chemical residues or an explanation of why no such method is needed.

1. Novartis Crop Protection, Inc.

PP 7F4924

EPA has received a pesticide petition (PP 7F4924) from Novartis Crop Protection, Inc., P.O. Box 18300, Greensboro, NC 27419-8300 proposing pursuant to section 408(d) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. 346a(d), to amend 40 CFR part 180 to establish tolerances for Clodinafop-propargyl, Propanoic acid, 2-[4-[(5-chloro-3-fluoro-2-pyridinyl)oxy]phenoxy]-,2-propynyl ester, in or on the raw agricultural commodities wheat grain at 0.02 and wheat straw at 0.05 parts per million (ppm). EPA has determined that the petition contains data or information regarding the elements set forth in section 408(d)(2) of the FFDCA; however, EPA has not fully evaluated the sufficiency of the submitted data at this time or whether the data supports granting of the petition. Additional data may be needed before EPA rules on the petition.

A. Residue Chemistry

1. *Plant metabolism*. The metabolism of CGA-184927 in wheat is understood for the purposes of the proposed tolerance. Two studies, one with the racemic mixture of the R (+) and S (-) forms and the other with the pure R (+) form (CGA-184927 pyridyloxy labeled), gave similar results. Metabolism involves hydrolysis of the parent to the resulting acid followed by conjugation, arylhydroxylation at the 6 position of the pyridyl ring followed by sugar conjugation, and cleavage of the pyridinyloxy-phenoxy ether bridge which forms the breakdown products 2-(4-hydroxyphenoxy) propanoic acid and 2-hydroxy-3-fluoro-5-chloropyridine.

2. *Analytical method*. Novartis has submitted practical analytical methods for the determination of CGA-184927 and its major plant metabolite CGA-193469 in wheat raw agricultural commodities (RACs). CGA-184927 is extracted from crops with acetonitrile, cleaned up by solvent partition and solid phase extraction and determined by column switching HPLC with ultraviolet detection. CGA-193469 is extracted from crops with an acetone-buffer (pH=3) solution, cleaned up by solvent partition and solid phase extraction, and determined by HPLC with UV detection. The limits of quantitation (LOQ) for the methods are 0.02 ppm for CGA-184927 in grain and forage, 0.05 ppm for CGA-184927 in straw, and 0.05 ppm for CGA-193469 in forage, straw and grain.

3. *Magnitude of residues*. Twelve residue trials were conducted from 1989-1992 in the major spring wheat growing areas of Manitoba, Alberta and Saskatchewan, which share compatible crop zones with the major spring wheat growing areas of the US (MT, ND, SD, MN). Nine trials were conducted in 1989-91 with a tank mix of CGA-184927 and a safener as separate EC formulations, and three trials in 1992 were conducted with CGA-184927 and the safener as a pre-pack EC formulation. All trials had a single post-emergence application of CGA-184927 at a rate of 80 g a.i./Ha. At PHIs of 66-97-days, no detectable residues of CGA-184927 or its metabolite CGA-193469 were found in mature grain and straw from these trials. Separate decline studies (3) on green forage showed no detectable residues of CGA-184927 or CGA-193469 beyond the 3-days after application (DAA) interval. A freezer storage stability study indicated reasonable stability of both analytes for a period of 1-year, with CGA-184927 showing a decline to 56% in grain and 47% in straw after 2-years. CGA-193469 remained stable for at least 2-years.

B. Toxicological Profile

1. *Acute toxicity*. The acute oral and dermal LD_{50} values for clodinafop-propargyl are 1829 mg/kg and greater than 2,000 mg/kg for rats of both sexes, respectively. Its acute inhalation LC_{50} in the rat is greater than 2.33 mg/liter, the highest attainable concentration. Clodinafop-propargyl is slightly irritating to the eyes, minimally irritating to the skin of rabbits, but was found to be sensitizing to the skin of the guinea pig. This technical would carry the EPA signal word ''Caution''.

2. *Genotoxicty*. The mutagenic potential of clodinafop-propargyl was investigated in 6 independent studies covering different end points in eukaryotes and prokaryotes *in vivo* and *in vitro*. These tests included: Ames reverse mutation with *Salmonella typhimurium* and Chinese hamster V79 cells; chromosomal aberrations using human lymphocytes and the mouse micronucleus test; and DNA repair using rat hepatocytes and human fibroblasts. Clodinafop-propargyl was found to be negative in all these tests and, therefore, is considered devoid of any genotoxic potential at the levels of specific genes, chromosomes or DNA primary structure.

3. *Reproductive and developmental toxicity*. Dietary administration of clodinafop-propargyl over 2-generations at levels as high as 1,000 ppm did not affect mating performance, fertility or litter sizes. The physiological developmental and the survival of the pups during the last week of the lactation period were slightly reduced at levels equal to or greater than 500 ppm during the first generation only. Target organs were liver (adults) and kidney (adults and pups). The treatment had no effect on reproductive organs. The developmental and reproductive NOEL was 50 ppm, corresponding to a mean daily intake of 3.3 milligrams/kilogram (mg/kg) clodinafop-propargyl.

In a developmental toxicity study in rats, the highest dose level of 160 mg/kg resulted in reduced body weight gain of the dams and signs of retarded fetal body weight and incomplete ossification of vertebrae and sternebrae. No teratogenic activity of the test article was detected. The NOEL for dams and fetuses was 40 mg/kg/day.

In a developmental toxicity study in rabbits, mortality was observed in dams at dose levels of 125 and 175 mg/kg. No teratogenic or fetotoxic effects were noted. The maternal NOEL was 25 mg/kg/day and the fetal NOEL was 175 mg/kg/day.

4. *Subchronic toxicity*. A 90-day feeding study in rats at 1,000 ppm resulted in reduced body weight gain, increased liver weights, hematological changes, and increased serum activities of the alkaline phosphatase. Target organs were liver (increased weight), thymus (atrophy) and spleen (reduced weight). The changes were reversible during 4-weeks of recovery. The NOEL was 15 ppm (0.92 mg/kg in males and 0.94 mg/kg in females).

In a 90-day feeding study in mice, 400 ppm resulted in reduced activity, one death, markedly increased activities of aminotransferases, alkaline phosphatase, and albumin concentration, increased liver weights, hepatocellular hypertrophy, and single cell necroses in all mice. Other findings included intrahepatic bile duct proliferation, Kupffer cell hyperplasia and higher incidence of inflammatory cell infiltration. These findings were considered to be secondary to the hepatocyte necrosis. The NOEL of 6 ppm was equivalent to a daily dose of 0.9 mg/kg in males and 1.05 mg/kg in females.

In a 90-day study in beagle dogs, levels of 500 and 1,000 ppm fed over 1-weeks clearly exceeded a maximum tolerated dose and led to mortality and severe toxicity. Effects at 50 and 200 ppm were limited to dermatitis and

clinical chemistry changes, which were generally mild and transient. The NOEL of 10 ppm was equivalent to a mean daily intake of 0.36 mg/kg in males and females.

5. *Chronic toxicity*. In a 12-month feeding study in dogs, 500 ppm resulted in transient dermatitis and reduced body weight gain. Two females were more severely affected and showed inappetence, body weight loss, tremors and severe dermatitis, and necessitated an interruption of the treatment in order to avoid mortality. Histopathology revealed slight hepatocellular hypertrophy in one male and one female. The NOEL of 100 ppm was equivalent to a mean daily intake of 3.38 mg/kg in males and 3.37 mg/kg in female.

Lifetime dietary administration of clodinafop-propargyl to mice resulted in reduced body weights and reduced survival in males treated at 250 ppm. Severe hepatotoxicity was noted at 100 and 250 ppm in both sexes. Based on markedly increased liver weights, enhanced serum activities of hepatic enzymes and hepatocellular necroses, dietary levels of 100 ppm and 250 ppm clearly exceeded maximum tolerated doses in males and females, respectively. The increased incidence of benign liver tumors that occurred in males treated at 250 ppm was, therefore, considered a toxicologically irrelevant response as the livers of these animals were damaged significantly and this finding was not interpretable. The test substance was severely hepatotoxic at 100 and 250 ppm, with males being more sensitive than females. Based on markedly increased liver weights, enhanced serum activities of hepatic enzymes, and hepatocellular necroses, dietary levels of 100 ppm and 250 ppm clearly exceeded maximum tolerated doses in males and females, respectively. The incidence of hepatocellular carcinoma, in these clearly compromised mice, remained within the historical control range, although the incidence was slightly increased in comparison to the concomitant controls. Tumor incidences in females were generally low and well within the range of the historical controls. The NOEL of 10 ppm was equivalent to a mean daily dose of 1.10 mg/kg in males and 1.25 mg/kg in females.

Dietary treatment of rats with concentrations over 2-years resulted in initial inappetence in males and reduced body weight development in both sexes treated at 750 ppm. The main target organ of toxicity was the liver. Changes in plasma protein and lipid levels, strongly enhanced serum activities of liver enzymes, increased liver weights, and severe hepatocellular necroses were observed at dietary doses of 300 and 750 ppm in males and at 750 ppm in females, giving evidence that these dose levels exceeded a maximum tolerated dose (MTD). Top dose group males showed higher incidences of prostate adenoma, while prostate hyperplasia was reduced. The total incidence of proliferative changes in the prostate remained unchanged. Females treated at the same high dose had higher incidences of ovary tubular adenoma. Both tumors also occur spontaneously in the rat strain used. Their slightly enhanced incidences are likely a consequence of the severe disturbance of the general physiological balance due to excessive liver toxicity. There was no progression to a malignant phenotype and the tumors had no influence on survival. In rats, feeding a dose of 750 ppm to males showed higher incidences of prostate adenoma, while prostate hyperplasia was reduced. The total number of tumor-bearing animals showed no dose-related trends. The NOEL of 10 ppm was equivalent to a mean daily dose of 0.32 mg/kg in males and 0.37 mg/kg in females.

6. *Animal metabolism*. In rats, clodinafop-propargyl was rapidly absorbed through the gastrointestinal tract. Absorption through the skin of rats is considerably slower with 15% of a dermally applied dose being absorbed within 8-hours. Single doses were excreted more rapidly by female rats than by males. Most likely due to enzyme induction, differences were much less pronounced after repeated treatment. Both sexes excreted clodinafop-propargyl with urine and feces mainly in the form of its propionic acid derivative, CGA-193469. Simultaneous administration of the safener, cloquintocet-mexyl, did not alter the rate of excretion of clodinafop-propargyl or its metabolite pattern.

7. *Metabolite toxicology*. Clodinafop-propargyl acts as a typical peroxisome proliferator in the rodent liver which is most likely induced by its propionic acid derivative metabolite, CGA-193469. Like other known well-characterized substances with this property, CGA-193469 caused peroxisome proliferation *in vitro* in hepatocytes of the mouse and rat, but not of the Guinea pig, marmoset, or human. There is ample scientific evidence that exposure to peroxisome proliferators represents no risk of tumor development in man. Clodinafop-propargyl is, therefore, not considered to be a carcinogen of relevance to humans.

8. *Endocrine disruption*. No special studies investigating potential estrogenic or endocrine effects of clodinafop-propargyl have been conducted. However, the standard battery of required studies has been completed. These studies include an evaluation of the potential effects on reproduction and development and an evaluation of the pathology of the endocrine organs following repeated or long-term exposure. Although prostate adenomas and ovarian adenomas were observed to be statistically increased in rats at the highest feeding level with clodinafop-propargyl, this feeding level clearly exceeded the MTD and the livers in these rats were severely compromised. Therefore, these findings are considered irrelevant.

C. Aggregate Exposure

1. *Dietary exposure*. For purposes of assessing the potential exposure under the proposed tolerances for clodinafop-propargyl, Novartis has estimated aggregate exposure based on the theoretical maximum residue contribution (TMRC) from the residues of the active ingredient, clodinafop-propargyl, or metabolites thereof. Residues are below the detection limit in wheat grains and other wheat products, including green wheat used for forage. Tolerances in wheat and wheat products are proposed at the detection limit of 0.02 ppm (LOQ) for the parent active ingredient in wheat grain. Although wheat commodities may be fed to poultry or cattle and it is common practice in some areas to graze cattle on green wheat, tolerances in meat or milk are not necessary because forage commodities do not contain detectable amounts of the parent clodinafop-propargyl or its metabolites.

i. *Chronic*. The RfD of 0.0032 mg/ kg/ day is derived from the male rat NOEL of 0.32 mg/ kg/ day. Based on the assumption that 100% of all wheat used for human consumption would contain residues of clodinafop-propargyl and anticipated residues would be at the level of ½ the LOQ, the potential dietary exposure was calculated using the TAS (TAS Exposure Analysis, Technical Assessment Systems Inc., Washington, DC.) exposure program based on the food survey from the year of 1977/1978. Calculations were made for anticipated residues using ½ the LOQ or 0.01 ppm. The proposed tolerance (0.02 ppm) was set at the lowest limit of detection for the active ingredient in wheat commodities (grain) because, with the available methodology, there are no detectable residues of clodinafop-propargyl in wheat or wheat products. Residues in milk, meat and eggs due to the feeding of wheat grain, green wheat or other

feed commodities will not occur and tolerances for milk, meat and eggs are therefore not required. Calculated on the basis of the assumptions above, the chronic dietary exposure of the U.S. population to clodinafop-propargyl would correspond to 0.000014 mg/kg/day or 0.47% of its RfD. The margin of exposure (MOE) against the NOEL in the most sensitive species is 22,857-fold.

Using the same conservative exposure assumptions, the percentage of the RfD that will be utilized is 0.14% for nursing infants less than 1-year old, 0.34% for non-nursing infants, 1.05% for children 1-6 years old and 0.77% for children 7-12 years old. It is concluded that there is a reasonable certainty that no harm will result to infants and children from exposure to residues of clodinafop-propargyl.

ii. *Acute*. Using the same computer software package used for the calculation of chronic dietary exposure, the acute dietary exposure was calculated for the general population and several sub-populations including children and women of child bearing age. The USDA Food Consumption Survey from 1989-1992 was used, however, instead of the 1977/78 survey used for the chronic assessment. Margins of exposure were calculated against the NOEL of 1 mg/kg found in a 90-day dietary toxicity study in rats, which is the lowest NOEL observed in a short term or reproductive toxicity study. NOEL from reproductive or developmental toxicity studies were significantly higher and there was no evidence that clodinafop-propargyl has any potency to affect these endpoints.

The exposure model predicted that 99.9% of the general population will be exposed to less than 0.000105 mg/kg of clodinafop-propargyl per day, which corresponds to a MOE of almost 9,529 when compared to the NOEL of 1 mg/kg. Children 1-6 years constitute the sub-population with the highest predicted exposure. Predicted acute exposure for this subgroup is less than 0.000136 mg/kg/day, corresponding to a MOE of at least 7,362 for 99.9% of the individuals.

2. *Drinking water*. Other potential sources of exposure of the general population to residues of pesticides are residues in drinking water. Although clodinafop-propargyl has a slight to medium leaching potential, the risk of the parent compound to leach to deeper soil layers is negligible under practical conditions in view of the rapid degradation of the product and its low application rate. According to laboratory and field studies there is no risk of ground water contamination with clodinafop-propargyl or its metabolites. Thus, aggregate risk of exposure to clodinafop-propargyl does not include drinking water. Clodinafop-propargyl is not intended for uses other than the agricultural use on wheat. Thus, there is no potential for non-occupational exposure.

The Maximum Contaminant Level Goal (MCLG) calculated for clodinafop-propargyl according to EPA's procedure leads to an exposure value substantially above levels that are likely to be found in the environment under proposed conditions of use.

MCLG = RfD x 20% x 70 kg/2 L

MCLG = 0.0032 mg/kg x 0.2 x 70 kg/2 L

MCLG = 0.0448 ppm = 44.8 ppb.

3. *Non-dietary exposure*. Exposure to clodinafop-propargyl for the mixer/loader/ground boom/aerial applicator was calculated using the Pesticide Handlers Exposure Database (PHED). It was assumed that the product would be applied 10-days per year by ground boom application to a maximum of 300 acres per day by the grower, 450 acres per day by the commercial ground boom applicator and 741 acres per day by the aerial applicator at a maximum use rate of 28 grams active ingredient per acre. For purposes of this assessment, it was assumed that an applicator would be wearing a long-sleeved shirt and long pants and the mixer/loader would, in addition, wear gloves. These assumptions were selected from PHED. Daily doses were calculated for a 70 kg person assuming 100% dermal penetration. The results indicate that large margins of safety exist for the proposed use of clodinafop-propargyl. Based upon the use pattern for clodinafop, the NOEL (50 mg/kg/day) from the 28-day rat dermal study is appropriate for comparison to mixer/loader-applicator exposure. The chronic NOEL of 0.32 mg/kg/day from the 2-year feeding study in rats is used to examine longer term exposures.

For short-term exposure, MOEs for clodinafop ranged from 2.9E+03 for commercial open mixer-loader to 3.1E+04 for commercial groundboom enclosed-cab applicator. For chronic exposure, MOEs ranged from 6.9E+02 for commercial open mixer-loader to 7.4E+03 for commercial groundboom enclosed-cab applicator. Aerial application of clodinafop results in short-term MOEs of 1.8E+03 for the mixer-loader and 2.0E+03 for pilots. Chronic MOEs are 4.2E+02 for the mixer-loader and 4.7E+02 for the pilot.

In reality, the proposed label will require more restrictive personal protective equipment for applicators and other handlers, resulting in additional margins of safety.

D. Cumulative Effects

A cumulative exposure assessment for effects of clodinafop-propargyl and other substances with the same mechanism of action is not appropriate because there is ample evidence to indicate that humans are not sensitive to the effects of clodinafop-propargyl and other peroxisome proliferators. Thus, the calculations outlined below were done for clodinafop-propargyl alone.

E. Safety Determination

1. *U.S. population*. Using the same conservative exposure assumptions described above, based on the completeness and reliability of the toxicity data, Novartis calculated that the aggregate risk for clodinafop-propargyl for chronic dietary exposure of the U.S. population would correspond to 0.000014 mg/kg/day or 0.47% of its RfD. The margin of exposure (MOE) against the NOEL in the most sensitive species is 22,857-fold. EPA generally has no concern for exposures below 100% of the RfD because the RfD represents the level at or below which daily aggregate dietary exposure over a lifetime will not pose appreciable risks to human health. Therefore, it is concluded that there is a reasonable certainty that no harm will result from aggregate exposure to residues of clodinafop-propargyl.

2. *Infants and children*. In assessing the potential for additional sensitivity of infants and children to residues of clodinafop-propargyl, data from developmental toxicity studies in the rat and rabbit and a 2-generation reproduction study in the rat have been considered. The developmental toxicity studies are designed to evaluate adverse effects on the developing organism resulting from chemical exposure during prenatal development to one or both parents. Reproduction studies provide information relating to effects from exposure to a chemical on the reproductive capability of mating animals and data on systemic toxicity.

Retarded fetal body weight and incomplete ossification of vertebrae and sternebrae were observed at a maternally toxic dose of 160 mg/kg/day in rats; however, no teratogenic activity of the test article was detected. The NOEL for dams and fetuses was 40 mg/kg/day. Although mortality was observed in rabbit dams at dose levels of 125 and 175 mg/kg, no teratogenic or fetotoxic effects were noted. The maternal NOEL was 25 mg/kg/day and the fetal NOEL was 175 mg/kg/day.

Clodinafop-propargyl fed over 2-generations to rats at levels as high as 1,000 ppm did not affect mating

performance, fertility, or litter sizes. Physiological developmental and the survival of the pups during the last week of the lactation period were slightly reduced at levels equal to or greater than 500 ppm during the first generation only. Target organs were liver (adults) and kidney (adults and pups). The developmental and reproductive NOEL was 50 ppm, corresponding to a mean daily intake of 3.3 mg/kg clodinafop-propargyl.

Section 408 FFDCA provides that EPA may apply an additional safety factor for infants and children in the case of threshold effects to account for pre- and post-natal toxicity and the completeness of the database. Base on the current toxicological data requirements, the database relative to pre- and post-natal effects for children is complete. Further, for clodinafop-propargyl, the NOEL of 0.32 mg/kg/day from the combined chronic/oncogenicity rat study, which was used to calculate the RfD, is already lower than the NOEL's of 40 and 25 mg/kg/day for the rat and rabbit developmental toxicity studies, respectively. Further, the developmental and reproductive NOEL of 3.3 mg/kg/day from the clodinafop-propargyl reproduction study is 10- times greater than the NOEL for the combined chronic/oncogenicity rat study. These data would indicate there is no additional sensitivity of infants and children to clodinafop-propargyl. Therefore, it is concluded that an additional uncertainty factor is not warranted to protect the health of infants and children from the use of clodinafop-propargyl.

Using the conservative exposure assumptions described above, it is concluded that the percentage of the RfD that will be utilized by aggregate exposure to residues of clodinafop-propargyl for the proposed use on wheat is 0.14% for nursing infants less than 1-year old, 0.34% for non-nursing infants, 1.05% for children 1-6 years old and 0.77% for children 7-12 years old. Therefore, based on the completeness and reliability of the toxicity data and the conservative nature of the exposure assessment, it is concluded that there is a reasonable certainty that no harm will result to infants and children from exposure to residues of clodinafop-propargyl.

F. International Tolerances

There are no Codex Alimentarius Commission (CODEX) maximum residue levels (MRLs) established for residues of clodinafop-propargyl in or on raw agricultural commodities.

(Joanne Miller)

2. Office of IR-4

PP 8G4964

EPA has received a pesticide petition (PP 8G4964) from Office of IR-4, P.O. Box 231, New Brunswick, N.J. 08903-0321 proposing pursuant to section 408(d) of the Federal Food, Drug and Cosmetic Act, 21 U.S.C. 346a(d), to amend 40 CFR part 180 by establishing a temporary tolerance exemption based on no detectable residues in potatoes in 14 field trials and the limited nature of the EUP program or a temporary tolerance for residues of the insecticide spinosad in or on the raw agricultural commodity potatoes at 0.032 ppm which is 2x the limit of quantitation of the analytical method. The proposed analytical method involves homogenization, filtration, partition and cleanup with analysis by high performance liquid chromatography using UV detection. EPA has determined that the petition contains data or information regarding the elements set forth in section 408(d)(2) of the FFDCA; however, EPA has not fully evaluated the sufficiency of the submitted data at this time or whether the data supports granting of the petition. Additional data may be needed before EPA rules on the petition.

A. Residue Chemistry

1. *Plant metabolism*. The metabolism of spinosad in plants (apples, cabbage, cotton, tomato, and turnip) and animals (goats and poultry) is adequately understood for the purposes of these tolerances. A rotational crop study showed no carryover of measurable spinosad related residues in representative test crops.

2. *Analytical method*. There is a practical method (HPLC with UV detection) for detecting (0.004 ppm) and measuring (0.01 ppm) levels of spinosad in or on food with a limit of detection that allows monitoring of food with residues at or above the levels set for these tolerances. The method has had a successful method tryout in the EPA's laboratories. Additionally, an Immunoassay has been developed.

3. *Magnitude of residues*. Magnitude of residue studies were conducted for potatoes at 14 sites in 7 States. No residues in potatoes were found in these studies with the lower limit of detection of 0.005 ppm.

B. Toxicological Profile

1. *Acute toxicity*. Spinosad has low acute toxicity. The rat oral LD_{50} is 3,738 mg/kg for males and >5,000 mg/kg for females, whereas the mouse oral LD_{50} is >5,000 mg/kg. The rabbit dermal LD_{50} is >2,000 mg/kg and the rat inhalation LC_{50} is >5.18 mg/l air. In addition, spinosad is not a skin sensitizer in guinea pigs and does not produce significant dermal or ocular irritation in rabbits. End use formulations of spinosad that are water based suspension concentrates have similar low acute toxicity profiles.

2. *Genotoxicty*. Short term assays for genotoxicity consisting of a bacterial reverse mutation assay (Ames test), an *in vitro* assay for cytogenetic damage using the Chinese hamster ovary cells, an *in vitro* mammalian gene mutation assay using mouse lymphoma cells, an *in vitro* assay for DNA damage and repair in rat hepatocytes, and an *in vivo* cytogenetic assay in the mouse bone marrow (micronucleus test) have been conducted with spinosad. These studies show a lack of genotoxicity.

3. *Reproductive and developmental toxicity*. Spinosad caused decreased body weights in maternal rats given 200 mg/kg/day by gavage highest dose tested (HDT). This was not accompanied by either embryo toxicity, fetal toxicity, or teratogenicity. The NOELs for maternal and fetal effects in rats were 50 and 200 mg/kg/day, respectively. A teratology study in rabbits showed that spinosad caused decreased body weight gain and a few abortions in maternal rabbits given 50 mg/kg/day HDT. Maternal toxicity was not accompanied by either embryo toxicity, fetal toxicity, or teratogenicity. The NOELs for maternal and fetal effects in rabbits were 10 and 50 mg/kg/day, respectively. The NOEL found for maternal and pup effects in a rat reproduction study was 10 mg/kg/day. Neonatal effects at 100 mg/kg/day HDT in the rat reproduction study were attributed to maternal toxicity.

4. *Subchronic toxicity*. Spinosad was evaluated in 13-week dietary studies and showed NOELs of 4.9 mg/kg/day in dogs, 6 mg/kg/day in mice, and 8.6 mg/kg/day in rats. No dermal irritation or systemic toxicity occurred in a 21-day repeated dose dermal toxicity study in rabbits given 1,000 mg/kg/day.

5. *Chronic toxicity*. Based on chronic testing with spinosad in the dog and the rat, the EPA has set a reference dose (RfD) of 0.0268 mg/kg/day for spinosad. The RfD has incorporated a 100-fold safety factor to the NOELs found in the chronic dog study. The NOELs shown in the dog chronic study were 2.68 and 2.72 mg/kg/day, respectively for male and female dogs. The NOELs shown in the rat chronic study were 2.4 and 3.0 mg/kg/day, respectively for male and female rats. Using the Guidelines for Carcinogen Risk Assessment published September 24, 1986 (51 FR 33992) (FRL–2984–1), it is proposed that spinosad be classified as Group E for

carcinogenicity (no evidence of carcinogenicity) based on the results of carcinogenicity studies in two species. There was no evidence of carcinogenicity in an 18-month mouse feeding study and a 24-month rat feeding study at all dosages tested. The NOELs shown in the mouse oncogenicity study were 11.4 and 13.8 mg/kg/day, respectively for male and female mice. The NOELs shown in the rat chronic/oncogenicity study were 2.4 and 3.0 mg/kg/day, respectively for male and female rats. A maximum tolerated dose was achieved at the top dosage level tested in both of these studies based on excessive mortality. Thus, the doses tested are adequate for identifying a cancer risk. Accordingly, a cancer risk assessment is not needed.

6. *Animal metabolism*. There were no major differences in the bioavailability, routes or rates of excretion, or metabolism of spinosyn A and spinosyn D following oral administration in rats. Urine and fecal excretions were almost completed in 48-hours post-dosing. In addition, the routes and rates of excretion were not affected by repeated administration.

7. *Metabolite toxicology*. The residue of concern for tolerance setting purposes is the parent material (spinosyn A and spinosyn D). Thus, there is no need to address metabolite toxicity.

8. *Neurotoxicity*. Spinosad did not cause neurotoxicity in rats in acute, subchronic, or chronic toxicity studies.

9. *Endocrine effects*. There is no evidence to suggest that spinosad has an effect on any endocrine system.

C. Aggregate Exposure

1. *Dietary exposure*. For purposes of assessing the potential dietary exposure from use of spinosad on cotton gin byproducts as well as from other existing or pending uses, a conservative estimate of aggregate exposure is determined by basing the TMRC on the proposed tolerance levels for spinosad and assuming that 100% of the cotton gin byproducts and other existing and pending crop uses grown in the U.S. were treated with spinosad. The TMRC is obtained by multiplying the tolerance residue levels by the consumption data which estimates the amount of crops and related foodstuffs consumed by various population subgroups. The use of a tolerance level and 100% of crop treated clearly results in an overestimate of human exposure and a safety determination for the use of spinosad on crops cited in this summary that is based on a conservative exposure assessment.

2. *Drinking water*. Another potential source of dietary exposure are residues in drinking water. Based on the available environmental studies conducted with spinosad wherein it's properties show little or no mobility in soil, there is no anticipated exposure to residues of spinosad in drinking water. In addition, there is no established Maximum Concentration Level (MCL) for residues of spinosad in drinking water.

3. *Non-dietary exposure*. Spinosad is currently registered for use on cotton with several crop registrations pending all of which involve applications of spinosad in the agriculture environment. Spinosad is also currently registered for use on turf and ornamentals at low rates of application (0.04 to 0.54 lb a.i. per acre). Thus, the potential for non-dietary exposure to the general population is not expected to be significant.

D. Cumulative Effects

The potential for cumulative effects of spinosad and other substances that have a common mechanism of toxicity is also considered. In terms of insect control, spinosad causes excitation of the insect nervous system, leading to involuntary muscle contractions, prostration with tremors, and finally paralysis. These effects are consistent with the activation of nicotinic acetylcholine receptors by a mechanism that is clearly novel and unique among known insecticidal compounds. Spinosad also has effects on the GABA receptor function that may contribute further to its insecticidal activity. Based on results found in tests with various mammalian species, spinosad appears to have a mechanism of toxicity like that of many amphiphilic cationic compounds. There is no reliable information to indicate that toxic effects produced by spinosad would be cumulative with those of any other pesticide chemical. Thus it is appropriate to consider only the potential risks of spinosad in an aggregate exposure assessment.

E. Safety Determination

1. *U.S. population*. Using the conservative exposure assumptions and the proposed RfD described above, the aggregate exposure to spinosad use on potatoes (using 0.032 ppm residue level) and other existing or pending crop uses will utilize 20.8% of the RfD for the U.S. population. No contribution to animal feed from potato was utilized in this analysis due to the limited scope of the EUP. A more realistic estimate of dietary exposure and risk relative to a chronic toxicity endpoint is obtained if average (anticipated) residue values from field trials are used. Inserting the average residue values in place of tolerance residue levels produces a more realistic, but still conservative risk assessment. Based on average or anticipated residues in a dietary risk analysis, the use of spinosad on potatoes and other existing or pending crop uses will utilize 4.6% of the RfD for the U.S. population. EPA generally has no concern for exposures below 100% of the RfD because the RfD represents the level at or below which daily aggregate dietary exposure over a lifetime will not pose appreciable risks to human health. Thus, it is clear that there is reasonable certainty that no harm will result from aggregate exposure to spinosad residues on potatoes and other existing or pending crop uses.

2. *Infants and children*. In assessing the potential for additional sensitivity of infants and children to residues of spinosad, data from developmental toxicity studies in rats and rabbits and a 2-generation reproduction study in the rat are considered. The developmental toxicity studies are designed to evaluate adverse effects on the developing organism resulting from pesticide exposure during prenatal development. Reproduction studies provide information relating to effects from exposure to the pesticide on the reproductive capability and potential systemic toxicity of mating animals and on various parameters associated with the well-being of pups.

Section 408 FFDCA provides that EPA may apply an additional safety factor for infants and children in the case of threshold effects to account for pre- and post-natal toxicity and the completeness of the database. Based on the current toxicological data requirements, the database for spinosad relative to pre- and post-natal effects for children is complete. Further, for spinosad, the NOELs in the dog chronic feeding study which was used to calculate the RfD (0.0268 mg/kg/day) are already lower than the NOELs from the developmental studies in rats and rabbits by a factor of more than 10-fold.

Concerning the reproduction study in rats, the pup effects shown at the HDT were attributed to maternal toxicity. Therefore, it is concluded that an additional uncertainty factor is not needed and that the RfD at 0.0268 mg/kg/day is appropriate for assessing risk to infants and children.

Using the conservative exposure assumptions previously described (tolerance level residues), the % RfD utilized by the aggregate exposure to residues of spinosad on potatoes and other existing or pending crop uses is 38.4% for children 1 to 6-years old, the most sensitive population subgroup. If average or anticipated residues are used

in the dietary risk analysis, the use of spinosad on these crops will utilize 11.3% of the RfD for children 1 to 6-years old. Thus, based on the completeness and reliability of the toxicity data and the conservative exposure assessment, it is concluded that there is a reasonable certainty that no harm will result to infants and children from aggregate exposure to spinosad residues on cotton gin byproducts and other existing or pending crop uses.

F. International Tolerances

There are no Codex maximum residue levels established for residues of spinosad on cotton gin byproducts or any other food or feed crop. (Beth Edwards).

[FR Doc. 98–15014 Filed 6–4–98; 8:45 am]

BILLING CODE 6560–50–F

EXPORT-IMPORT BANK OF THE UNITED STATES

Agency Information Collection Activities: Submission for OMB Review: Comment Request

AGENCY: Export-Import Bank of the United States.

ACTION: In accordance with the Paperwork Reduction Act of 1995, the Export-Import Bank of the United States (Ex-Im Bank) has submitted to the Office of Management and Budget (OMB) a request to review and approve a revision of a currently approved collection described below. A request for public comment was published in 63 FR, No. 59, 13437, March 27, 1998. No comments have been received.

SUMMARY: The Export-Import Bank of the United States (Ex-Im Bank) is soliciting comments from members of the public concerning the proposed collection of information to: (1) Evaluate whether the proposed collection 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; (3) enhance the quality, utility, and clarity of the information to be collected; and (4) minimize the burden of collection of information for those who are to respond; including through the use of appropriate automated collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

DATES: Interested persons are invited to submit comments on or before July 6, 1998.

ADDRESSES: Comments and recommendations concerning the submission should be sent to the OMB Desk Officer for Ex-Im Bank at the Office of Management and Budget, Information and Regulatory Affairs New Executive Office Building, Washington, DC 20503, (202) 395–7340.

FOR FURTHER INFORMATION CONTACT: Copies of these submissions and any additional information may be obtained from Dan Garcia, Export-Import Bank of the United States, 811 Vermont Ave., NW., Washington, DC 20571, (202) 565–3335.

SUPPLEMENTARY INFORMATION:

Abstract: OMB 3048–0005: Two applications fall under this collection. EIB–95–9 is the Ex-Im Bank Letter of Interest Application Form and EIB–95–10 is the Ex-Im Bank Preliminary Commitment and Final Commitment Application Form. There are no changes to either EIB–95–9 or EIB–95–10 other than a three-year extension of the expiration date.

Burden Statement Summary

Type of request: Extension of expiration date.

OMB Number: 3048–0005.

Form Number: EIB–95–9 and EIB–95–10.

Title: EIB–96–9—Ex-Im Bank Letter of Interest Application Form and EIB–95–10—EX-Im Bank Preliminary Commitment and Final Commitment Application Form.

Frequency of Use: Submission of Applications.

Respondents: Any U.S. or foreign bank, other financial institution, other responsible party including the exporter or creditworthy borrowers in a country eligible for Ex-Im Bank assistance.

Estimated total number of annual responses: EIB–95–9: 900, EIB–95–10: 550.

Estimated total number of hours needed to fill out the form: EIB–95–9: 20 minutes, EIB–95–10: 1 hour.

Dated: June 3, 1998.

Dan Garcia,

Agency Clearance Officer.

[FR Doc. 98–15167 Filed 6–4–98; 8:45 am]

BILLING CODE 6690–01–M

FEDERAL COMMUNICATIONS COMMISSION

FCC To Hold Open Commission Meeting Tuesday, June 9, 1998

June 2, 1998.

The Federal Communications Commission will hold an Open Meeting on the subjects listed below on Tuesday, June 9, 1998, which is scheduled to commence at 3:00 p.m. in Room 856, at 1919 M Street, NW., Washington, D.C.

Item No.	Bureau	Subject
1	Common Carrier	Title: Federal-State Joint Board on Universal Service (CC Docket No. 96–45); and Access Charge Reform (CC Docket No. 96–262). Summary: The Commission will consider action concerning proposals to ensure the accuracy and completeness of billing disclosures made by telecommunications carriers.
2	Common Carrier	Title: Federal-State joint Board on Universal Service (CC Docket No. 96–45). Summary: The Commission will consider action concerning the collection levels for the schools and libraries and rural health care universal service support mechanisms for the third and fourth quarters of 1998.
3	Common Carrier	Title: Federal-State Joint Board on Universal Service (CC Docket No. 96–45); Access Charge Reform (CC Docket No. 96–262); and Petition of Southwestern Bell Telephone Company, Pacific Bell, and Nevada Bell for Waiver of Sections 61.44–45 of the Commission's Rules (CCB/CPD 98–19). Summary: The Commission will consider action concerning issues related to local exchange carrier recovery of universal service contribution obligations.

Additional information concerning this meeting may be obtained from Maureen Peratino or David Fiske, Office of Public Affairs, telephone number (202) 418–0500; TTY (202) 418–2555.

Copies of materials adopted at this meeting can be purchased from the FCC's duplicating contractor, International Transcription Services, Inc. (ITS, Inc.) at (202) 857–3800; fax (202) 857–3805 and 857–3184; or TTY

(202) 293–8810. These copies are available in paper format and alternative media, including large print/type; digital disk; and audio tape. ITS may be reached by e-mail: its__inc@ix.netcom.com. Their Internet address is http://www.itsi.com.

This meeting can be viewed over George Mason University's Capitol Connection. For information on this service call (703) 993–3100. The audio portion of the meeting will be broadcast live on the Internet via the FCC's Internet audio broadcast page at <http://www.fcc.gov/realaudio/>. The meeting can also be heard via telephone, for a fee, from National Narrowcast Network, telephone (202) 966–2211 or fax (202) 966–1770; and from Conference Call USA (available only outside the Washington, DC metropolitan area), telephone 1–800–962–0044. Audio and video tapes of this meeting can be purchased from Infocus, 341 Victory Drive, Herndon, VA 20170, telephone (703) 834–0100; fax number 834–0111.

Federal Communications Commission.

Magalie Roman Salas,

Secretary.

[FR Doc. 98–15157 Filed 6–3–98; 2:11 pm]

BILLING CODE 6712–01–M

FEDERAL COMMUNICATIONS COMMISSION

Public Information Collections Approved by Office of Management and Budget

May 29, 1998.

The Federal Communications Commission (FCC) has received Office of Management and Budget (OMB) approval for the following public information collection pursuant to the Paperwork Reduction Act of 1995, Public Law 104–13. 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. For further information contact Shoko B. Hair, Federal Communications Commission, (202) 418–1379.

Federal Communications Commission

OMB Control No.: 3060–0106.

Expiration Date: 05/31/2001.

Title: Section 43.61—Reports of Overseas Telecommunications Traffic.

Form No.: N/A.

Respondents: Business or other for-profit entities.

Estimated Annual Burden: 248 respondents (only five respondents are subject to the quarterly filing requirement); 30.45 hours per response (avg.); 7554 total annual burden hours for all requirements.

Estimated Annual Reporting and Recordkeeping Cost Burden: $18,000.

Frequency of Response: Quarterly, annually, on occasion.

Description: Section 43.61 requires each common carrier that provides international facilities-based switched service between the United States and any foreign country to file an annual traffic and revenue report. The annual report includes actual traffic and revenue data for each service provided by a common carrier, divided among service billed in the United States, service billed outside the United States, and service transiting the United States. In IB Docket No. 96–261, released 8/7/97, the Commission increased the filing frequency in order to detect market distortion that may occur from the routing of U.S. international switched, basic traffic over private lines. Common carriers subject to the existing Section 43.61 requirement will be required to file the quarterly reports, in addition to annual reports for each quarter reporting period in which their minutes of switched telephone traffic meet certain thresholds established by the Commission. However, we will require that carriers file their traffic and revenue data only for switched facilities-based telephone services and switched facilities resale telephone services—not for their other international services. Obligation to respond: required. Public reporting burden for the collection of information is as noted above. Send comments regarding the burden estimate or any other aspect of the collections of information, including suggestions for reducing the burden to Performance Evaluation and Records Management, Washington, D.C. 20554.

Federal Communications Commission.

Magalie Roman Salas,

Secretary.

[FR Doc. 98–14901 Filed 6–4–98; 8:45 am]

BILLING CODE 6712–01–P

FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA–1217–DR]

Indiana; Amendment No. 1 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster for the State of Indiana, (FEMA–1217–DR), dated May 8, 1998, and related determinations.

EFFECTIVE DATE: May 28, 1998.

FOR FURTHER INFORMATION CONTACT: Madge Dale, Response and Recovery Directorate, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–3260.

SUPPLEMENTARY INFORMATION: The notice of a major disaster for the State of Indiana, is hereby amended to include the following areas among those areas determined to have been adversely affected by the catastrophe declared a major disaster by the President in his declaration of May 8, 1998:

Benton, Newton, Pulaski, Saint Joseph, and Starke Counties for Public Assistance.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.542, Fire Suppression Assistance; 83.543, Individual and Family Grant (IFG) Program; 83.544, Public Assistance Grants; 83.545, Disaster Housing Program; 83.548, Hazard Mitigation Grant Program.)

Lacy E. Suiter,

Executive Associate Director, Response and Recovery Directorate.

[FR Doc. 98–14992 Filed 6–4–98; 8:45 am]

BILLING CODE 6718–02–P

FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA–1216–DR]

Kentucky; Amendment No. 3 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster for the State of Kentucky, (FEMA–1216–DR), dated April 29, 1998, and related determinations.

EFFECTIVE DATE: May 26, 1998.

FOR FURTHER INFORMATION CONTACT: Madge Dale, Response and Recovery Directorate, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–3260.

SUPPLEMENTARY INFORMATION: The notice of a major disaster for the State of Kentucky, is hereby amended to include following areas among those determined to have been adversely affected by the catastrophe declared a major disaster by the President in his declaration of April 29, 1998:

The county of Lawrence for Public Assistance.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.542, Fire Suppression Assistance; 83.543, Individual and Family Grant (IFG) Program; 83.544, Public Assistance Grants; 83.545, Disaster Housing Program; 83.548, Hazard Mitigation Grant Program.)

Lacy E. Suiter,

Executive Associate Director, Response and Recovery Directorate.

[FR Doc. 98–14993 Filed 6–4–98; 8:45 am]

BILLING CODE 6718–02–P

FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA–1213–DR]

Federated States of Micronesia; Amendment No. 2 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster for the Federated States of Micronesia, (FEMA–1213–DR), dated April 3, 1998, and related determinations.

EFFECTIVE DATE: May 26, 1998.

FOR FURTHER INFORMATION CONTACT: Madge Dale, Response and Recovery Directorate, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–3260.

SUPPLEMENTARY INFORMATION: The notice of a major disaster for the Federated States of Micronesia, is hereby amended to include the following areas among those areas determined to have been adversely affected by the catastrophe declared a major disaster by the President in his declaration of April 3, 1998:

Emergency protective measures (Category B) for the following area:

Weno in Chuuk State.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.542, Fire Suppression Assistance; 83.543, Individual and Family Grant (IFG) Program; 83.544, Public Assistance Grants; 83.545, Disaster Housing Program; 83.548, Hazard Mitigation Grant Program.)

Lacy E. Suiter,

Executive Associate Director, Response and Recovery Directorate.

[FR Doc. 98–14996 Filed 6–4–98; 8:45 am]

BILLING CODE 6718–02–P

FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA–1215–DR]

Tennessee; Amendment No. 8 to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster for the State of Tennessee, (FEMA–1215–DR), dated April 20, 1998, and related determinations.

EFFECTIVE DATE: May 26, 1998.

FOR FURTHER INFORMATION CONTACT: Madge Dale, Response and Recovery Directorate, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–3260.

SUPPLEMENTARY INFORMATION: The notice of a major disaster for the State of Tennessee, is hereby amended to include the following areas among those areas determined to have been adversely affected by the catastrophe declared a major disaster by the President in his declaration of April 20, 1998:

Hamblen County for Individual Assistance.

Polk and Wilson Counties for Public Assistance (already designated for Individual Assistance).

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.542, Fire Suppression Assistance; 83.543, Individual and Family Grant (IFG) Program; 83.544, Public Assistance Grants; 83.545, Disaster Housing Program; 83.548, Hazard Mitigation Grant Program.)

Lacy E. Suiter,

Executive Associate Director, Response and Recovery Directorate.

[FR Doc. 98–14994 Filed 6–4–98; 8:45 am]

BILLING CODE 6718–02–P

FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA–1215–DR]

Tennessee; Amendment to Notice of a Major Disaster Declaration

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice.

SUMMARY: This notice amends the notice of a major disaster for the State of Tennessee (FEMA–1215–DR), dated April 20, 1998 and related determinations.

EFFECTIVE DATE: May 18, 1998.

FOR FURTHER INFORMATION CONTACT: Madge Dale, Response and Recovery Directorate, Federal Emergency Management Agency, Washington, DC 20472, (202) 646–3260.

SUPPLEMENTARY INFORMATION: Notice is hereby given that the incident period for this disaster is closed effective May 18, 1998.

(The following Catalog of Federal Domestic Assistance Numbers (CFDA) are to be used for reporting and drawing funds: 83.537, Community Disaster Loans; 83.538, Cora Brown Fund Program; 83.539, Crisis Counseling; 83.540, Disaster Legal Services Program; 83.541, Disaster Unemployment Assistance (DUA); 83.542, Fire Suppression Assistance; 83.543, Individual and Family Grant (IFG) Program; 83.544, Public Assistance Grants; 83.545, Disaster Housing Program; 83.548, Hazard Mitigation Grant Program)

Lacy E. Suiter,

Executive Associate Director, Response and Recovery Directorate.

[FR Doc. 98–14995 Filed 6–4–98; 8:45 am]

BILLING CODE 6718–02–P

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of Banks or Bank Holding Companies

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices

of the Board of Governors. Comments must be received not later than June 19, 1998.

A. Federal Reserve Bank of Chicago (Philip Jackson, Applications Officer) 230 South LaSalle Street, Chicago, Illinois 60690-1413:

1. PSB Corporation ESOP with 401K provisions, Wellsburg, Iowa; to acquire additional voting shares of PSB Corporation, Wellsburg, Iowa, and thereby indirectly acquire First State Bank, Sumner, Iowa, and Peoples Savings Bank, Wellsburg, Iowa.

Board of Governors of the Federal Reserve System, June 1, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–14910 Filed 6–4–98; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than June 29, 1998.

A. Federal Reserve Bank of Atlanta (Lois Berthaume, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303-2713:

1. Albert J. Ortte Family Limited Partnership, Metairie, Louisiana; to become a bank holding company by acquiring 24.47 percent of the voting shares of Metairie Bank and Trust Company, Metairie, Louisiana.

B. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63102-2034:

1. Midwest Bancshares, Inc. & Affiliates Employee Stock Ownership Plan, Poplar Bluff, Missouri; to acquire an additional 7.4 percent, for total of 44 percent, of the voting shares of Midwest Bancorporation, Inc., Poplar Bluff, Missouri, and thereby indirectly acquire First Midwest Bank of Dexter, Dexter, Missouri; First Midwest Bank of Piedmont, Piedmont, Missouri, and Carter County State Bank, Van Buren, Missouri.

C. Federal Reserve Bank of Kansas City (D. Michael Manies, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. Gold Banc Corporation, Inc., Leawood, Kansas, and Gold Banc Acquisition Corporation II, Inc.; to acquire 100 percent of the voting shares of Tri-County Bancshares, Inc., Linn, Kansas, and thereby indirectly acquire Tri-County National Bank, Washington, Kansas.

Board of Governors of the Federal Reserve System, June 1, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–14909 Filed 6–4–98; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act. Unless otherwise noted, nonbanking activities will be conducted throughout the United States.

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than July 2, 1998.

A. Federal Reserve Bank of Richmond (A. Linwood Gill III, Assistant Vice President) 701 East Byrd Street, Richmond, Virginia 23261-4528:

1. Anchor Financial Corporation, Myrtle Beach, South Carolina; to merge with M&M Financial Corporation, Marion, South Carolina, and thereby indirectly acquire First National South Marion, South Carolina.

2. Anchor Financial Corporation, Myrtle Beach, South Carolina, to merge with ComSouth Bankshares, Inc., Columbia, South Carolina, and thereby indirectly acquire Bank of Charleston, National Association, Charleston, South Carolina, and Bank of Columbia, N.A., Columbia, South Carolina.

B. Federal Reserve Bank of Chicago (Philip Jackson, Applications Officer) 230 South LaSalle Street, Chicago, Illinois 60690-1413:

1. LeMars Acquisition Corp., LeMars, Iowa; to become a bank holding company by acquiring more than 80 percent of the voting shares of LeMars Bank & Trust Company, LeMars, Iowa.

C. Federal Reserve Bank of St. Louis (Randall C. Sumner, Vice President) 411 Locust Street, St. Louis, Missouri 63102-2034:

1. Peoples Service Company, Nixa, Missouri; to become a bank holding company by acquiring more than 80 percent of the voting shares of Peoples Banking Company, Springfield, Missouri, and thereby indirectly acquire Peoples Bank of the Ozarks, Nixa, Missouri; Citizens Bank of the Ozarks, Camdenton, Missouri; and Peoples Bank of Fordland, Fordland, Missouri.

D. Federal Reserve Bank of Kansas City (D. Michael Manies, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. Apex Mortgage Company, Edmond, Oklahoma; to become a bank holding company by acquiring 100 percent of the voting shares of Edmond Bank & Trust, Edmond, Oklahoma.

Board of Governors of the Federal Reserve System, June 2, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–15025 Filed 6–4–98; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Change in Bank Control Notices; Acquisitions of Shares of Banks or Bank Holding Companies

The notificants listed below have applied under the Change in Bank Control Act (12 U.S.C. 1817(j)) and § 225.41 of the Board's Regulation Y (12 CFR 225.41) to acquire a bank or bank holding company. The factors that are considered in acting on the notices are set forth in paragraph 7 of the Act (12 U.S.C. 1817(j)(7)).

The notices are available for immediate inspection at the Federal Reserve Bank indicated. The notices also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing to the Reserve Bank indicated for that notice or to the offices of the Board of Governors. Comments must be received not later than June 22, 1998.

A. Federal Reserve Bank of Kansas City (D. Michael Manies, Assistant Vice President) 925 Grand Avenue, Kansas City, Missouri 64198-0001:

1. Charles Q. Chandler IV, Wichita, Kansas, and David T. Chandler, Pratt, Kansas, trustees of the David T. Chandler Trust No. 2, the Paul T. Chandler Trust No. 2, the George T. Chandler Jr. Trust No. 2, the George T. Chandler III Trust No. 2, the Barbara Ann Chandler Trust No. 2, the Travis Chandler Jordan Trust No. 2, and the William Chandler Trust No. 2; to acquire voting shares of First Pratt Bankshares, Inc., Pratt, Kansas, and thereby indirectly acquire voting shares of First National Bank in Pratt, Pratt, Kansas.

Board of Governors of the Federal Reserve System, June 2, 1998.

Robert deV. Frierson,

Associate Secretary of the Board.

[FR Doc. 98–15026 Filed 6–4–98; 8:45 am]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Consumer Advisory Council; Solicitation of Nominations for Membership

AGENCY: Board of Governors of the Federal Reserve System.

ACTION: Notice.

SUMMARY: The Board is inviting the public to nominate qualified individuals for appointment to its Consumer Advisory Council, whose membership represents consumer and community interests and the financial services industry. Nine new members will be selected for three-year terms that will begin in January 1999. The Board expects to announce the selection of new members by year-end 1998.

DATES: Nominations should be received by July 31, 1998.

ADDRESSES: Nominations should be submitted in writing and mailed (not sent by facsimile) to Sandra F. Braunstein, Assistant Director, Division of Consumer and Community Affairs, Board of Governors of the Federal Reserve System, Washington, D.C. 20551.

FOR FURTHER INFORMATION CONTACT: Deanna Aday-Keller, Secretary to the Council, Division of Consumer and Community Affairs, (202) 452–6470. For Telecommunications Device for the Deaf (TDD) users only: Diane Jenkins, (202) 452–3544, Board of Governors of the Federal Reserve System, Washington, D.C. 20551.

SUPPLEMENTARY INFORMATION: The Consumer Advisory Council was established in 1976 at the direction of the Congress to advise the Federal Reserve Board on the exercise of its duties under the Consumer Credit Protection Act and on other consumer-related matters. The Council by law represents the interests both of consumers and of the financial services industry (15 USC 1691(b)). Under the Rules of Organization and Procedure of the Consumer Advisory Council (12 CFR 267.3), members serve three-year terms that are staggered to provide the Council with continuity. New members will be selected for terms beginning January 1, 1999, to replace members whose terms expire in December 1998; the Board expects to announce its appointment of new members by year-end. Nomination letters should include information about past and present positions held by the nominee; a description of special knowledge, interests or experience related to community reinvestment, consumer credit, or other consumer financial services; and the current address and telephone number of both the nominee and the nominator. Individuals may nominate themselves.

The Board is interested in candidates who have some familiarity with consumer financial services or community reinvestment, and who are willing to express their viewpoints. Candidates do not have to be experts on all levels of consumer financial services or community reinvestment, but they should possess some basic knowledge of the area. They must be able and willing to make the necessary time commitment to prepare for and attend meetings three times a year (usually for two days, including committee meetings), held at the Board Offices in Washington, D.C. The Board pays travel expenses, lodging and a nominal honorarium. In making the appointments, the Board will seek to complement the background of continuing Council members in terms of affiliation and geographic representation, and to ensure the representation of women and minority groups. The Board may consider prior years' nominees and does not limit consideration to individuals nominated by the public when making its selection. Council members whose terms end as of December 31, 1998, are:

Richard S. Amador, President and Chief Executive Officer, CHARO Community Development Corporation, Los Angeles, California

Heriberto Flores, President and Chief Executive Officer, Brightwood Development Corporation, Springfield, Massachusetts

Francine C. Justa, Executive Director, Neighborhood Housing Services of New York, New York, New York

Errol T. Louis, Central Brooklyn Federal Credit Union, Brooklyn, New York

William N. Lund, Director, Office of Consumer Credit Regulation, State of Maine, Augusta, Maine

Margot Saunders, Managing Attorney, National Consumer Law Center, Washington, D.C.

Gregory D. Squires, Professor Department of Sociology, University of Wisconsin-Milwaukee, Milwaukee, Wisconsin

George P. Surgeon, Chief Financial Officer and Executive Vice President, Shorebank Corporation, Chicago, Illinois

Theodore J. Wysocki, Jr., Executive Director, Chicago Association of Neighborhood Development Organizations, Chicago, Illinois

Council members whose terms continue through 1998 and 2000 are:

Walter J. Boyer, President, United Central Bank, Garland, Texas

Wayne-Kent A. Bradshaw, President and Chief Executive Officer, Family Savings Bank, FSB, Los Angeles, California

Jeremy Eisler, South Mississippi Legal Services Corp., Biloxi, Mississippi

Robert F. Elliott, Vice Chairman, Household International, Prospect Heights, Illinois

Dwight Golann, Professor of Law, Suffolk University Law School, Boston, Massachusetts
Marva H. Harris, Senior Vice President and Manager for Community Development, PNC Bank Corporation, Pittsburgh, Pennsylvania
Karla Irvine, Executive Director Housing Opportunities, Made Equal of Greater Cincinnati, Inc., Cincinnati, Ohio
Janet C. Koehler, Senior Manager of Electronic Commerce, AT & T Universal Card Services, Jacksonville, Florida
Gwenn Kyzer, Vice President, Target Marketing Service, Experian, Inc., Allen, Texas
John C. Lamb, Senior Staff Counsel, Department of Consumer Affairs, Legal Services Unit, Sacramento, California
Martha W. Miller, President, Choice Federal Credit Union, Greensboro, North Carolina
Daniel W. Morton, Vice President and Senior Counsel, The Huntington National Bank, Columbus, Ohio
Charlotte Newton, Vice President, Consumer and Government Affairs, MasterCard International, Washington, D.C.
Carol Parry, Executive Vice President, Chase Manhattan Bank, New York, New York
Philip Price, Jr., Executive Director, The Philadelphia Plan, Philadelphia, Pennsylvania
David L. Ramp, Attorney, Legal Aid Society of Minneapolis, Minneapolis, Minnesota
Marilyn Ross, Executive Director, Holy Name Housing Corporation, Omaha, Nebraska
Robert G. Schwemm, Professor of Law, University of Kentucky, Lexington, Kentucky
David J. Shirk, Senior Vice President, Frontier Investment Company, Eugene, Oregon
Gail Small, Executive Director, Native Action, Lame Deer, Montana
Yvonne S. Sparks, Vice President, Nations Bank Community Investments Group, St. Louis, Missouri

Board of Governors of the Federal Reserve System, June 1, 1998.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. 98–14955 Filed 6–4–98; 8:45 am]

BILLING CODE 6210–01–P

FEDERAL RESERVE SYSTEM

Notice of Meeting of Consumer Advisory Council

The Consumer Advisory Council will meet on Thursday, June 25. The meeting, which will be open to public observation, will take place at the Federal Reserve Board's offices in Washington, D.C., in Dining Room E of the Martin Building (Terrace level). The meeting will begin at 9:00 a.m. and is expected to continue until 4:00 p.m., with a lunch break between approximately 1:00 and 2:00 p.m. The Martin Building is located on C Street, Northwest, between 20th and 21st Streets.

The Council's function is to advise the Board on the exercise of the Board's responsibilities under the Consumer Credit Protection Act and on other matters on which the Board seeks its advice. Time permitting, the Council will discuss the following topics:

Possible Revisions to Regulation B (Equal Credit Opportunity) and Regulation C (Home Mortgage Disclosure). The Bank Regulations Committee and Community Affairs and Housing Committee will lead a joint discussion about members' recommendations for revising Regulations B and C, in connection with the Board's review of the regulations under its Regulatory Improvement Program.

CRA Assessment Area Issues. The Bank Regulations Committee will lead a discussion of issues related to the implementation of the Community Reinvestment Act, focusing in particular on the delivery of banking products and CRA regulations' treatment of the ''assessment area''—the primary geographic area in which an institution's record is evaluated.

TILA/RESPA Proposals. The Consumer Credit Committee will lead a discussion on legislative proposals to simplify, consolidate, and streamline the provisions of the Boards Regulation Z (Truth in Lending) and HUD's Regulation X (Real Estate Settlement Procedures) affecting the mortgage lending process.

Electronic Communication. The Depository and Delivery Systems Committee and the Consumer Credit Committee will jointly lead a discussion of members' recommendations regarding Board proposals to permit electronic delivery of notices and disclosures in substitution for paper communications under regulations that implement the Electronic Fund Transfer, Truth in Lending, Consumer Leasing, Truth in Savings, and Equal Credit Opportunity statutes.

Governor's Report. Federal Reserve Board Member Edward M. Gramlich will report on economic conditions, recent Board initiatives, and issues of concern, with an opportunity for questions from Council members.

Members Forum. Individual Council members will present views on economic conditions present within their industries or local economies.

Reports. Council committees will report on their work.

Other matters previously considered by the Council or initiated by Council members also may be discussed.

Persons wishing to submit views to the Council regarding any of the above topics may do so by sending written statements to Deanna Aday-Keller, Secretary, Consumer Advisory Council, Division of Consumer and Community Affairs, Board of Governors of the Federal Reserve System, Washington, D.C. 20551. Information about this meeting may be obtained from Ms. Aday-Keller, 202-452-6470. Telecommunications Device for the Deaf (TDD) users may contact Diane Jenkins, 202-452-3544.

Board of Governors of the Federal Reserve System, June 1, 1998.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. 98–14911 Filed 6–4–98; 8:45AM]

BILLING CODE 6210–01–F

FEDERAL RESERVE SYSTEM

Sunshine Act Meeting

AGENCY HOLDING THE MEETING: Board of Governors of the Federal Reserve System.

TIME AND DATE: 10:00 a.m., Wednesday, June 10, 1998.

PLACE: Marriner S. Eccles Federal Reserve Board Building, 20th and C Streets, N.W., Washington, D.C. 20551.

STATUS: Closed.

MATTERS TO BE CONSIDERED:

1. Personnel actions (appointments, promotions, assignments, reassignments, and salary actions) involving individual Federal Reserve System employees.
2. Any matters carried forward from a previously announced meeting.

CONTACT PERSON FOR MORE INFORMATION: Lynn S. Fox, Assistant to the Board; 202–452–3204.

SUPPLEMENTARY INFORMATION: You may call 202–452–3206 beginning at approximately 5 p.m. two business days before the meeting for a recorded announcement of bank and bank holding company applications scheduled for the meeting; or you may contact the Board's Web site at http://www.bog.frb.fed.us for an electronic announcement that not only lists applications, but also indicates procedural and other information about the meeting.

Dated: June 3, 1998.

Jennifer J. Johnson,

Secretary of the Board.

[FR Doc. 98–15158 Filed 6–3–98; 2:12 pm]

BILLING CODE 6210–01–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98N–0192]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed reinstatement of an existing collection of information, and to allow 60 days for public comment in response to the notice. This notice solicits comments on the use of establishment license application (ELA) and product license application (PLA) forms by manufacturers of biological products.

DATES: Submit written comments on the collection of information by August 4, 1998.

ADDRESSES: Submit written comments on the collection of information to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: JonnaLynn P. Capezzuto, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–4659.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information listed below.

With respect to the following collection of information, FDA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (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, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

Establishment and Product License Applications: Forms FDA 2599, 2599a, 2600, 2600b, 3066, 3086, 3096, 3098, 3098a, 3098b, 3098c, 3098d, 3098e, 3210, 3213, 3214, and 3314—21 CFR 601.2 and 601.12—(OMB Control Number 0910–0124—Reinstatement)

FDA is the Federal agency charged with responsibility for determining that drugs and biological products are safe and effective. Manufacturers of biological products for human use must file an application for FDA approval of the product prior to introducing it into interstate commerce. The information provided by manufacturers on these license application forms is necessary for FDA to carry out its mission of protecting the public health and helping to ensure that biologics for human use have been shown to be safe and effective. The uniform format of the forms provides for orderly, efficient review by the Center for Biologics Evaluation and Research (CBER) staff and expedites the licensing process as well as documenting for future reference the methods and procedures that have been approved for use at each manufacturing location. Statutory authority for the collection of this information is provided by section 351 of the Public Health Service Act (the PHS Act) (42 U.S.C. 262).

Section 601.2 (21 CFR 601.2) requires that manufacturers of biological products regulated under the PHS act submit an ELA and a PLA, or a biologic license application (BLA) to CBER for review and approval prior to marketing a biological product in interstate commerce. Blood and blood components fall within the category of biological products. All establishments collecting and/or preparing blood and blood components for sale or distribution in interstate commerce are subject to the licensing application provisions of section 351 of the PHS Act. Section 601.12 (21 CFR 601.12) requires manufacturers of a biologic for human use to file supplemental applications for all important changes to applications previously approved prior to implementing such changes. In addition to §§ 601.2 and 601.12, other regulations provide additional standards for human blood and blood products, which require submission of certain information in a license application, including 21 CFR 640.17, 640.21(c), 640.25(c), 640.56(c), 640.64(c), 640.74(a) and (b)(2), and 680.1(b)(2)(iii) and (c). The information collection requirements in the preceding regulations and their associated reporting burdens are provided under the burden estimated for §§ 601.2 and 601.12 and the application form in approved OMB control number 0910–0338.

As outlined in the President's November 1995 National Performance Review's document entitled ''Reinventing the Regulation of Drugs Made From Biotechnology,'' FDA intends to use a single harmonized application form for all drug and licensed biological products. FDA revised Form FDA 356h, ''Application to Market a New Drug, Biologic, or an Antibiotic Drug for Human Use,'' for this purpose and announced its availability in the **Federal Register** of July 8, 1997 (62 FR 36558). This notice described FDA's intent to phase in the use of the new Form FDA 356h for all biological products and stated that applicants submitting new drug applications (NDA's), abbreviated new drug applications (ANDA's), abbreviated antibiotic drug applications (AADA's), and BLA's for biologic products specified in § 601.2(c) could begin to use the new Form FDA 356h immediately. The notice also advised such applicants that they will be required to use revised Form FDA 356h beginning January 8, 1998. In the interim period, the old Form FDA 356h and the new Form FDA 356h were to be acceptable alternatives for NDA's, ANDA's, AADA's, and BLA's.

In future **Federal Register** notices, FDA will advise applicants for the products not yet using the new Form FDA 356h, when they may voluntarily begin, and when they will be required to use the new Form FDA 356h. FDA is in the process of preparing guidance documents on the content and format of the chemistry, manufacturing, and controls section, and establishment description section of the new Form FDA 356h for those biological products not yet using the new form. As these guidance documents are completed, FDA will begin accepting the new Form FDA 356h. Until further notice, if the biological product is not specified in § 601.2(c), applicants should continue to submit an ELA and a PLA application on the CBER forms listed below in this notice.

This collection of information involves the following forms: Form FDA 2599, ''Establishment License Application for the Manufacture of Blood and Blood Components;'' Form FDA 2599a, ''Supplement to Establishment License Application for the Manufacture of Blood and Blood Components;'' Form FDA 2600, ''Product License Application for the Manufacture of Source Plasma;'' Form FDA 2600b, ''Product License Application for Therapeutic Exchange Plasma;'' Form FDA 3066, ''Product License Application for Manufacture of Blood Grouping Reagents;'' Form FDA 3086, ''Product License Application for the Manufacture of Reagent Red Blood Cells;'' Form FDA 3096, ''Product License Application for the Manufacture of Anti-Human Globulin;'' Form FDA 3098, ''Product License Application for the Manufacture of Whole Blood and Blood Components;'' Form FDA 3098a, ''Product License Application for Red Blood Cells;'' Form FDA 3098b, ''Product License Application for Plasma;'' Form FDA 3098c, ''Product License Application for Platelets;'' Form FDA 3098d, ''Product License Application for Cryoprecipitated Antihemophilic Factor;'' Form FDA 3098e, ''The Manufacture of Products Prepared by Cytapheresis;'' Form FDA 3210, ''Application for Establishment License for Manufacture of Biological Products;'' Form FDA 3213, ''Application for License for the Manufacture of Allergenic Products;'' Form FDA 3214, ''Application for the Manufacture of a Human Plasma Derivative;'' and Form FDA 3314, ''Product License Application for the Manufacture of Human Immunodeficiency Virus for In-Vitro Diagnostic Use.''

Respondents to this collection of information are manufacturers of biological products. The reporting burden for the current collection of information using CBER's license application forms under OMB control number 0910–0124 was reported to OMB as part of the total burden for the agency's collection of information using Form FDA 356h. This collection of information using Form FDA 356h was assigned OMB control number 0910–0338 and approved by OMB on April 23, 1997. The approval for OMB control number 0910–0338 expires on April 30, 2000. The announcement of OMB's approval was published in the **Federal Register** of May 19, 1997 (62 FR 27262).

Under OMB control number 0910–0338, FDA estimated that CBER's portion of the reporting burden for collection of information using Form FDA 356h was 76,200 hours. The 76,200 hours reflected the future use of Form FDA 356h by all manufacturers of biological products. The number of manufacturers of biological products that are already using Form FDA 356h would account for approximately 3,000 hours of the total burden hours. The other 73,200 hours would account for manufacturers who may not have completed the transition to using Form FDA 356h and still need to use other license application forms. FDA expects that all manufacturers of biological products will begin to use Form FDA 356h during 1998. FDA estimates the burden of this collection of information as follows:

TABLE 1.—ESTIMATED ANNUAL REPORTING BURDEN[1]

21 CFR Section	Forms	No. of Respondents	No. of Responses per Respondent	Total Annual Responses	Hours per Response	Total Hours
601.2 and 601.12	FDA 2599, 2599a, 2600, 2600b, 3066, 3086, 3096, 3098, 3098a, 3098b, 3098c, 3098d, 3098e, 3210, 3213, 3214, and 3314	376	4.9	1,830	40	73,200

[1] There are no capital costs or operating and maintenance costs associated with this collection of information.

Dated: May 28, 1998.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 98–14916 Filed 6–4–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 98N–0336]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act of 1995 (the PRA), Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, and each proposed reinstatement of an existing collection, and to allow 60 days for public comment in response to the notice. This notice solicits comments on premarket notification submission 510(k), subpart E, to require a person/manufacturer who intends to market a medical device to submit a premarket notification submission to FDA at least 90 days before proposing to begin the introduction, or delivery for

introduction into interstate commerce, for commercial distribution of a device intended for human use.

DATES: Submit written comments on the collection of information by August 4, 1998.

ADDRESSES: Submit written comments on the collection of information to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857. All comments should be identified with the docket number found in brackets in the heading of this document.

FOR FURTHER INFORMATION CONTACT: Margaret R. Schlosburg, Office of Information Resources Management (HFA–250), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–1223.

SUPPLEMENTARY INFORMATION: Under the PRA (44 U.S.C. 3501–3520), Federal agencies must obtain approval from the Office of Management and Budget (OMB) for each collection of information they conduct or sponsor. ''Collection of information'' is defined in 44 U.S.C. 3502(3) and 5 CFR 1320.3(c) and includes agency requests or requirements that members of the public submit reports, keep records, or provide information to a third party. Section 3506(c)(2)(A) of the PRA (44 U.S.C. 3506(c)(2)(A)) requires Federal agencies to provide a 60-day notice in the **Federal Register** concerning each proposed collection of information, including each proposed reinstatement of an existing collection of information, before submitting the collection to OMB for approval. To comply with this requirement, FDA is publishing notice of the proposed collection of information listed below.

With respect to the following collection of information, FDA invites comments on: (1) Whether the proposed collection of information is necessary for the proper performance of FDA's functions, including whether the information will have practical utility; (2) the accuracy of FDA's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used; (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, including through the use of automated collection techniques, when appropriate, and other forms of information technology.

Premarket Notification Submission 510(k), Subpart E—(OMB Control Number 0910–0120—Reinstatement)

Section 510(k) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 360(k)) and the implementing regulation, 21 CFR 807.81, require a person/manufacturer who intends to market a medical device to submit a premarket notification submission to FDA at least 90 days before proposing to begin the introduction, or delivery for introduction into interstate commerce, for commercial distribution of a device intended for human use.

Section 510(k) of the act allows for exemptions to the 510(k) submissions, i.e., a premarket notification submission would not be required if FDA determines that premarket notification is not necessary for the protection of the public health, and they are specifically exempted through the regulatory process. Under 21 CFR 807.85, ''Exemption from premarket notification,'' a device is exempt from premarket notification if the device intended for introduction into commercial distribution is not generally available in finished form for purchase and is not offered through labeling or advertising by the manufacturer, importer, or distributor for commercial distribution. In addition, the device must meet one of the following conditions: (1) It is intended for use by a patient named in order of the physician or dentist (or other specially qualified persons), or (2) it is intended solely for use by a physician or dentist and is not generally available to other physicians or dentists.

A commercial distributor who places a device into commercial distribution for the first time under their own name and a repackager who places their own name on a device and does not change any other labeling or otherwise affect the device, shall be exempted from premarket notification if the device was legally in commercial distribution before May 28, 1976, or a premarket notification was submitted by another person.

The information collected in a premarket notification is used by the medical, scientific, and engineering staffs of FDA in making determinations as to whether or not devices can be allowed to enter the U.S. market. The premarket notification review process allows for scientific and/or medical review of devices, subject to section 510(k) of the act, to confirm that the new devices are as safe and as effective as legally marketed predicate devices. This review process, therefore, prevents potentially unsafe and/or ineffective devices, including those with fraudulent claims, from entering the U.S. market. This information will allow FDA to collect data to ensure that the use of the device will not present an unreasonable risk for the subject and will not violate the subject's rights. The respondents to this information collection will primarily be medical device manufacturers and businesses.

FDA estimates the burden of this collection of information as follows:

TABLE 1.—Estimated Annual Reporting Burden[1]

21 CFR Section	No. of Respondents	Annual Frequency per Response	Total Annual Responses	Hours per Response	Total Hours
807.81 and 807.87	5,000	1	5,000	80	400,000

[1]There are no capital costs or operating and maintenance costs associated with this collection of information.

TABLE 2.—ESTIMATED ANNUAL RECORDKEEPING BURDEN[1]

21 CFR Section	No. of Recordkeepers	Annual Frequency per Recordkeeping	Total Annual Records	Hours per Response	Total Hours
807.93	2,000	10	20,000	0.5	10,000

[1]There are no capital costs or operating and maintenance costs associated with this collection of information.

FDA has based these estimates on conversations with industry and trade association representatives, and from internal review of the documents listed in Tables 1 and 2 of this document. Based on the trend in the past 3 years, an estimated 5,000 submissions are expected each year. FDA's administrative and technical staff, who are familiar with the requirements for submission of premarket notifications, estimate that an average of 80 hours are required to prepare a submission (exclusive of preparing clinical data, research, etc.). FDA, therefore, estimates that a total of 400,000 hours of effort is required for the 5,000 submissions. It is also estimated that the respondents will receive requests for an average of 20,000 documents. At an estimated one-half hour to process these documents, an additional 10,000 recordkeeping hours are expected for this program.

Dated: May 28, 1998.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 98–14917 Filed 6–4–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 95N–0182]

KV Pharmaceutical Co.; Withdrawal of Approval of Two Abbreviated New Drug Applications and One Abbreviated Antibiotic Application

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is withdrawing approval of two abbreviated new drug applications (ANDA's) and one abbreviated antibiotic drug application (AADA) held by KV Pharmaceutical Co. (KV), 2503 South Hanley Rd., St. Louis, MO 63144. This action is being taken because the applications contain untrue statements of material fact, and the drugs covered by these applications lack substantial evidence of effectiveness.

EFFECTIVE DATE: June 5, 1998.

FOR FURTHER INFORMATION CONTACT: David T. Read, Center for Drug Evaluation and Research (HFD–7), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–594–2041.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of June 26, 1995 (60 FR 32982), FDA published a notice offering an opportunity for a hearing (NOOH) on a proposal to withdraw approval of the following abbreviated applications:

AADA 62–047, Erythromycin Ethylsuccinate Oral Suspension, 200 and 400 milligrams (mg);

ANDA 71–929, Disopyramide Phosphate Extended Release Capsules, 100 mg; and

ANDA 86–538, Nitroglycerin Extended Release Capsules, 2.5 mg.

The grounds for the proposed withdrawals were: (1) That the applications contained untrue statements of material fact, and (2) that based upon new information evaluated together with the evidence available when the applications were approved, there is a lack of substantial evidence that the drugs will have the effect they purport or are represented to have under the conditions of use prescribed, recommended, or suggested in their labeling.

On July 26, 1995, KV requested a hearing. Subsequently, in a letter dated August 25, 1995, KV withdrew its request for a hearing and requested withdrawal of these applications because the products are no longer being marketed. (AADA 62–047 was inadvertently included in a previous **Federal Register** notice (61 FR 13506, March 27, 1996) that withdrew a large number of applications based on the request of the applicants.)

Based on the information presented in the June 26, 1995, notice, the Director of the Center for Drug Evaluation and Research, under section 505(e) of the Federal Food, Drug, and Cosmetic Act (the act) (21 U.S.C. 355(e)) and under authority delegated to her (21 CFR 5.82), finds that the applications listed above contain untrue statements of material fact (21 U.S.C. 355(e)(5)); and that on the basis of new information before her with respect to the drugs, evaluated together with the evidence available to her when the applications were approved, there is a lack of substantial evidence that the drugs will have the effects they purport or are represented to have under the conditions of use prescribed, recommended, or suggested in their labeling (21 U.S.C. 355(e)(3)).

Therefore, approval of the applications listed above, and all their amendments and supplements, is hereby withdrawn, effective June 5, 1998. Distribution of these products in interstate commerce without an approved application is illegal and subject to regulatory action.

Section 505(j)(7)(C) of the act requires that FDA immediately remove from its approved product list (''Approved Drug Products with Therapeutic Equivalence Evaluation'') (''the list'') any drug whose approval was withdrawn for grounds described in the first sentence of section 505(e) of the act. Such grounds apply to this withdrawal. Notice is hereby given that the drugs covered by these applications are removed from the list.

Dated: May 28, 1998.

Janet Woodcock,

Director, Center for Drug Evaluation and Research.

[FR Doc. 98–14914 Filed 6–4–98; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Food Advisory Committee; Amendment of Notice

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing an amendment to the notice of meeting of the Food Advisory Committee. This meeting was announced in the **Federal Register** of May 12, 1998 (63 FR 26194). The amendment is being made to reflect a change in the *Procedure* portion of the meeting notice. The organization and time of the oral presentations have been changed. All oral presentations will be made on June 16, 1998. There are no other changes.

FOR FURTHER INFORMATION CONTACT: Lynn A. Larsen, Center for Food Safety and Applied Nutrition (HFS–5), 202–205–4727, or Catherine M. DeRoever (HFS–22), 202–205–4251, FAX 202–205–4970, Food and Drug Administration, 200 C St. SW., Washington, DC 20204, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 10564.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of May 12, 1998 (63 FR 26194), FDA announced that oral presentations from the public during the Food Advisory Committee meeting would be scheduled in three sessions over 2 days. However, all oral presentations have been combined into one session. On page 26195, in the first column, the *Procedure* portion of this meeting notice is amended to read as follows:

Procedure: 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 by June 5, 1998. All oral presentations are scheduled in a

combined session on June 16, 1998, 8 a.m. to 10 a.m. * * *.

Dated: June 1, 1998.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 98–15149 Filed 6–3–98; 11:35 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Proposed Collection: Comment Request

In compliance with the requirement for opportunity for public comment on proposed data collection projects (section 3506(c)2(A) of Title 44, United States Code, as amended by the Paperwork Reduction Act of 1995, Public Law 104–13), the Health Resources and Services Administration (HRSA) will publish periodic summaries of proposed projects being developed for submission to OMB under the Paperwork Reduction Act of 1995. To request more information on the proposed project or to obtain a copy of the data collection plans, call the HRSA Reports Clearance Officer on (301) 443–1129.

Comments are invited on: (a) Whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information shall have practical utility; (b) the accuracy of the agency's estimate of the burden of the proposed collection of information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden of the collection of information on respondents, including through the use of automated collection techniques or other forms of information technology.

Proposed Project: National Health Service Corps—A Uniform Data System (New)

This is a request for approval to authorize the National Health Service Corps (NHSC), Bureau of Primary Health Care (BPHC), Health Resources and Services Administration (HRSA) to implement a modified version of the existing BPHC Universal Data System (OMB No. 0915–0093) to collect data from BPHC non-grant supported sites (NHSC Free Standing Sites) in response to Federal mandates for reports and in support of efficient and effective program management. A 60-day notice for this project was published in FR6241966 under the Title Reporting Requirements for the National Health Service Corps (NHSC) non-grant sites. The project has been revised to reflect an increased number of respondents and response burden.

The National Health Service Corps (authorized by the Public Health Service Act, Section 331) needs to collect data on its programs to ensure compliance with legislative mandates and to report to Congress and policymakers on program accomplishments. To meet these objectives, the NHSC requires a core set of information collected annually that is appropriate for monitoring and evaluating performance and reporting on annual trends. The NHSC will provide data on services, staffing, and financing.

Specifically each site will be asked to complete the following six tables:

1. Services offered and delivery method
2. Users by various characteristics
3. Staffing and utilization
4. Charges and collections
5. Receivables, income and expenses
6. Managed care

Estimates of annualized reporting burden are as follows:

Type of report	Number of respondents	Hours per response	Total burden hours
Universal Report	620	27	16,740

Send comments to HRSA Reports Clearance Officer, Room 14–36, Parklawn Building, 5600 Fishers Lane, Rockville, MD, 20857. Written comments should be received within 60 days of this notice.

Dated: May 28, 1998.

Jane Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 98–14924 Filed 6–4–98; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Council Notice of Meeting

In accordance with section 10(a)(2) of the Federal Advisory Committee Act (Public Law 92–463), announcement is made of the following National Advisory body scheduled to meet during the month of June 1998.

Name: National Advisory Council (NAC) on the National Health Service Corps (NHSC).

Date and Time: June 11, 1998; 6:00 p.m.–9:00 p.m.; June 12, 1998; 7:30 a.m.–5:00 p.m.; June 13, 1998; 8:00 a.m.–6:00 p.m.; June 14, 1998; 8:00 a.m.–11:00 a.m.

Place: Hotel Sofitel, 5601 W. 75th Street, Bloomington, Minnesota 55439, (612) 835–1900.

The meeting is open to the public. For further information, call Ms. Eve Morrow at (301) 594–4144.

Agenda: items include updates on the NHSC program; reports from the State organization representatives and drafting the blueprint for the NHSC of the 21st century.

Agenda items are subject to change as priorities dictate.

Dated: May 29, 1998.

Jane M. Harrison,

Director, Division of Policy Review and Coordination.

[FR Doc. 98–14923 Filed 6–4–98; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

National Institutes of Health

National Institute of Diabetes and Digestive and Kidney Diseases; Notice of Closed Meeting

Pursuant to Section 19(d) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of the following National Institute of Diabetes and Digestive and Kidney Diseases Special Emphasis Panel meeting:

Name of SEP: ZDKI GRB–B C2.

Date: June 3, 1998.

Time: 12:00 Noon.

Place: Room 6AS–25S, Natcher Building, NIH (Telephone Conference Call).

Contact: Ned Feder, M.D., Scientific Review Administrator, Review Branch, DEA, NIDDK, Natcher Building, Room 6AS–25S, National Institutes of Health, Bethesda, Maryland 20892–6600, Phone: (301) 594–8890.

Purpose/Agenda: To review and evaluate grant applications.

This notice is being published less than 15 days prior to the above meeting due to the urgent need to meet timing limitations imposed by the review and funding cycle.

This meeting will be closed in accordance with the provisions set forth in secs. 552b(c)(4) and 552b(c)(6), Title 5 U.S.C. Applications and/or proposals and the discussions could reveal confidential trade secrets or commercial property such as patentable material and personal information concerning individuals associated with the applications and/or proposals, the disclosure of which would constitute a clearly unwarranted invasion of personal privacy.

(Catalog of Federal Domestic Assistance Program No. 93.847–849, Diabetes, Endocrine and Metabolic Diseases; Digestive Diseases and Nutrition; and Kidney Diseases, Urology and Hematology Research, National Institutes of Health.)

Dated: May 28, 1998.

LaVerne Y. Stringfield,

NIH Committee Management Officer, NIH.

[FR Doc. 98–14934 Filed 6–4–98; 8:45 am]

BILLING CODE 4140–01–M

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

[Docket No. FR–4341–N–13]

Federal Property Suitable as Facilities To Assist the Homeless

AGENCY: Office of the Assistant Secretary for Community Planning and Development, HUD.

ACTION: Notice.

SUMMARY: This Notice identifies unutilized, underutilized, excess, and surplus Federal property reviewed by HUD for suitability for possible use to assist the homeless.

FOR FURTHER INFORMATION CONTACT: Mark Johnston, room 7256, Department of Housing and Urban Development, 451 Seventh Street SW, Washington, DC 20410; telephone (202) 708–1226; TTY number for the hearing- and speech-impaired (202) 708–2565 (these telephone numbers are not toll-free), or call the toll-free Title V information line at 1–800–927–7588.

SUPPLEMENTARY INFORMATION: In accordance with 24 CFR part 581 and section 501 of the Stewart B. McKinney Homeless Assistance Act (42 U.S.C. 11411), as amended, HUD is publishing this Notice to identify Federal buildings and other real property that HUD has reviewed for suitability for use to assist the homeless. The properties were reviewed using information provided to HUD by Federal landholding agencies regarding unutilized and underutilized buildings and real property controlled by such agencies or by GSA regarding its inventory of excess or surplus Federal property. This Notice is also published in order to comply with the December 12, 1988 Court Order in *National Coalition for the Homeless* v. *Veterans Administration*, No. 88–2503–OG (D.D.C.).

Properties reviewed are listed in this Notice according to the following categories: Suitable/available, suitable/unavailable, suitable/to be excess, and unsuitable. The properties listed in the three suitable categories have been reviewed by the landholding agencies, and each agency has transmitted to HUD: (1) Its intention to make the property available for use to assist the homeless, (2) its intention to declare the property excess to the agency's needs, or (3) a statement of the reasons that the property cannot be declared excess or made available for use as facilities to assist the homeless.

Properties listed as suitable/available will be available exclusively for homeless use for a period of 60 days from the date of this Notice. Homeless assistance providers interested in any such property should send a written expression of interest to HHS, addressed to Brian Rooney, Division of Property Management, Program Support Center, HHS, room 5B–41, 5600 Fishers Lane, Rockville, MD 20857; (301) 443–2265. (This is not a toll-free number.) HHS will mail to the interested provider an application packet, which will include instructions for completing the application. In order to maximize the opportunity to utilize a suitable property, providers should submit their written expressions of interest as soon as possible. For complete details concerning the processing of applications, the reader is encouraged to refer to the interim rule governing this program, 24 CFR part 581.

For properties listed as suitable/to be excess, that property may, if subsequently accepted as excess by GSA, be made available for use by the homeless in accordance with applicable law, subject to screening for other Federal use. At the appropriate time, HUD will publish the property in a Notice showing it as either suitable/available or suitable/unavailable.

For properties listed as suitable/unavailable, the landholding agency has decided that the property cannot be declared excess or made available for use to assist the homeless, and the property will not be available.

Properties listed as unsuitable will not be made available for any other purpose for 20 days from the date of this Notice. Homeless assistance providers interested in a review by HUD of the determination of unsuitability should call the toll free information line at 1–800–927–7588 for detailed instructions or write a letter to Mark Johnston at the address listed at the beginning of this Notice. Included in the request for review should be the property address (including zip code), the date of publication in the **Federal Register**, the landholding agency, and the property number.

For more information regarding particular properties identified in this Notice (*i.e.*, acreage, floor plan, existing sanitary facilities, exact street address), providers should contact the appropriate landholding agencies at the following addresses: AIR FORCE: Ms. Barbara Jenkins, Air Force Real Estate Agency, Area-MI, Bolling Air Force Base, 112 Luke Avenue, Suite 104, Building 5683, Washington, DC 20332–8020; (202) 767–4184; ARMY: Mr. Jeff Holste, CECPW–FP, U.S. Army Center for Public Works, 7701 Telegraph Road, Alexandria, VA 22315; (703) 428–6318; NAVY: Mr. Charles C. Cocks, Department of the Navy, Director, Real Estate Policy Division, Naval Facilities Engineering Command, Code 241A, 200 Stovall Street, Alexandria, VA 22332–2300; (703) 325–7342; (These are not toll-free numbers).

Dated: June 28, 1998.

Fred Karnas, Jr.,

Deputy Assistant Secretary for Economic Development.

Title V, Federal Surplus Property Program Federal Register Report for 06/05/98

Suitable/Available Properties

Buildings (by State)

Arizona

11 Bldgs.
Fort Huachuca
Sierra Vista Co: Cochise AZ 85635–
Location: 41329, 67225, 67231, 68217, 74903, 74910, 81105, 84009, 85006, 85011, 85024
Landholding Agency: Army
Property Number: 219820135
Status: Unutilized
Comment: various sq. ft., presence of asbestos/lead paint, most recent use—admin., off-site use only

Bldg. 84013
Fort Huachuca
Sierra Vista Co: Cochise AZ 85635–
Landholding Agency: Army
Property Number: 219820136
Status: Unutilized
Comment: 2428 sq. ft., presence of asbestos/lead paint, most recent use—classroom, off-site use only

8 Bldgs.
Fort Huachuca
Sierra Vista Co: Cochise AZ 85635–
Location: 14440, 14462, 66160, 67218, 67222, 67361, 68361, 68350, 73911
Landholding Agency: Army
Property Number: 219820137
Status: Unutilized

Comment: various sq. ft., presence of asbestos/lead paint, most recent use—storage, off-site use only

Bldgs. 72909, 74902
Fort Huachuca
Sierra Vista Co: Cochise AZ 85635–
Landholding Agency: Army
Property Number: 219820138
Status: Unutilized
Comment: various sq. ft., presence of asbestos/lead paint, most recent use—veh. maint., off-site use only

4 Bldgs.
Fort Huachuca
Sierra Vista Co: Cochise AZ 85635–
Location: 67227, 67229, 68312, 68321
Landholding Agency: Army
Property Number: 219820139
Status: Unutilized
Comment: various sq. ft., presence of asbestos/lead paint, most recent use—recreational, off-site use only

4 Bldgs.
Fort Huachuca
Sierra Vista Co: Cochise AZ 85635–
Location: 66056, 84020, 84021, 85003
Landholding Agency: Army
Property Number: 219820140
Status: Unutilized
Comment: various sq. ft., presence of asbestos/lead paint, most recent use—barracks, off-site use only

Bldgs. 41409, 67320
Fort Huachuca
Sierra Vista Co: Cochise AZ 85635–
Landholding Agency: Army
Property Number: 219820141
Status: Unutilized
Comment: 340/2545 sq. ft., presence of asbestos/lead paint, most recent use—office/chapel, off-site use only

4 Bldgs.
Fort Huachuca
Sierra Vista Co: Cochise AZ 85635–
Location: 67215, 67223, 67224, 73903
Landholding Agency: Army
Property Number: 219820142
Status: Unutilized
Comment: various sq. ft., presence of asbestos/lead paint, most recent use—office/veh. maint., off-site use only

Bldg. 67362
Fort Huachuca
Sierra Vista Co: Cochise AZ 85635–
Landholding Agency: Army
Property Number: 219820143
Status: Unutilized
Comment: 6139 sq. ft., presence of asbestos/lead paint, most recent use—warehouse, off-site use only

Georgia

Bldg. T–965
Fort Stewart
Hinesville Co: Liberty GA 31314–
Landholding Agency: Army
Property Number: 219820144
Status: Unutilized
Comment: 2740 sq. ft., needs major rehab, most recent use—storage, off-site use only

Bldg. T–801
Hunter Army Airfield
Savannah Co: Chatham GA 31409–
Landholding Agency: Army
Property Number: 219820145
Status: Unutilized
Comment: 4660 sq. ft., needs major rehab, most recent use—armory, off-site use only

Bldg. T–807
Hunter Army Airfield
Savannah Co: Chatham GA 31409–
Landholding Agency: Army
Property Number: 219820146
Status: Unutilized
Comment: 4660 sq. ft., needs major rehab, most recent use—hdqts. bldg., off-site use only

Bldg. T–809
Hunter Army Airfield
Savannah Co: Chatham GA 31409–
Landholding Agency: Army
Property Number: 219820147
Status: Unutilized
Comment: 6461 sq. ft., needs major rehab, most recent use—hdqts. bldg., off-site use only

Hawaii

Bldg. P–1010
Wheeler Army Airfield
Wahiawa HI 96786–
Landholding Agency: Army
Property Number: 219820148
Status: Unutilized
Comment: 114 sq. ft., concrete, most recent use—storage, off-site use only

Bldg. T–318
Fort Shafter
Honolulu Co: Honolulu HI 96819–
Landholding Agency: Army
Property Number: 219820149
Status: Unutilized
Comment: 3687 sq. ft., most recent use—classrooms, off-site use only

Bldg. T–320
Fort Shafter
Honolulu Co: Honolulu HI 96819–
Landholding Agency: Army
Property Number: 219820150
Status: Unutilized
Comment: 17,702 sq. ft., most recent use—offices, off-site use only

Bldgs. P–600, P–602
Fort Shafter
Honolulu Co: Honolulu HI 96819–
Landholding Agency: Army
Property Number: 219820151
Status: Unutilized
Comment: 4992 sq. ft. ea., concrete, most recent use—housing, off-site use only

Bldg. T–1519
Fort Shafter
Honolulu Co: Honolulu HI 96819–
Landholding Agency: Army
Property Number: 219820152
Status: Unutilized
Comment: 35,200 sq. ft., presence of asbestos, most recent use—storage, off-site use only

Kansas

Bldg. P–68
Fort Leavenworth
Leavenworth KS 66027–
Landholding Agency: Army
Property Number: 219820153
Status: Unutilized
Comment: 2236 sq. ft., most recent use—vehicle storage, off-site use only

Bldg. P–69
Fort Leavenworth
Leavenworth KS 66027–
Landholding Agency: Army
Property Number: 219820154
Status: Unutilized
Comment: 224 sq. ft., most recent use—storage, off-site use only

Bldg. P–93
Fort Leavenworth
Leavenworth KS 66027–
Landholding Agency: Army
Property Number: 219820155
Status: Unutilized
Comment: 63 sq. ft., concrete, most recent use—storage, off-site use only

Bldg. P–128
Fort Leavenworth
Leavenworth KS 66027–
Landholding Agency: Army
Property Number: 219820156
Status: Unutilized
Comment: 79 sq. ft., concrete, most recent use—storage, off-site use only

Bldg. P–321
Fort Leavenworth
Leavenworth KS 66027–
Landholding Agency: Army
Property Number: 219820157
Status: Unutilized
Comment: 600 sq. ft., most recent use—picnic shelter, off-site use only

Bldg. P–347
Fort Leavenworth
Leavenworth KS 66027–
Landholding Agency: Army
Property Number: 219820158
Status: Unutilized
Comment: 2135 sq. ft., most recent use—bath house, off-site use only

Bldg. P–397
Fort Leavenworth
Leavenworth KS 66027–
Landholding Agency: Army
Property Number: 219820159
Status: Unutilized
Comment: 80 sq. ft., most recent use—storage, off-site use only

Bldg. S–809
Fort Leavenworth
Leavenworth KS 66027–
Landholding Agency: Army
Property Number: 219820160
Status: Unutilized
Comment: 39 sq. ft., most recent use—access control, off-site use only

Bldg. S–830
Fort Leavenworth
Leavenworth KS 66027–
Landholding Agency: Army
Property Number: 219820161
Status: Unutilized
Comment: 5789 sq. ft., most recent use—underground storage, off-site use only

Bldg. S–831
Fort Leavenworth
Leavenworth KS 66027–
Landholding Agency: Army
Property Number: 219820162
Status: Unutilized
Comment: 5789 sq. ft., most recent use—underground storage, off-site use only

Missouri

Bldg. 386
Fort Leonard Wood

Ft. Leonard Wood Co: Pulaski MO 65473–5000
Landholding Agency: Army
Property Number: 219820163
Status: Unutilized
Comment: 4902 sq. ft., presence of asbestos/lead paint, most recent use—fire station, off-site use only

Bldg. 401
Fort Leonard Wood
Ft. Leonard Wood Co: Pulaski MO 65473–5000
Landholding Agency: Army
Property Number: 219820164
Status: Unutilized
Comment: 9567 sq. ft., presence of asbestos/lead paint, most recent use—admin., off-site use only

Bldg. 801
Fort Leonard Wood
Ft. Leonard Wood Co: Pulaski MO 65473–5000
Landholding Agency: Army
Property Number: 219820165
Status: Unutilized
Comment: 17012 sq. ft., presence of asbestos/lead paint, most recent use—classroom, off-site use only

Bldg. 856
Fort Leonard Wood
Ft. Leonard Wood Co: Pulaski MO 65473–5000
Landholding Agency: Army
Property Number: 219820166
Status: Unutilized
Comment: 2400 sq. ft., presence of asbestos/lead paint, most recent use—storage, off-site use only

Bldg. 859
Fort Leonard Wood
Ft. Leonard Wood Co: Pulaski MO 65473–5000
Landholding Agency: Army
Property Number: 219820167
Status: Unutilized
Comment: 2400 sq. ft., presence of asbestos/lead paint, most recent use—storage, off-site use only

Bldg. 2167
Fort Leonard Wood
Ft. Leonard Wood Co: Pulaski MO 65473–5000
Landholding Agency: Army
Property Number: 219820179
Status: Unutilized
Comment: 1296 sq. ft., presence of asbestos/lead paint, most recent use—admin., off-site use only

Bldg. 2169, 2181, 2182, 2183
Fort Leonard Wood
Ft. Leonard Wood Co: Pulaski MO 65473–5000
Landholding Agency: Army
Property Number: 219820180
Status: Unutilized
Comment: 4720 sq. ft., presence of asbestos/lead paint, most recent use—barracks, off-site use only

Bldg. 2186
Fort Leonard Wood
Ft. Leonard Wood Co: Pulaski MO 65473–5000
Landholding Agency: Army
Property Number: 219820181
Status: Unutilized
Comment: 1296 sq. ft., presence of asbestos/lead paint, most recent use—admin., off-site use only

Bldg. 2187
Fort Leonard Wood
Ft. Leonard Wood Co: Pulaski MO 65473–5000
Landholding Agency: Army
Property Number: 219820182
Status: Unutilized
Comment: 2892 sq. ft., presence of asbestos/lead paint, most recent use—dayroom, off-site use only

Bldgs. 2192, 2196, 2198
Fort Leonard Wood
Ft. Leonard Wood Co: Pulaski MO 65473–5000
Landholding Agency: Army
Property Number: 219820183
Status: Unutilized
Comment: 4720 sq. ft., presence of asbestos/lead paint, most recent use—barracks, off-site use only

Bldgs. 2304, 2306
Fort Leonard Wood
Ft. Leonard Wood Co: Pulaski MO 65473–5000
Landholding Agency: Army
Property Number: 219820184
Status: Unutilized
Comment: 1625 sq. ft., presence of asbestos/lead paint, most recent use—storage, off-site use only

Bldg. 12651
Fort Leonard Wood
Ft. Leonard Wood Co: Pulaski MO 65473–5000
Landholding Agency: Army
Property Number: 219820186
Status: Unutilized
Comment: 240 sq. ft., presence of lead paint, off-site use only

New Mexico

Bldgs. 23336, 23338, 23342
Kirtland AFB, Co: Bernalillo NM 87117–5000
Landholding Agency: Air Force
Property Number: 189820045
Status: Unutilized
Comment: 1096 sq. ft., presence of lead paint, most recent use—admin., off-site use only

South Carolina

Bldg. 2441
Fort Jackson
Ft. Jackson Co: Richland SC 29207–
Landholding Agency: Army
Property Number: 219820187
Status: Unutilized
Comment: 2160 sq. ft., needs repair, most recent use—admin.

Bldg. 3605
Fort Jackson
Ft. Jackson Co: Richland SC 29207–
Landholding Agency: Army
Property Number: 219820188
Status: Unutilized
Comment: 711 sq. ft., needs repair, most recent use—storage

Virginia

Bldg. T–95
Fort Monroe
Ft. Monroe VA 23651–
Landholding Agency: Army
Property Number: 219820189
Status: Unutilized
Comment: 120 sq. ft., most recent use—storage, off-site use only

Bldg. 169
Fort Monroe
Ft. Monroe VA: 23651–
Landholding Agency: Army
Property Number: 219820190
Status: Unutilized
Comment: 153 sq. ft., most recent use—support bldg., off-site use only

Bldg. T–264
Fort Monroe
Ft. Monroe VA 23651–
Landholding Agency: Army
Property Number: 219820191
Status: Unutilized
Comment: 2194 sq. ft., most recent use—warehouse, off-site use only

Suitable/Unavailable Properties

Buildings (by State)

Missouri

Bldgs. 1367, 1368, 1371, 1372
Fort Leonard Wood
Ft. Leonard Wood Co: Pulaski MO 65473–5000
Landholding Agency: Army
Property Number: 219820173
Status: Unutilized
Comment: 4720 sq. ft., presence of asbestos/lead paint, most recent use—admin., off-site use only

Bldg. 4970
Fort Leonard Wood
Ft. Leonard Wood Co: Pulaski MO 65473–5000
Landholding Agency: Army
Property Number: 219820185
Status: Unutilized
Comment: 5000 sq. ft., presence of lead paint, most recent use—storage, off-site use only

Unsuitable Properties

Buildings (by State)

Ohio

Bldgs. 6104, 08, 09
Area B, Wright-Patterson AFB Co: Montgomery OH 45433–
Landholding Agency: Air Force
Property Number: 189820044
Status: Unutilized
Reason: Within airport runway clear zone

Texas

Bldgs. 1561, 1562, 1563
Naval Air Station Joint Reserve Base
Ft. Worth Co: Tarrant TX 76127–6200
Landholding Agency: Navy
Property Number: 779820050
Status: Unutilized
Reason: Extensive deterioration Secured Area

Land (by State)

California

Space Surv. Field Station
Portion/Off Heritage Road
San Diego CA 90012–1408
Landholding Agency: Navy
Property Number: 779820049
Status: Excess

Reason: Within 2000 ft. of flammable or explosive material

[FR Doc. 98–14665 Filed 6–4–98; 8:45 am]

BILLING CODE 4210–29–M

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Issuance of Permit for Marine Mammals

On February 20, 1998, a notice was published in the **Federal Register**, Vol. 63, No. 34, Page 8658, that an application had been filed with the Fish and Wildlife Service by John Abercrombie, Las Vegas, NV, for a permit (PRT–839323) to import a sport-hunted polar bear (*Ursus maritimus*) trophy taken from the Southern Beaufort Sea population, Northwest Territories, Canada, for personal use.

Notice is hereby given that on April 16, 1998, as authorized by the provisions of the Marine Mammal Protection Act of 1972, *as amended* (16 U.S.C. 1361 *et seq.*) the Fish and Wildlife Service authorized the requested permit subject to certain conditions set forth therein.

On February 20, 1998, a notice was published in the **Federal Register**, Vol. 63, No. 34, Page 8658, that an application had been filed with the Fish and Wildlife Service by Wallace D. Gott, Upland, CA, for a permit (PRT–839315) to import a sport-hunted polar bear (*Ursus maritimus*) trophy, taken prior to April 30, 1994, from the Northern Beaufort Sea population, Northwest Territories, Canada, for personal use.

Notice is hereby given that on April 16, 1998, as authorized by the provisions of the Marine Mammal Protection Act of 1972, *as amended* (16 U.S.C. 1361 *et seq.*) the Fish and Wildlife Service authorized the requested permit subject to certain conditions set forth therein.

On March 13, 1998, a notice was published in the **Federal Register**, Vol. 63, No. 49, Page 12498, that an application had been filed with the Fish and Wildlife Service by Edwin E. Smith, Houston, TX, for a permit (PRT–838493) to import a sport-hunted polar bear (*Ursus maritimus*) trophy, taken prior to April 30, 1994, from the Lancaster Sound population, Northwest Territories, Canada, for personal use.

Notice is hereby given that on April 27, 1998, as authorized by the provisions of the Marine Mammal Protection Act of 1972, *as amended* (16 U.S.C. 1361 *et seq.*) the Fish and Wildlife Service authorized the requested permit subject to certain conditions set forth therein.

On October 21, 1997, a notice was published in the **Federal Register**, Vol. 62, No. 203, Page 54648, that an application had been filed with the Fish and Wildlife Service by Steven Hilton Jones, Fort Myers, FL, for a permit (PRT–835266) to import a sport-hunted polar bear (*Ursus maritimus*) trophy, taken prior to April 30, 1994, from the Lancaster Sound population, Northwest Territories, Canada, for personal use.

Notice is hereby given that on March 19, 1998, as authorized by the provisions of the Marine Mammal Protection Act of 1972, *as amended* (16 U.S.C. 1361 *et seq.*) the Fish and Wildlife Service authorized the requested permit subject to certain conditions set forth therein.

On October 10, 1997, a notice was published in the **Federal Register**, Vol. 62, No. 197, Page 53016, that an application had been filed with the Fish and Wildlife Service by the Arrowhead Bluffs Museum, Wabash, MN, for a permit (PRT–826912) to import a sport-hunted polar bear (*Ursus maritimus*) trophy that was donated to the museum for public display.

Notice is hereby given that on April 21, 1998, in accordance with the provisions of the Marine Mammal Protection Act of 1972, *as amended* (16 U.S.C. 1361 *et seq.*) the Fish and Wildlife Service denied issuance of the requested permit.

On April 24, 1997, a notice was published in the **Federal Register**, Vol. 62, No. 79, Page 20019, that an application had been filed with the Fish and Wildlife Service by the Grayson County bank Museum, Sherman, TX, for a permit (PRT–826442) to import a sport-hunted trophy that was donated to the museum for public display.

Notice is hereby given that on May 8, 1998, in accordance with the provisions of the Marine Mammal Protection Act of 1972, *as amended* (16 U.S.C. 1361 *et seq.*) the Fish and Wildlife Service denied issuance of the requested permit.

On January 15, 1998, a notice was published in the **Federal Register**, Vol. 63, No. 10, Page 2407, that an application had been filed with the Fish and Wildlife Service by Dean W. Palmer, Williamsport, PA, for a permit (PRT–838172) to import a sport-hunted polar bear (*Ursus maritimus*) trophy, taken prior to April 30, 1994, from the Viscount Melville population, Northwest Territories, Canada for personal use.

Notice is hereby given that on May 18, 1998, as authorized by the provisions of the Marine Mammal Protection Act of 1972, *as amended* (16 U.S.C. 1361 *et seq.*) the Fish and Wildlife Service authorized the requested permit subject to certain conditions set forth therein.

On March 19, 1998, a notice was published in the **Federal Register**, Vol. 63, No. 53, Page 13423, that an application had been filed with the Fish and Wildlife Service by John Victor Lattimore, III, Denison, TX, for a permit (PRT–840286) to import a sport-hunted polar bear (*Ursus maritimus*) trophy from the Southern Beaufort Sea population, Northwest Territories, Canada for personal use.

Notice is hereby given that on May 18, 1998, as authorized by the provisions of the Marine Mammal Protection Act of 1972, *as amended* (16 U.S.C. 1361 *et seq.*) the Fish and Wildlife Service authorized the requested permit subject to certain conditions set forth therein.

On March 19, 1998, a notice was published in the **Federal Register**, Vol. 63, No. 53, Page 13423, that an application had been filed with the Fish and Wildlife Service by Thomas A. Rue, Ovando, MT, for a permit (PRT–839985) to import a sport-hunted polar bear (*Ursus maritimus*) trophy, taken prior to April 30, 1994, from the Baffin Bay population, Northwest Territories, Canada for personal use.

Notice is hereby given that on May 20, 1998, as authorized by the provisions of the Marine Mammal Protection Act of 1972, *as amended* (16 U.S.C. 1361 *et seq.*) the Fish and Wildlife Service authorized the requested permit subject to certain conditions set forth therein.

On March 18, 1998, a notice was published in the **Federal Register**, Vol. 63, No. 53, Page 13423, that an application had been filed with the Fish and Wildlife Service by Ralph W. Brockman, Monroe, LA, for a permit (PRT–840283) to import a sport-hunted polar bear (*Ursus maritimus*) trophy, taken prior to April 30, 1994, from the Lancaster Sound population, Northwest Territories, Canada for personal use.

Notice is hereby given that on May 21, 1998, as authorized by the provisions of the Marine Mammal Protection Act of 1972, *as amended* (16 U.S.C. 1361 *et seq.*) the Fish and Wildlife Service authorized the requested permit subject to certain conditions set forth therein.

On April 9, 1998, a notice was published in the **Federal Register**, Vol. 63, No. 68, Page 17436, that an application had been filed with the Fish and Wildlife Service by Lewis Eugene Misterly, Jr., Anaheim Hills, CA, for a permit (PRT–840944) to import a sport-hunted polar bear (*Ursus maritimus*) trophy from the Southern Beaufort Sea population, Northwest Territories, Canada for personal use.

Notice is hereby given that on May 21, 1998, as authorized by the provisions of the Marine Mammal Protection Act of 1972, *as amended* (16 U.S.C. 1361 *et seq.*) the Fish and Wildlife Service authorized the requested permit subject to certain conditions set forth therein.

Documents and other information submitted for these applications are available for review by any party who submits a written request to the U.S. Fish and Wildlife Service, Office of Management Authority, 4401 North Fairfax Drive, Rm 700, Arlington, Virginia 22203, phone (703) 358–2104 or Fax (703) 358–2281.

Dated: June 1, 1998.

MaryEllen Amtower,

Acting Chief, Branch of Permits, Office of Management Authority.

[FR Doc. 98–14935 Filed 6–4–98; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF THE INTERIOR

Information Collection Submitted to the Office of Management and Budget for Review Under the Paperwork Reduction Act

AGENCY: Bureau of Indian Affairs, Interior.

ACTION: Notice of reinstatement.

SUMMARY: This notice announces that the Bureau of Indian Affairs (BIA) in accordance with the Paperwork Reduction Act (44 U.S.C. 3506(c)(2)(A) is seeking reinstatement and soliciting comments on the proposed information collection for the Indian Child Welfare Annual Report.

FOR FURTHER INFORMATION CONTACT: Copies of the collection of information and related self-explanatory form may be obtained by contacting Larry Blair, Bureau of Indian Affairs, Department of the Interior, 1849 C Street NW, MS–4603-MIB, Washington, D.C. 20240. Telephone: (202) 208–2479.

DATES: Submit comments on or before August 4, 1998.

ADDRESSES: Your comments and suggestions on the requirements should be made directly to the attention of: Larry Blair, Bureau of Indian Affairs, Department of the Interior, 1849 C Street NW, MS–4603–MIB, Washington, D.C. 20240. Telephone: (202) 208–2479.

SUPPLEMENTARY INFORMATION:

I. Abstract

The information collection required by the form is necessary to be in compliance with 25 CFR 23. The information collection form has been revised and is being resubmitted for reinstatement since it expired in 1992. The Bureau uses this data to measure program performance and for gathering data to prepare the annual program budget justification. 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.

II. Request for Comments

We specifically request your comments concerning:

1. Whether the collection of information is necessary for the proper performance of the functions of the BIA, including whether the information will have practical utility;
2. The accuracy of the BIA's estimate of the burden of the information collection, including the validity of the methodology and assumptions used;
3. The quality, utility and clarity of the information to be collected; and,
4. How to minimize the burden of the information collection on those who are to respond, including the use of appropriate automated electronic, mechanical or other forms of information technology.

III. Data

Title of the Collection of Information: Department of the Interior, Bureau of Indian Affairs, Indian Child Welfare Annual Report.

OMB Number: 1076–0131.

Affected Entities: Individual members of Indian tribes who are living on or near a tribally, of by law, defined service area.

Frequency of Response: Annual.

Estimated Number of Annual Responses: 554.

Estimated Time per Application: 1/2 hours.

Estimated Total Annual Burden Hours: 277 hours.

Dated: May 26, 1998.

Kevin Gover,

Assistant Secretary—Indian Affairs.

[FR Doc. 98–14889 Filed 6–4–98; 8:45 am]

BILLING CODE 4310–02–P

DEPARTMENT OF THE INTERIOR

Information Collection Submitted to the Office of Management and Budget for Review Under the Paperwork Reduction Act

AGENCY: Bureau of Indian Affairs, Interior.

ACTION: Notice.

SUMMARY: This notice announces that the Bureau of Indian Affairs (BIA) in accordance with the Paperwork Reduction Act (44 U.S.C. 3506(c)(2)(A) is soliciting comments on the proposed information collection form for the Annual Analysis of Funds Welfare Assistance Report.

FOR FURTHER INFORMATION CONTACT: Copies of the collection of information may be obtained by contacting Larry Blair, Bureau of Indian Affairs, Department of the Interior, 1849 C Street NW, MS–4603–MIB, Washington, D.C. 20240. Telephone: (202) 208–2479.

DATES: Submit comments on or before August 4, 1998.

ADDRESSES: Your comments and suggestions on the requirements should be made directly to the attention of: Larry Blair, Bureau of Indian Affairs, Department of the Interior, 1849 C Street NW, MS–4603–MIB, Washington, D.C. 20240. Telephone: (202) 208–2479.

SUPPLEMENTARY INFORMATION:

I. Abstract

The information collection is in compliance with 25 CFR Part 20, for the purpose of distributing annual welfare assistance funds to all tribes and agencies for the operation of their general assistane programs. In addition, the Bureau uses this data to measure program performance and for gathering data to prepare the annual program budget justification. 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.

II. Request for Comments

We specifically request your comments concerning:

1. Whether the collection of information is necessary for the proper performance of the functions of the BIA, including whether the information will have practical utility;
2. The accuracy of the BIA's estimate of the burden of the information collection, including the validity of the methodology and assumptions used;
3. The quality, utility and clarity of the information to be collected; and,
4. How to minimize the burden of the information collection on those who are to respond, including the use of appropriate automated electronic, mechanical or other forms of information technology.

III. Data

Title of the Collection of Information: Department of the Interior, Bureau of Indian Affairs, Analysis of Funds for the General Assistance Program.

OMB Number: 1076-new.

Affected Entities: Indian tribes who are living on or near a tribally, of by law defined service areas.

Frequency of Response: Annual.

Estimated Number of Annual Responses: 554.

Estimated Time per Application: ½ hours.

Estimated Total Annual Burden Hours: 277 hours.

Dated: May 26, 1998.

Kevin Gover,

Assistant Secretary—Indian Affairs.

[FR Doc. 98–14891 Filed 6–4–98; 8:45 am]

BILLING CODE 4310–02–P

DEPARTMENT OF THE INTERIOR

Information Collection Submitted to the Office of Management and Budget for Review Under the Paperwork Reduction Act

AGENCY: Bureau of Indian Affairs, Interior.

ACTION: Notice of reinstatement.

SUMMARY: This notice announces that the Bureau of Indian Affairs (BIA) in accordance with the Paperwork Reduction Act (44 U.S.C 3506(c)(2)(A) is soliciting comments on the proposed information collection request for the reinstatement of the Financial Assistance and Social Services program application forms.

FOR FURTHER INFORMATION CONTACT: Copies of the collection of information documents may be obtained by contacting Larry Blair, Office of Tribal Services, Bureau of Indian Affairs, Department of the Interior, 1849 C Street NW, MS–4603–MIB, Washington, D.C. 20240. Telephone: (202) 208–2479.

DATES: Submit comments on or before August 4, 1998.

ADDRESSES: Your comments and suggestions on the requirements should be made directly to the attention: Larry Blair, Office of Tribal Services Bureau of Indian Affairs, Department of the Interior, 1849 C Street NW, MS–4603–MIB, Washington, D.C. 20240. Telephone: (202) 208–2479.

SUPPLEMENTARY INFORMATION:

I. Abstract

The information collection required is necessary to be in compliance with 25 CFR 20 and 25 U.S.C. 13—the Snyder Act of November 2, 1921, in order to make determinations of eligibility for the Bureau of Indian Affairs (BIA) social service (financial assistance) programs: General Assistance, Miscellaneous Assistance, Child Welfare Assistance, and Services Only (non-cash assistance). The information is also used to insure uniformity of services, and assure the maintenance of current and accurate records for clear audit facilitating data. All information collected is retained in an individual case record and is used for case management/case planning purposes. 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.

II. Request for Comments

We specifically request your comments concerning:

1. Whether the collection of information is necessary for the proper performance of the functions of the BIA, including whether the information will have practical utility;

2. The accuracy of the BIA's estimate of the burden of the information collection, including the validity of the methodology and assumptions used;

3. The quality, utility and clarity of the information to be collected; and,

How to minimize the burden of the information collection on those who are to respond, including the use of appropriate automated electronic, mechanical or other forms of information technology.

III. Data

Title of the Collection of Information: Department of the Interior, Bureau of Indian Affairs, Financial Assistance and Social Services Programs.

OMB Number: 1076–0017.

Affected Entities: Individual members of Indian tribes who are living on or near a tribally, of by law, defined service area.

Frequency of Response: One application per year.

Estimated Number of Annual Responses: 200,000 individual applicants.

Estimated Time per Application: 40 minutes for all.

Estimated Total Annual Burden Hours: 33,333.

Dated: May 26, 1998.

Kevin Gover,

Assistant Secretary—Indian Affairs.

[FR Doc. 98–14892 Filed 6–4–98; 8:45 am]

BILLING CODE 4310–02–P

DEPARTMENT OF THE INTERIOR

Information Collection Submitted to the Office of Management and Budget for Review Under the Paperwork Reduction Act

AGENCY: Bureau of Indian Affairs, Interior.

ACTION: Notice.

SUMMARY: This notice announces that the Bureau of Indian Affairs (BIA) in accordance with the Paperwork Reduction Act (44 U.S.C. 3506 (c)(2)(A) is soliciting comments on the proposed information collection form for the Indian Service Population and Labor Force Estimates.

FOR FURTHER INFORMATION CONTACT: Copies of the documents contained in the information collection request may be obtained by contacting Miss Elizabeth Colliflower, Office of Tribal Services, Bureau of Indian Affairs, Department of the Interior, 1849 C Street NW, MS–4603–MIB, Washington, D.C. 20240. Telephone: (202) 208–7435.

DATES: Submit comments on or before August 4, 1998.

ADDRESSES: Your comments and suggestions on the requirements should be made directly to Elizabeth Colliflower, Office of Tribal Services, Bureau of Indian Affairs, Department of the Interior, 1849 C Street NW, MS–4603–MIB, Washington, D.C. 20240. Telephone: (202) 208–7435.

SUPPLEMENTARY INFORMATION:

I. Abstract

The information is mandated by Congress through P. L. 102–477, Indian Employment, Training and Related Services Demonstration Act of 1992, Section 17. The Act requires the Secretary to develop, maintain and publish, not less than biennially, a report on the population, by gender, income level, age, service area, and availability for work. The information is used by the U. S. Congress, other Federal Agencies, State and local governments and private sectors for the purpose of developing programs, planning, and to award financial assistance to American Indians. An agency may not conduct or sponsor, nor is any person required to respond to a collection of information unless it displays a currently valid OMB control number.

II. Request for Comments

We specifically request your comments on the following:

1. Whether the collection of information is necessary for the proper performance of the functions of the BIA, including whether the information will have practical utility;

2. The accuracy of the BIA's estimate of the burden of the information collection, including the validity of the methodology and assumptions used;

3. The quality, utility and clarity of the information to be collected; and,

4. How to minimize the burden of the information collection on those who are to respond, including the use of appropriate automated electronic,

mechanical or other forms of information technology.

III. Data

Title of the Collection of Information: Department of the Interior, Bureau of Indian Affairs, Indian Service Population and Labor Force Estimates.

OMB Number: 1076-(new).

Affected Entities: Indian tribes who are living on or near a tribally, of by law, defined service area.

Frequency of Response: Biennially or less frequently.

Estimated Number of Annual Responses: 557.

Estimated Time per Application: ½ hour.

Estimated Total Annual Burden Hours: 139 hours biennially.

Dated: May 26, 1998.

Kevin Gover,

Assistant Secretary—Indian Affairs.

[FR Doc. 98–14894 Filed 6–4–98; 8:45 am]

BILLING CODE 4310–02–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[NV–930–1430–00; NEV–046208]

Closure and Restricted Use on Certain Public Lands Managed by the Bureau of Land Management, Las Vegas Field Office

AGENCY: Bureau of Land Management.

ACTION: Closure and restricted use on certain public lands in Clark County, Nevada.

SUMMARY: The District Manager of the Las Vegas Field Office announces the indefinite closure and restricted use of certain designated public lands under its administration. Those certain public lands identified for closure and restricted use include lands within the boundaries of or adjacent to the closed Sunrise Mountain Landfill. The lands are currently being evaluated and monitored to address recent possible human health concerns from the potential exposure to hydrogen sulfide and other potential hazards emanating from the landfill. In an effort to protect public safety and minimize potential safety risks, these lands will be closed and use restricted indefinitely.

EFFECTIVE DATE: The closure will become effective upon signature of this notice.

Closure Area

Approximately 788.75 acres of public lands located at the easterly end of Vegas Valley Drive and more particularly described as follows:

Mount Diablo Meridian, Nevada

T. 21 S., R., 62 E.,
Sec. 1: Lots 12, 13, 14, 18, 19, 20,
Sec. 12: Lots 1, 2, 3, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16.

Closure Restrictions

The closure of the lands shall apply to all members of the general public. No casual or recreational uses shall be allowed, including but not limited to hiking, jogging, sightseeing, or off-road/all terrain vehicle activity.

Exceptions to the closure will only be for those individuals authorized to conduct official duties associated with the ongoing closure and post-closure of the landfill site; or employees, agents, service personnel, or contractors of the leaseholder.

Maps depicting the area affected by this closure order are available for public inspection at the Las Vegas Field Office, Bureau of Land Management.

This closure order is issued under the authority of 43 CFR 8364.1. Violation of any of the terms, conditions, or restrictions contained within this closure order may subject the violator to citation or arrest, with the penalty of fine or imprisonment as specified by law.

FOR FURTHER INFORMATION CONTACT: Mike Moran, Environmental Protection Specialist, at the Bureau of Land Management, Las Vegas Field Office, 4765 W. Vegas Drive, Las Vegas, NV 89108, telephone (702) 647–5000.

Dated: May 28, 1998.

Michael F. Dwyer,

District Manager, Las Vegas Field Office, Las Vegas, NV.

[FR Doc. 98–15032 Filed 6–4–98; 8:45 am]

BILLING CODE 4310–HC–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[OR–015–1610–00: GP8–0202]

Notice of Availability of Beaty Butte Allotment Management Plan and Final Environmental Impact Statement (AMP/FEIS)

May 28, 1998.

SUMMARY: The Lakeview District has analyzed the potential environmental impacts of a proposed AMP for the Beaty Butte Allotment (0600). The proposed plan covers livestock grazing management activities on approximately 500,000 acres of public lands administered by the BLM in Lake and Harney Counties, Oregon.

DATE: This notice announces the availability of the FEIS for public review. Interested parties are encouraged to provide written comments to the address below. The public review period will end 30 calendar days after the U.S. Environmental Protection Agency publishes its' Notice of Availability of the document in the **Federal Register**. This is expected on or about June 19, 1998.

ADDRESS: Scott R. Florence, Area Manager, Lakeview Resource Area, BLM, PO Box 151, Lakeview, OR 97630.

SUPPLEMENTARY INFORMATION: Those with a known interest in the proposal have been sent a copy of the AMP/FEIS. Reading copies are also available at the Lake, Klamath, and Harney County, Oregon libraries, and at the Public Room, Oregon State Office, BLM, 1515 SW 5th, Portland, Oregon. Those desiring a copy of the document may contact Richard Mayberry or Paul Whitman at the address above or by telephone at (541) 947–2177. All comments will be considered in the preparation of the Record of Decision.

Scott R. Florence,

Area Manager.

[FR Doc. 98–15030 Filed 6–4–98; 8:45 am]

BILLING CODE 4310–33–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[CO–070–5101–CO12]

Notice of Availability of the Record of Decision for the Final Environmental Impact Statement (EIS) on the Plateau Creek Pipeline Replacement Project

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of Availability of the Record of Decision for the Final Environmental Impact Statement (EIS) on the Plateau Creek Pipeline Replacement Project.

SUMMARY: Pursuant to section 102(2)(C) of the National Environmental Policy Act of 1969 (NEPA), the Grand Junction Resource Area office, Grand Junction District, had an Environmental Impact Statement prepared to address impacts of the Plateau Creek Pipeline Replacement project proposed by the Ute Water Conservancy District (Ute Water). The project is a raw water conveyance system proposed on private and public lands in Mesa County, Colorado to replace a deteriorated and under sized pipeline currently approved under BLM ROW grant C 081284.

Copies of the Record of Decision will be available at the Mesa County Public

Library in Grand Junction, Colorado, at the Grand Junction Resource Area, 2815 H Road, Grand Junction, Colorado 81506 at the BLM, Colorado State Office, 2850 Youngfield Street, Lakewood, Colorado 80215 and at the Ute Water Conservancy District, 560 25 Road, Grand Junction, Colorado.

DATES: The Record of Decision will be available to the public starting May 15, 1998. A appeal period of 30 days will begin with the printing of the Notice of Availability in the **Federal Register**.

FOR FURTHER INFORMATION CONTACT: BLM, Dave Stevens, Project Team Leader, (970) 244–3009.

Mark T. Morse,

District Manager.

[FR Doc. 98–14952 Filed 6–4–98; 8:45 am]

BILLING CODE 4310–JB–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[ID–055–1220–00]

Vehicle closure

AGENCY: Bureau of Land Management, Interior.

ACTION: Vehicle Closure.

SUMMARY: Pursuant to 43 CFR 8341.2, the following area is immediately closed to all types of motorized and nonmotorized vehicles (including bicycles): Township 5 North, Range 18 East Boise Meridian, Section 32, all public land. Authorized rehabilitation actions and emergency operations are exempt from the closure.

DATES: This action is effective May 15, 1998, and will remain in effect until the adverse impacts to soil, vegetation, riparian, and the subject watershed's natural resources have been successfully rehabilitated. Under normal weather conditions, the duration of this closure is expected to be approximately two years.

SUPPLEMENTARY INFORMATION: Sometime prior to May 18, 1998, several four wheel drive vehicles traveled cross-country and along an un-named perennial stream which is a tributary to Trail Creek, near the City of Sun Valley, Blaine County, Idaho. This off-road vehicle use caused considerable adverse impacts to soil, vegetation, the stream channel, wildlife habitat, visual resources, and to a portion of the Sun Peak Area of Critical Environmental Concern (Research Natural Area for the protection and study of a rare plant community). The access road to this area has been physically closed and signed to prevent recurrence of inappropriate vehicle use, or additional damage from use by any type of vehicle.

FOR FURTHER INFORMATION CONTACT: Rick Vander Voet, BLM Shoshone Resource Area, P.O. Box 2–B, Shoshone, Idaho 83352, telephone (208) 886–2206.

Dated: May 27, 1998.

Bill Baker,

Area Manager.

[FR Doc. 98–14895 Filed 6–4–98; 8:45 am]

BILLING CODE 4310–GG–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[UTU–75891]

Utah; Proposed Reinstatement of Terminated Oil and Gas Lease

June 1, 1998.

In accordance with Title IV of the Federal Oil and Gas Royalty Management Act (Pub. L. 97–451), a petition for reinstatement of oil and gas lease UTU–75891 for lands in Grand County, Utah, was timely filed and required rentals accruing from January 1, 1998, the date of termination, have been paid.

The lessee has agreed to new lease terms for rentals and royalties at rates of $5 per acre and 16⅔ percent, respectively. The $500 administrative fee has been paid and the lessee has reimbursed the Bureau of Land Management for the cost of publishing this notice.

Having met all the requirements for reinstatement of the lease as set out in Section 31 (d) and (e) of the Mineral Leasing Act of 1920 (30 U.S.C. 188), the Bureau of Land Management is proposing to reinstate lease UTU–75891, effective January 1, 1998, subject to the original terms and conditions of the lease and the increased rental and royalty rates cited above.

Robert Lopez,

Group Leader, Minerals Adjudication Group.

[FR Doc. 98–14953 Filed 6–4–98; 8:45 am]

BILLING CODE 4310–DQ–M

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[WY–921–41–5700; WYW128092]

Notice of Proposed Reinstatement of Terminated, Oil and Gas Lease

Pursuant to the provisions of 30 U.S.C. 188(d) and (e), and 43 CFR 3108.2–3(a) and (b)(1), a petition for reinstatement of oil and gas lease WYW128092 for lands in Campbell County, Wyoming, was timely filed and was accompanied by all the required rentals accruing from the date of termination.

The lessee has agreed to the amended lease terms for rentals and royalties at rates of $10.00 per acre, or fraction thereof, per year and 16–⅔ percent, respectively.

The lessee has paid the required $500 administrative fee and $125 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 WYW128092 effective January 1, 1998, subject to the original terms and conditions of the lease and the increased rental and royalty rates cited above.

Pamela J. Lewis,

Chief, Leasable Minerals Section.

[FR Doc. 98–14898 Filed 6–4–98; 8:45 am]

BILLING CODE 4310–22–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

(OR–958–1430–01; GP7–0126; OR–19075)

Public Land Order No. 7338; Revocation of Executive Order Dated February 11, 1915; Oregon

AGENCY: Bureau of Land Management, Interior.

ACTION: Public Land Order.

SUMMARY: This order revokes an Executive order in its entirety as to 5 acres of lands withdrawn for Bureau of Land Management Powersite Reserve No. 469. The lands are no longer needed for the purpose for which they were withdrawn. This action will open 1 acre to surface entry. This land has been and will remain open to mining and mineral leasing. Of the remaining 4 acres, 2 acres have been conveyed out of Federal ownership with a reservation of all minerals to the United States, and 2 acres have been conveyed out of Federal ownership and have no remaining reservations to the United States. The land with reserved Federal minerals has been and will remain open to mineral leasing.

EFFECTIVE DATE: September 4, 1998.

FOR FURTHER INFORMATION CONTACT: Betty McCarthy, BLM Oregon/Washington State Office, P.O. Box 2965, Portland, Oregon 97208–2965, 503–952–6155.

By virtue of the authority vested in the Secretary of the Interior by Section 204 of the Federal Land Policy and Management Act of 1976, 43 U.S.C. 1714 (1994), it is ordered as follows:

1. The Executive Order dated February 11, 1915, which established Powersite Reserve No. 469, is hereby revoked in its entirety:

Willamette Meridian

(a) Public Land

T. 3 S., R. 13 E.,
Sec. 24, NE¼SE¼, all land lying within 50 feet of the centerline of transmission line.

(b) Non-Federal Surface

T. 3 S., R. 14 E.,
Sec. 19, lot 4 and SE¼SW¼, all land lying within 50 feet of the centerline of transmission line;
Sec. 30, lot 1 and E½NW¼, all land lying within 50 feet of the centerline of transmission line.

The areas described aggregate approximately 5 acres in Wasco County.

2. The land described in 1(b) lying within the SE¼NW¼ of sec. 30, T. 3 S., R. 14 E., has been conveyed out of Federal ownership with a reservation of all minerals to the United States. The land has been and will remain open to mineral leasing.

3. The land described in paragraph 1(b), except as provided in paragraph 2, has been conveyed out of Federal ownership with no reservations to the United States.

4. At 8:30 a.m., on September 4, 1998, the land described in paragraph 1(a) will be opened to the operation of the public land laws generally, subject to valid existing rights, the provisions of existing withdrawals, other segregations of record, and the requirements of applicable law. All valid applications received at or prior to 8:30 a.m. on September 4, 1998, shall be considered as simultaneously filed at that time. Those received thereafter shall be considered in the order of filing.

5. The State of Oregon has a preference right, as to the land described in paragraph 1(a), for public highway right-of-way or material sites for a period of 90 days from the date of publication of this order and any location, entry, selection, or subsequent patent shall be subject to any rights granted the State as provided by the Act of June 10, 1920, Section 24, as amended, 16 U.S.C. 818 (1994).

Dated: May 26, 1998.

Bob Armstrong,

Assistant Secretary of the Interior.

[FR Doc. 98–14900 Filed 6–4–98; 8:45 am]

BILLING CODE 4310–33–P

DEPARTMENT OF THE INTERIOR

Minerals Management Service

Agency Information Collection Activities: Submitted for Office of Management and Budget Review; Comment Request

Title: Gas Transportation and Processing Allowances OMB Control Number: 1010–0075.

Comments

This collection of information has been submitted to the Office of Management and Budget (OMB) for approval. In compliance with the Paperwork Reduction Act of 1995, Section 3506(c)(2)(A), we are notifying you, members of the public and affected agencies, of this collection of information, and are inviting your comments. Is this information collection necessary for us to properly do our job? Have we accurately estimated the public's burden for responding to this collection? Can we enhance the quality, utility, and clarity of the information we collect? Can we lessen the burden of this information collection on the respondents by using automated collection techniques or other forms of information technology?

Comments should be made directly to the Attention: Desk Officer for the Interior Department (OMB Control Number: 1010–0075), Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503; telephone (202) 395–7340. Copies of these comments should also be sent to us. The U.S. Postal Service address is Minerals Management Service, Royalty Management Program, Rules and Publications Staff, P.O. Box 25165, MS 3021, Denver, Colorado 80225–0165; the courier address is Building 85, Room A–613, Denver Federal Center, Denver, Colorado 80225; and the e-Mail address is David__Guzy@mms.gov. OMB has up to 60 days to approve or disapprove the information collection but may respond after 30 days; therefore, public comments should be submitted to OMB within 30 days in order to assure their maximum consideration.

Copies of the proposed information collection and related explanatory material may be obtained by contacting Dennis C. Jones, Rules and Publications Staff, telephone (303) 231–3046, FAX (303) 231–3385, e-Mail Dennis__Jones@mms.gov.

DATES: Written comments should be received on or before July 6, 1998.

SUMMARY: The Secretary of the Interior is responsible for the collection of royalties from lessees who produce minerals from leased Indian lands. The Secretary is required by various laws to manage the production of mineral resources on Indian lands, to collect the royalties due, and to distribute royalty funds in accordance with those laws. The product valuation and allowance determination process is essential to assure that the Indians receive payment on the proper value of the minerals being removed. In order to determine whether the amount of royalty tendered represents the proper royalty due, it is first necessary to establish the proper value of the gas and gas plant products being sold, or otherwise disposed of, as well as the proper costs associated with the allowable deductions from the value of gas and gas plant products.

Under certain circumstances, lessees are authorized to deduct from royalty payments, the reasonable actual costs of transporting the royalty portion of produced minerals from the lease to a processing or sales point not in the immediate lease area. Transportation allowances are a part of the product valuation process which the Minerals Management Service (MMS) uses to determine if the lessee is reporting and paying the proper royalty amount. Before any deduction is taken, a Form MMS–4295, Gas Transportation Allowance Report, must be submitted to MMS.

When gas is processed for the recovery of gas plant products, lessees may claim a processing allowance. MMS normally will accept the cost as stated in the lessee's arm's-length processing contract as being representative of the cost of the processing allowance. In those instances where gas is being processed through a lessee owned plant, the processing costs shall be based upon the actual plant operating and maintenance expenses, depreciation, and a reasonable return on investment. The allowance is expressed as a cost per unit of individual plant products. Processing allowances may be taken as a deduction from royalty payments. Before any deduction may be taken, a Form MMS–4109, Gas Processing Allowance Summary Report, must be submitted to MMS.

Failure to collect the data described could result in the undervaluation of leased minerals. Regulations at 30 CFR 206 establish uniform product valuation and allowance policies for all Indian leases. These regulations require information in support of the product valuation or allowances being claimed. Without such information, MMS cannot evaluate the correctness of values or allowances reported and claimed.

Description of Respondents: Lessees of Indian leases.

Form Numbers: Form MMS–4295, Gas Transportation Allowance Report; and Form MMS–4109, Gas Processing Allowance Summary Report.

Frequency of Response: Annually.

Estimated Reporting Burden: 15 minutes.

Annual Responses: 3,000 responses.

Annual Burden Hours: 750 hours.

Bureau Clearance Officer: Jo Ann Lauterbach, (202) 208–7744.

Dated: May 15, 1998.

Lucy Querques Denett,

Associate Director for Royalty Management.

[FR Doc. 98–15072 Filed 6–4–98; 8:45 am]

BILLING CODE 4310–MR–P

DEPARTMENT OF LABOR

Office of the Secretary

Submission for OMB Review; Comment Request

May 29, 1998.

The Department of Labor (DOL) has submitted the following public information collection requests (ICRs) to the Office of Management and Budget (OMB) for review and approval in accordance with the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. Chapter 35). A copy of each individual ICR, with applicable supporting documentation, may be obtained by calling the Department of Labor, Departmental Clearance Officer, Todd R. Owen (202) 219–5096 ext. 143) or by E-Mail to Owen-Todd@dol.gov. Individuals who use a telecommunications device for the deaf (TTY/TDD) may call (202) 219–4720 between 1:00 p.m. and 4:00 p.m. Eastern time, Monday–Friday.

Comments should be sent to Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for BLS, DM, ESA, ETA, MSHA, OSHA, PWBA, or VETS Office of of Management and Budget, Room 10235, Washington, DC 20503 ((202) 395–7316), on or before July 6, 1998.

The OMB is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Agency: Mine Safety and Health Administration.

Title: Safety Defects; Examinations; Correction and Record.

OMB Number: 1219–0089 (Extension).

Frequency: On occasion.

Affected Public: Business or other for-profit.

Number of Respondents: 11,000.

Estimated Time per Respondent: 37 minutes.

Total Burden Hours: 1,425,443.

Total annualized capital/startup costs: $0.

Total annual costs (operating/maintaining systems or purchasing services): $0.

Description: Requires equipment operators to inspect equipment, machinery, and tools that are to be used during a shift for safety defects before the equipment is placed in operation. Reports of uncorrected defects are required to be recorded by the mine operator and retained for the Mine Safety and Health Administration review until the defect has been corrected.

Agency: Bureau of Labor Statistics.

Title: Employment, Wages, and Contributions Report (ES–202 Program).

OMB Number: 1220–0012 (Revision).

Frequency: Quarterly.

Affected Public: State, Local or Tribal Governments.

Number of Respondents: 53.

Estimated Time per Respondent: 17,856 average annual hours per respondent.

Total Burden Hours: 946,400.

Total annualized capital/startup costs: $0.

Total annual costs (operating/maintaining systems or purchasing services): $0.

Description: E–202 Data, which are provided to the Bureau of Labor Statistics (BLS) by State Employment Security Agencies, are critical to the administration of Unemployment Insurance programs, are used by the Bureau of Economic Analysis as an input to personal income estimates, serve as the sampling frame for most BLS establishment surveys, are used as the benchmark for BLS employment surveys, and are used for economic analysis.

Todd R. Owen,

Departmental Clearance Officer.

[FR Doc. 98–14989 Filed 6–4–98; 8:45 am]

BILLING CODE 4510–43–M

DEPARTMENT OF LABOR

Office of the Secretary

Submission for OMB Review; Comment Request; Correction

AGENCY: Office of the Secretary, Labor.

ACTION: Correction.

SUMMARY: In notice document 98–13975 beginning on page 29033 in the issue of Wednesday, May 27, 1998, make the following correction:

On page 29034 in the first column, after Estimated Time per Respondent: 10 minutes, the following entry should be added Total Burden Hours: 1,916.

Dated: June 2, 1998.

Todd R. Owen,

Departmental Clearance Officer.

[FR Doc. 98–14990 Filed 6–4–98; 8:45 am]

BILLING CODE 4510–23–M

DEPARTMENT OF LABOR

Employment and Training Administration

[TA–W–34,093]

Amended Certification Regarding Eligibility To Apply for Worker Adjustment Assistance

In the matter of Honeywell/Micro Switch, Hycal Sensing Products, El Monte, California; Including Leased Workers of Volt Management Corp., El Segundo, California, Adecco Employment Services, Inc., Pasadena, California, Corestaff Staffing Services, Pasadena, California, Kelly Services, Inc., City of Industry, California, Manpower Temporary Services, City of Industry, California, Two Roads Professional Resources, Inc., Huntington Beach, California;

In accordance with Section 223 of the Trade Act of 1974 (19 USC 2273) the Department of Labor issued a Certification of Eligibility to Apply for Worker Adjustment Assistance on February 2, 1998, applicable to all workers of Honeywell/Micro Switch, HyCal Sensing Products, located in El Monte, California. The notice was published in the **Federal Register** on March 16, 1998 (63 FR 12831).

At the request of the State agency, the Department reviewed the certification for workers of the subject firm. Findings show that the Department inadvertently

omitted workers of several leasing firms that were intended to be covered under this petition investigation. Information provided by the company shows that some employees of Honeywell/Micro Switch, HyCal Sensing Products were leased from Volt Management Corp., Adecco Employment Services, Inc., Corestaff Staffing Services, Kelly Services, Inc., Manpower Temporary Services and Two Roads Professional Resources, Inc. to produce temperature and humidity sensors at the El Monte, California facility. Worker separations occurred at these companies as a result of the closing of Honeywell/Micro Switch, HyCal Sensing Products, El Monte, California.

Based on these findings, the Department is amending the certification to include workers of Volt Management Corp., Adecco Employment Services, Inc., Corestaff Staffing Services, Kelly Services, Inc., Manpower Temporary Services and Two Roads Professional Resources, Inc. leased to Honeywell/Micro Switch, HyCal Sensing Products, El Monte, California.

The intent of the Department's certification is to include all workers of Honeywell/Micro Switch, HyCal Sensing Products adversely affected by imports.

The amended notice applicable to TA–W–34,093 is hereby issued as follows:

All workers of Honeywell/Micro Switch, HyCal Sensing Products, El Monte, California and leased workers of Volt Management Corp., El Segundo, California, Adecco Employment Services, Inc., and Corestaff Staffing Services, Pasadena, California, Kelly Services, Inc., and Manpower Temporary Services, City of Industry, California and Two Roads Professional Resources, Inc., Huntington Beach, California engaged in employment related to the production of temperature and humidity sensors for Honeywell/Micro Switch, HyCal Sensing Products, El Monte, California who became totally or partially separated from employment on or after December 1, 1996 through February 2, 2000, are eligible to apply for adjustment assistance under Section 223 of the Trade Act of 1974.

Signed at Washington, D.C. this 18th day of May 1998.

Grant D. Beale,

Acting Director, Office of Trade Adjustment Assistance.

[FR Doc. 98–14983 Filed 6–4–98; 8:45 am]

BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

[TA–W–34, 284]

Munekata America, Incorporated, Dalton, GA; Dismissal of Application for Reconsideration

Pursuant to 29 CFR 90.18(C) an application for administrative reconsideration was filed with the Acting Director of the Office of Trade Adjustment Assistance for workers at Munekata America, Incorporated, Dalton, Georgia. The review indicated that the application contained no new substantial information which would bear importantly on the Department's determination. Therefore, dismissal of the application was issued.

TA–W–34,284; Munekata America, Incorporated, Dalton, Georgia (May 21, 1998)

Signed at Washington, D.C. this 21st day of May, 1998.

Grant D. Beale,

Acting Director, Office of Trade Adjustment Assistance.

[FR Doc. 98–14982 Filed 6–4–98; 8:45 am]

BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

Employment and Training Administration

[TA–W–34,378 and TA–W–34,378B]

Newel Company, Acme Frame—A/K/A Intercraft; Amended Certification Regarding Eligibility To Apply for Worker Adjustment Assistance

In accordance with Section 223 of the Trade Act of 1974 (19 U.S.C. 2273) the Department Labor issued a Certification of Eligibility to Apply for Worker Adjustment Assistance on April 24, 1998, applicable to all workers of Newel Company, Acme Frame—A/K/A Intercraft, Mundelein, Illinois. The notice will be published soon in the **Federal Register**.

At the request of the petitioners, the Department reviewed the certification for workers of the subject firm. New information received by the company shows that worker separations occurred the Harrisburg, Arkansas plant from September 1997 until its' closing, January 1998. The workers produced wood and metal picture frames.

The intent of the Department's certification is to include all workers of Newel Company, Acme Frame—A/K/A Intercraft adversely affected by increased imports of wood and metal picture frames.

Accordingly, the Department is amending the certification to cover the workers of Newel Company, Acme Frame—A/K/A Intercraft Harrisburg, Arkansas.

The amended notice applicable to TA–W–34,378 is hereby issued as follows:

All workers of Newell Company, Acme Frame, A/K/A Intercraft, Mundelein, Illinois (TA–W–34,378), and Harrisburg, Arkansas (TA–W–34,378B) who became totally or partially separated from employment on or after March 5, 1997 through April 24, 2000 are eligible to apply for adjustment assistance under Section 223 of the Trade Act of 1974.

Signed at Washington D.C. this 15th day of May 1998.

Grant D. Beale,

Acting Director, Office of Trade Adjustment Assistance.

[FR Doc. 98–14985 Filed 6–4–98; 8:45 am]

BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

Employment and Training Administration

[TA–W–34, 332]

NGK Metals Corporation, Temple, Pennsylvania; Dismissal of Application for Reconsideration

Pursuant to 29 CFR 90.18(C) an application for administrative reconsideration was filed with the Acting Director of the Office of Trade Adjustment Assistance for workers at NGK Metals Corporation, Temple, Pennsylvania. The review indicated that the application contained no new substantial information which would bear importantly on the Department's determination. Therefore, dismissal of the application was issued.

TA–W–34, 332; NGK Metals Corporation, Temple, Pennsylvania (May 15, 1998)

Signed at Washington, D.C. this 15th day of May, 1998.

Grant D. Beale,

Acting Director, Office of Trade Adjustment Assistance.

[FR Doc. 98–14988 Filed 6–4–98; 8:45 am]

BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

Employment and Training Administration

[TA–W–34,156]

Pinnacle Micro, Incorporated, Colorado Springs, CO; Dismissal of Application for Reconsideration

Pursuant to 29 CFR 90.18(C) an application for administrative reconsideration was filed with the

Acting Director of the Office of Trade Adjustment Assistance for workers at Pinnacle Micro, Incorporated, Colorado Springs, Colorado. The review indicated that the application contained no new substantial information which would bear importantly on the Department's determination. Therefore, dismissal of the application was issued.

TA–W–34,156; Pinnacle Micro, Incorporated, Colorado Springs, Colorado (May 18, 1998)

Signed at Washington, D.C. this 19th day of May, 1998.

Grant D. Beale,

Acting Director, Office of Trade Adjustment Assistance.

[FR Doc. 98–14984 Filed 6–4–98; 8:45 am]

BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

Employment and Training Administration

[TA–W–34, 489]

The Proctor and Gamble Manufacturing Company, Health Care Division, Greenville, SC; Notice of Termination of Investigation

Pursuant to Section 221 of the Trade Act of 1974, an investigation was initiated on April 27, 1998 in response to a worker petition which was filed on April 15, 1998 on behalf of workers at Proctor & Gamble, Health Care Division, Greenville, South Carolina.

The petitioner has requested that the petition be withdrawn. Consequently, further investigation in this case would serve no purpose, and the investigation has been terminated.

Signed in Washington, D.C. this 27th day of May, 1998

Grant D. Beale,

Acting Director, Office of Trade Adjustment Assistance.

[FR Doc. 98–14981 Filed 6–4–98; 8:45 am]

BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

Employment and Training Administration

[TA–W–33,637B]

Universal-Rundle Corporation, Corporate Headquarters, New Castle, PA; Amended Certification Regarding Eligibility To Apply for Worker Adjustment Assistance

In accordance with Section 223 of the Trade Act of 1974 (19 U.S.C. 2273) the Department of Labor issued a Notice of Certification Regarding Eligibility to Apply for Worker Adjustment Assistance on April 28, 1998, applicable to workers of Universal-Rundle Corporation located in New Castle, Pennsylvania. The notice will be published soon in the **Federal Register**.

At the request of the State agency, the Department reviewed the certification for workers of the subject firm. Review of the certification shows that the Department incorrectly identified the worker certification to read ''all workers of Universal-Rundel, New Castle, Pennsylvania.'' The company reports that worker separations occurred at ''Corporate Headquarters'', New Castle, Pennsylvania.

Accordingly, the Department is amending the certification determination to limit the certification coverage to the corporate headquarters, in New Castle, Pennsylvania. The workers are engaged in employment related to china sanitary fixtures (sinks and toilets).

The intent of the Department's certification is to include all workers of Universal-Rundle Corporation who were affected by increased imports.

The amended notice applicable to TA–W–33,637 is hereby issued as follows:

All workers of Universal-Rundle Corporation, Corporate Headquarters, New Castle, Pennsylvania (TA–W–33,637B) who became totally or partially separated from employment on or after June 20, 1996 through October 31, 1999, are eligible to apply for adjustment assistance under Section 223 of the Trade Act of 1974.

Signed at Washington, D.C. this 15th day of May 1998.

Grant D. Beale,

Acting Director, Office of Trade Adjustment Assistance.

[FR Doc. 98–14986 Filed 6–4–98; 8:45 am]

BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

Employment and Training Administration

[NAFTA–02127]

Omak Wood Products Incorporated, Omak, WA; Notice of Revised Determination on Reconsideration

On March 27, 1998, the Department issued an Affirmative Determination Regarding Application for Reconsideration for the workers and former workers of the subject firm. The notice will soon be published in the **Federal Register**.

The initial investigation findings showed that the petitioning group of workers produced 6/4 industrial shop and moulding grade ponderosa pine lumber. The workers were denied NAFTA–TAA based on the finding that there was no shift in production to Mexico or Canada, nor were there company or customers imports of 6/4 industrial shop and moulding grade ponderosa pine lumber from Mexico or Canada.

The Washington State Labor Council, AFL–CIO, submitted additional information showing that the workers' firm is a fully integrated wood products facility producing soft wood dimension lumber, plywood panel products, pine dimension stock and wood chips. Accordingly, the Department expanded the petition investigation on reconsideration to all workers of Omak Wood Products Incorporated.

On reconsideration, Omak submitted data to the Department regarding the articles produced at the Omak, Washington location in 1996 and 1997. Findings on reconsideration show that the workers are separately identifiable by the production of lumber, plywood, veneer and wood chips. Other findings reveal that the primary output at the Omak facility is plywood.

Sales and production of lumber, veneer and wood chips increased from 1996 to 1997. Therefore, criterion (2) of the group eligibility requirements of paragraph (a)(1) of Section 250(2) of the Trade Act of 1974 was not met for workers of Omak Wood Products Incorporated, Omak, Washington producing lumber, veneer and wood chips.

Sales, production and employment of workers producing plywood at Omak declined from 1996 to 1997.

The Washington State Labor Council, AFL–CIO, asserted that increased import competition from foreign made oriented strand board (OSB) contributed to worker separations at the Omak Wood Products production facility. A survey of Omak's major declining customers was conducted to determine if they increased import purchases of plywood or OSB. Survey results showed that from 1996 to 1997 none of the respondents imported plywood from Mexico or Canada. Some respondents, however, reported continued reliance on or increases in import purchases of OSB from Canada, while reducing purchases of plywood from Omak.

Conclusion

After careful consideration of the new facts obtained on reconsideration, it is concluded that the workers of Omak Wood Products Incorporated, Omak, Washington were adversely affected by increased imports of articles from

Canada like or directly competitive with plywood produced at the subject firm.

All workers of Omak Wood Products Incorporated, Omak, Washington engaged in employment related to the production of plywood, who became totally or partially separated from employment on or after December 18, 1996 through two years from the date of the certification, are eligible to apply for NAFTA–TAA under Section 250 of the Trade Act of 1974; and

All workers of Omak Wood Products Incorporated, Omak, Washington engaged in employment related to the production of lumber, veneer and wood chips, are denied eligibility to apply for NAFTA–TAA Section 250 of the Trade Act of 1974.

Signed at Washington, D.C. this 5th day of May 1998.

Grant D. Beale,

Acting Director, Office of Trade Adjustment Assistance.

[FR Doc. 98–14987 Filed 6–4–98; 8:45 am]

BILLING CODE 4510–30–M

DEPARTMENT OF LABOR

Employment Standards Administration, Wage and Hour Division

Minimum Wages for Federal and Federally Assisted Construction; General Wage Determination Decisions

General wage determination decisions of the Secretary of Labor are issued in accordance with applicable law and are based on the information obtained by the Department of Labor from its study of local wage conditions and data made available from other sources. They specify the basic hourly wage rates and fringe benefits which are determined to be prevailing for the described classes of laborers and mechanics employed on construction projects of a similar character and in the localities specified therein.

The determinations in these decisions of prevailing rates and fringe benefits have been made in accordance with 29 CFR Part 1, by authority of the Secretary of Labor pursuant to the provisions of the Davis-Bacon Act of March 3, 1931, as amended (46 Stat. 1494, as amended, 40 U.S.C. 276a) and of other Federal statutes referred to in 29 CFR Part 1, Appendix, as well as such additional statutes as may from time to time be enacted containing provisions for the payment of wages determined to be prevailing by the Secretary of Labor in accordance with the Davis-Bacon Act. The prevailing rates and fringe benefits determined in these decisions shall, in accordance with the provisions of the foregoing statutes, constitute the minimum wages payable on Federal and federally assisted construction projects to laborers and mechanics of the specified classes engaged on contract work of the character and in the localities described therein.

Good cause is hereby found for not utilizing notice and public comment procedure thereon prior to the issuance of these determinations as prescribed in 5 U.S.C. 553 and not providing for delay in the effective date as prescribed in that section, because the necessity to issue current construction industry wage determinations frequently and in large volume causes procedures to be impractical and contrary to the public interest.

General wage determination decisions, and modifications and supersedes decisions thereto, contain no expiration dates and are effective from their date of notice in the **Federal Register**, or on the date written notice is received by the agency, whichever is earlier. These decisions are to be used in accordance with the provisions of 29 CFR Parts 1 and 5. Accordingly, the applicable decision, together with any modifications issued, must be made a part of every contract for performance of the described work within the geographic area indicated as required by an applicable Federal prevailing wage law and 29 CFR part 5. The wage rates and fringe benefits, notice of which is published herein, and which are contained in the Government Printing Office (GPO) document entitled ''General Wage Determinations Issued Under The Davis-Bacon And Related Acts,'' shall be the minimum paid by contractors and subcontractors to laborers and mechanics.

Any person, organization, or governmental agency having an interest in the rates determined as prevailing is encouraged to submit wage rate and fringe benefit information for consideration by the Department. Further information and self-explanatory forms for the purpose of submitting this data may be obtained by writing to the U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division, Division of Wage Determinations, 200 Constitution Avenue, NW., Room S–3014, Washington, DC 20210.

New General Wage Determination Decision

The number of the decisions added to the Government Printing Office document entitled ''General Wage Determinations Issued Under the Davis-Bacon and related Acts'' are listed by Volume and States:

Volume II

Pennsylvania
PA980022 (June 5, 1998)

Modifications to General Wage Determination Decisions

The number of decisions listed in the Government Printing Office document entitled ''General Wage Determinations Issued Under the Davis—Bacon and Related Acts'' being modified are listed by Volume and State. Dates of publication in the **Federal Register** are in parentheses following the decisions being modified.

Volume I

Connecticut
CT980001 (Feb. 13, 1998)
CT980003 (Feb. 13, 1998)
CT980004 (Feb. 13, 1998)
CT980005 (Feb. 13, 1998)
CT980008 (Feb. 13, 1998)

Volume II

District of Columbia
DC 980001 (Feb. 13, 1998)
DC 980002 (Feb. 13, 1998)
DC 980003 (Feb. 13, 1998)

Maryland
MD980002 (Feb. 13, 1998)
MD980008 (Feb. 13, 1998)
MD980015 (Feb. 13, 1998)
MD980017 (Feb. 13, 1998)
MD980019 (Feb. 13, 1998)
MD980021 (Feb. 13, 1998)
MD980023 (Feb. 13, 1998)
MD980026 (Feb. 13, 1998)
MD980031 (Feb. 13, 1998)
MD980034 (Feb. 13, 1998)
MD980035 (Feb. 13, 1998)
MD980036 (Feb. 13, 1998)
MD980042 (Feb. 13, 1998)
MD980046 (Feb. 13, 1998)
MD980047 (Feb. 13, 1998)
MD980048 (Feb. 13, 1998)
MD980055 (Feb. 13, 1998)
MD980056 (Feb. 13, 1998)
MD980057 (Feb. 13, 1998)
MD980058 (Feb. 13, 1998)
MD980059 (Feb. 13, 1998)

Pennsylvania
PA980004 (Feb. 13, 1998)
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PA980027 (Feb. 13, 1998)
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PA980029 (Feb. 13, 1998)
PA980052 (Feb. 13, 1998)
PA980060 (Feb. 13, 1998)

Virginia
VA980012 (Feb. 13, 1998)
VA980013 (Feb. 13, 1998)
VA980014 (Feb. 13, 1998)
VA980022 (Feb. 13, 1998)
VA980025 (Feb. 13, 1998)
VA980029 (Feb. 13, 1998)
VA980030 (Feb. 13, 1998)

VA980034 (Feb. 13, 1998)
VA980036 (Feb. 13, 1998)
VA980039 (Feb. 13, 1998)
VA980044 (Feb. 13, 1998)
VA980048 (Feb. 13, 1998)
VA980052 (Feb. 13, 1998)
VA980058 (Feb. 13, 1998)
VA980059 (Feb. 13, 1998)
VA980063 (Feb. 13, 1998)
VA980067 (Feb. 13, 1998)
VA980078 (Feb. 13, 1998)
VA980104 (Feb. 13, 1998)
VA980105 (Feb. 13, 1998)

Volume III

Georgia
GA980004 (Feb. 13, 1998)
GA980033 (Feb. 13, 1998)
GA980053 (Feb. 13, 1998)
GA980062 (Feb. 13, 1998)
GA980089 (Feb. 13, 1998)
GA980093 (Feb. 13, 1998)
GA980094 (Feb. 13, 1998)
Kentucky
KY980001 (Feb. 13, 1998)
KY980002 (Feb. 13, 1998)
KY980004 (Feb. 13, 1998)
KY980006 (Feb. 13, 1998)
KY980007 (Feb. 13, 1998)
KY980025 (Feb. 13, 1998)
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KY980028 (Feb. 13, 1998)
KY980029 (Feb. 13, 1998)
KY980032 (Feb. 13, 1998)
KY980033 (Feb. 13, 1998)
KY980035 (Feb. 13, 1998)
KY980054 (Feb. 13, 1998)

Volume IV

Indiana
IN980001 (Feb. 13, 1998)
IN980002 (Feb. 13, 1998)
IN980003 (Feb. 13, 1998)
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IN980006 (Feb. 13, 1998)
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IN980018 (Feb. 13, 1998)
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IN980024 (Feb. 13, 1998)
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Michigan
MI980005 (Feb. 13, 1998)
MI980012 (Feb. 13, 1998)
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MI980049 (Feb. 13, 1998)
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MI980082 (Feb. 13, 1998)
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MI980084 (Feb. 13, 1998)
Minnesota
MN980007 (Feb. 13, 1998)
MN980008 (Feb. 13, 1998)
MN980015 (Feb. 13, 1998)
MN980017 (Feb. 13, 1998)
MN980027 (Feb. 13, 1998)
MN980031 (Feb. 13, 1998)
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General Wage Determination Publication

General Wage determinations issued under the Davis-Bacon and related Acts, including those noted above, may be found in the Government Printing Office (GPO) document entitled ''General Wage Determinations Issued Under The Davis-Bacon and Related Acts.'' This publication is available at each of the 50 Regional Government Depository Libraries and many of the 1,400 Government Depository Libraries across the country.

The general wage determinations issued under the Davis-Bacon and related Acts are available electronically by subscription to the FedWorld Bulletin Board System of the National Technical Information Service (NTIS) of the U.S. Department of Commerce at (703) 487–4630.

Hard-copy subscriptions may be purchased from: Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, (202) 512–1800.

When ordering hard-copy subscription(s), be sure to specify the State(s) of interest, since subscriptions may be ordered for any or all of the seven separate volumes, arranged by State. Subscriptions include an annual edition (issued in January or February) which includes all current general wage determinations for the States covered by each volume. Throughout the remainder of the year, regular weekly updates are distributed to subscribers.

Signed at Washington, D.C. this 29 day of May 1998.

Carl J. Poleskey,

Chief, Branch of Construction Wage Determinations.

[FR Doc. 98–14716 Filed 6–4–98; 8:45 am]

BILLING CODE 4510–27–M

MEDICARE PAYMENT ADVISORY COMMISSION

Commission Meeting

AGENCY: Medicare Payment Advisory Commission.

ACTION: Notice of meeting.

SUMMARY: The Commission will hold its next public meeting on Wednesday, June 10, 1998 at the Embassy Suites Hotel, The Chevy Chase Pavilion, 4300 Military Road, NW., Washington, DC in the Chevy Chase I and II room. The meeting is tentatively scheduled to begin at 9:00 a.m. and will end at 12:00 noon.

At the meeting, the Commission will be discussing its analytic agenda for the coming year.

ADDRESSES: 1730 K Street, NW., Suite 800; Washington, DC 20006. The telephone number is 202/653–7220.

FOR FURTHER INFORMATION CONTACT: Ann Johnson, Executive Assistant, at 202/653–7220.

SUPPLEMENTARY INFORMATION: If you are not on the Commission mailing list and wish to receive an agenda, please call 202/653–7220.

Murray N. Ross,

Executive Director.

[FR Doc. 98–14925 Filed 6–4–98; 8:45 am]

BILLING CODE 6820–BW–M

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice: 98–077]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: National Aeronautics and Space Administration (NASA).

ACTION: Notice of agency report forms under OMB review.

SUMMARY: The National Aeronautics and Space Administration, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. 3506(c)(2)(A)). Reporting requirements under NASA contracts to effectively manage, administer, and ensure compliance with the terms of the contract.

DATES: All comments should be submitted on or before August 4, 1998.

ADDRESSES: All comments should be addressed to Mr. Richard Kall, Code HK, National Aeronautics and Space Administration, Washington, DC 20546–0001.

FOR FURTHER INFORMATION CONTACT: Ms. Carmela Simonson, NASA Reports Officer, (202) 358–1223.

Title: NASA Acquisition Process Reports required under contracts with a value less than 500k.

OMB Number: 2700–0088.

Type of review: Extension.

Need and Uses: Information is used by NASA procurement and technical personnel in the management of contracts: evaluate contractor management systems; ensure compliance with mandatory public policy provisions; evaluate and control costs charged against contracts; detect and minimize conditions conductive to fraud, waste and abuse: to form a database for general overview reports to the Congressional and Executive Branches.

Affected Public: Business or other for-profit, Not-for-profit institutions, State, Local or Tribal Government.

Number of Respondents: 1,282.

Responses Per Respondent: 30.

Annual Responses: 38,460.

Hours Per Request: 27½ hrs.

Annual Burden Hours: 1,065,600.

Frequency of Report: On occasion.

Donald J. Andreotta,

Deputy Chief Information Officer (Operations), Office of the Administrator.

[FR Doc. 98–14976 Filed 6–4–98; 8:45 am]

BILLING CODE 7510–01–P

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice 98–076]

Agency Information Collection Activities: Proposed Information Collection; Comment Request

AGENCY: National Aeronautics and Space Administration (NASA).

ACTION: Notice of agency report forms under OMB review.

SUMMARY: The National Aeronautics and Space Administration, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. 3506(c)(2)(A)). Contractors submit proposals in response to change orders.

DATES: All comments should be submitted on or before August 4, 1998.

ADDRESSES: All comments should be addressed to Mr. Richard Kall, Code HK, National Aeronautics and Space Administration, Washington, DC 20546–0001.

FOR FURTHER INFORMATION CONTACT: Ms. Carmela Simonson, NASA Reports Officer, (202) 358–1223.

Title: Contract modifications, NASA FAR Supplement Part 18–43.

OMB Number: 2700–0054.

Type of review: Extension.

Need and Uses: NASA procurement and technical personnel use the information to manage the contract, incorporate more economical methods, and to ensure that the deliverable meet NASA's needs.

Affected Public: Business or other for-profit, Not-for-profit institutions.

Number of Respondents: 88.

Responses Per Respondent: 2.

Annual Responses: 176.

Hours Per Request: 48.

Annual Burden Hours: 8,448.

Frequency of Report: On occasion.

Donald J. Andreotta,

Deputy Chief Information Officer (Operations), Office of the Administrator.

[FR Doc. 98–14977 Filed 6–4–98; 8:45 am]

BILLING CODE 7510–01–P

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice 98–075]

Agency Information Collection Activities: Proposed Collection; Comment Request

AGENCY: National Aeronautics and Space Administration (NASA).

ACTION: Notice of agency report forms under OMB review.

SUMMARY: The National Aeronautics and Space Administration, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. 3506(c)(2)(A)). Financial recordkeeping and reports are required to ensure proper accountability for and use of NASA-provided funds.

DATES: All comments should be submitted on or before August 4, 1998.

ADDRESSES: All comments should be addressed to Mr. Richard Kall, Code HK, National Aeronautics and Space Administration, Washington, DC 20546–0001.

FOR FURTHER INFORMATION CONTACT: Ms. Carmela Simonson, NASA Reports Officer, (202) 358–1223.

Title: Financial monitoring and control, grants.

OMB Number: 2700–0049.

Type of review: Extension.

Need and Uses: Information is used by NASA to effectively maintain an appropriate internal control system for grants and cooperative agreements with institutions of higher education and other non-profit organizations, and to comply with statutory requirements on the accountability of public funds.

Affected Public: Not-for-profit institutions.

Number of Respondents: 7,149.

Responses Per Respondent: 5.

Annual Responses: 37,696.

Hours Per Request: 7½ hrs.

Annual Burden Hours: 284,792.

Frequency of Report: On occasion.

Donald J. Andreotta,

Deputy Chief Information Officer (Operations), Office of the Administrator.

[FR Doc. 98–14978 Filed 6–4–98; 8:45 am]

BILLING CODE 7510–01–P

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice: 98–074]

Agency Information Collection Activities; Proposed Collection, Comment Request

AGENCY: National Aeronautics and Space Administration (NASA).

ACTION: Notice of agency report forms under OMB review.

SUMMARY: The National Aeronautics and Space Administration, as part of its continuing effort to reduce paperwork and respondent burden, invites the general public and other Federal agencies to take this opportunity to comment on proposed and/or continuing information collections, as required by the Paperwork Reduction Act of 1995 (Pub. L. 104–13, 44 U.S.C. 3506(c)(2)(A)). Property records and reporting are required to ensure appropriate utilization, safekeeping, accountability and control for items provided by NASA or acquired with NASA funds.

DATES: All comments should be submitted on or before August 4, 1998.

ADDRESSES: All comments should be addressed to Mr. Richard Kall, Code HK, National Aeronautics and Space Administration, Washington, DC 20546–0001.

FOR FURTHER INFORMATION CONTACT: Ms. Carmela Simonson, NASA Reports Officer, (202) 358–1223.

Title: Property Management and Controls, Grants.

OMB Number: 2700–0047.

Type of review: Extension.

Need and Uses: Collection is required to ensure proper accounting of Federal property provided under grants and cooperative agreements with institutions of higher education and to satisfy external requirements of internal control of property provided by NASA or acquired with NASA funds.

Affected Public: Not-for-profit institutions.

Number of Respondents: 7,149.

Responses Per Respondent: 4.

Annual Responses: 28,596.

Hours Per Request: 4½ hrs.

Annual Burden Hours: 128,682.

Frequency of Report: On occasion.

Donald J. Andreotta,

Deputy Chief Information Officer (Operations), Office of the Administrator.

[FR Doc. 98–14979 Filed 6–4–98; 8:45 am]

BILLING CODE 7510–01–M

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice 98–073]

Agency Information Collection: Submission for OMB Review, Comment Request

AGENCY: National Aeronautics and Space Administration (NASA).

SUMMARY: The National Aeronautics and Space Administration has submitted to the Office of Management and Budget (OMB) the following proposal for the collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. Chapter 35).

DATES: Comments on this proposal should be received on or before July 6, 1998.

ADDRESSES: All comments should be addressed to Mr. Richard Kall, National Aeronautics and Space Administration, Washington, DC 20546–0001.

FOR FURTHER INFORMATION CONTACT: Ms. Carmela Simonson, NASA Reports Officer, (202) 358–1223.

Reports

Title: Small Business and Small Disadvantaged Business Concerns and Related Contract Provisions NASA FAR Supplement Part 18–19, SF 295.

OMB Number: 2700–0073.

Type of Review: Extension.

Need and Uses: NASA requires reporting of small disadvantaged business subcontract awards in order to meet its Congressionally mandated goals.

Affected Public: Not-for-profit institutions.

Estimated Number of Respondents: 225.

Responses Per Respondent: 2.

Estimated Annual Responses: 450.

Estimated Hours Per Request: 13.

Estimated Annual Burden Hours: 5,850.

Frequency of Report: Biannually.

Donald J. Andreotta,

Deputy Chief Information Officer (Operations), Office of the Administrator.

[FR Doc. 98–14980 Filed 6–4–98; 8:45 am]

BILLING CODE 7510–01–P

NATIONAL ARCHIVES AND RECORDS ADMINISTRATION

Records Schedules; Availability and Request for Comments

AGENCY: National Archives and Records Administration, Office of Records Services, Washington, DC.

ACTION: Notice of availability of proposed records schedules; requestor comments.

SUMMARY: The National Archives and Records Administration (NARA) publishes notice at least once monthly of certain Federal agency requests for records disposition authority (records schedules). Once approved by NARA, records schedules provide mandatory instructions on what happens to records when no longer needed for current Government business. They authorize the preservation of records of continuing value in the National Archives of the United States and the destruction, after a specified period, of records lacking administrative, legal, research, or other value. Notice is published for records schedules in which agencies propose to destroy records not previously authorized for disposal or reduce the retention period of records already authorized for disposal. NARA invites public comments on such records schedules, as required by 44 U.S.C. 3303a(a).

DATES: Requests for copies must be received in writing on or before July 20, 1998. Once the appraisal of the records is completed, NARA will send a copy of the schedule. NARA staff usually prepare appraisal memorandums that contain additional information concerning the records covered by a proposed schedule. These, too, may be requested and will be provided once the appraisal is completed. Requesters will be given 30 days to submit comments.

ADDRESSES: To request a copy of any records schedule identified in this notice, write to the Life Cycle Management Division (NWML), National Archives and Records Administration (NARA), 8601 Adelphi

Road, College Park, MD 20740–6001. Requests also may be transmitted by FAX to 301–713–6852 or by e-mail to records.mgt@arch2. nara.gov.

Requesters must cite the control number, which appears in parentheses after the name of the agency which submitted the schedule, and must provide a mailing address. Those who desire appraisal reports should so indicate in their request.

FOR FURTHER INFORMATION CONTACT: Michael L. Miller, Director, Modern Records Programs (NWM), National Archives and Records Administration, 8601 Adelphi Road, College Park, MD 20740–6001. Telephone: (301) 713–7110. E-mail: records.mgt@arch2.nara.gov.

SUPPLEMENTARY INFORMATION: Each year Federal agencies create billions of records on paper, film, magnetic tape, and other media. To control this accumulation, agency records managers prepare schedules proposing retention periods for records and submit these schedules for NARA approval, using the Standard Form (SF) 115, Request for Records Disposition Authority. These schedules provide for the timely transfer into the National Archives of historically valuable records and authorize the disposal of all other records after the agency no longer needs the records to conduct its business. Some schedules are comprehensive and cover all the records of an agency or one of its major subdivisions. Most schedules, however, cover records of only one office or program or a few series of records. Many of these update previously approved schedules, and some include records proposed as permanent.

No Federal records are authorized for destruction without the approval of the Archivist of the United States. This approval is granted only after a thorough consideration of their administrative use by the agency of origin, the rights of the Government and of private persons directly affected by the Government's activities, and whether or not they have historical or other value.

Besides identifying the Federal agencies and any subdivisions requesting disposition authority, this public notice lists the organizational unit(s) accumulating the records or indicates agency-wide applicability in the case of schedules that cover records that may be accumulated throughout an agency. This notice provides the control number assigned to each schedule, the total number of schedule items, and the number of temporary items (the records proposed for destruction). It also includes a brief description of the temporary records. The records schedule itself contains a full description of the records at the file unit level as well as their disposition. If NARA staff has prepared an appraisal memorandum for the schedule, it too includes information about the records. Further information about the disposition process is available on request.

Schedules Pending

1. Department of Defense, Office of the Secretary of Defense (N1–330–98–1, 1 item, 1 temporary item). Files relating to individual volunteers, including volunteer agreement form, parental permission form for minors wishing to volunteer, and other records pertaining to service.

2. Department of the Army, United States Army Corps of Engineers (N1–AU–94–30, 1 item, 1 temporary item). The Case Management Information System which is an automated tracking system used only to monitor status of litigation.

3. Department of the Army, Army-wide (N1–AU–97–26, 1 item, 1 temporary item). Reference copies of various statistical reports generated to track enlistment activity.

4. Department of the Army, Army-wide (N1–AU–97–30, 1 item, 1 temporary item). Production/Financial Management reference files necessary to manage ammunition programs, including purchase requests, pricing data, contract data, correspondence and other miscellaneous materials.

5. Department of the Army, Army-wide (N1–AU–98–11, 1 item, 1 temporary item). Reduces retention period of explosive ordnance incident reports.

6. Department of the Navy, Navy-wide (N1–NU–98–7, 1 item, 1 temporary item). Audio cassette recordings of verbal statements taken during Physical Evaluation Boards and Medical Boards during Disability Evaluation proceedings. Statements will be transcribed and placed in the individual's Disability Retirement Case File which is retained for 75 years under previously approved schedules.

7. Department of Health and Human Services, Health and Human Services Reorganization (N1–468–98–1, 2 items, 1 temporary item). Working papers, 1977–1980. Handwritten notes and other material identifying number of staff and location are recommended for disposal. Implementation records are proposed for permanent retention.

8. Department of Health and Human Services, Assistant Secretary for Personnel (N1–468–98–3, 1 item, 1 temporary item). Appointment books, telephone logs and calendars maintained by the Assistant Secretary for Personnel and the Deputy Assistant Secretary for Personnel, 1975–1988.

9. Department of Health and Human Services, Office of the Secretary (N1–468–98–6, 1 item, 1 temporary item). User access log of visits to World Wide Web site. The logs record the visitor's origin, time of day, length of stay, and activities while at the site.

10. Department of State, U.S. Embassy London (N1–84–98–1, item, 1 temporary item). Case files of persons killed on Pan Am Flight 103 over Lockerbie, Scotland.

11. Department of the Treasury, Internal Revenue Service, Office of the Commissioner (N1–58–97–12, 7 items, 5 temporary items). The temporary records proposed for disposal, created by the Office of the National Director of Quality and the Office of Public Liaison, relate to the development of products and reports for the improvement of business practices, and administrative files regarding membership applications for the Commissioner's Advisory Group (CAG). Records that document the creation, functions and organization of the Quality Office, as well as final reports and products produced by the office, are proposed for permanent retention.

12. Department of the Treasury, Internal Revenue Service, Office of the Commissioner and former Executive Secretariat (N1–58–98–6, 5 items, 2 temporary items). Records documenting administrative functions within the defunct Executive Secretariat which date earlier than 1974. The substantive records from these entities are proposed for permanent retention.

13. The Corporation for National and Community Service (N1–362–98–3, 9 items, 9 temporary items). Expands the records schedule for the Office of Procurement to add Billing Office Address Code Files, Credit Card Files and Unsuccessful Bidders File relating to transactions above the small purchase limitations in 48 CFR part 13. Updates disposition of other record series previously scheduled for temporary retention.

14. The Corporation for National and Community Service (N1–362–98–5, 13 items, 9 temporary items). Schedules the records of AmeriCorps*State and National Office including Grant Files, CEO Decision Notebooks, Chron Files, and various duplicative materials. Records proposed for permanent retention include the Updates Newsletter, the Board Decision Notebooks and the record copy of the Conference and Training Workshop Records.

15. Federal Retirement Thrift Investment Board, Office of Administration (N1–474–98–2,3 items, 3 temporary items). Electronic systems for tracking the performance of the Thrift Savings Plan's Common Stock and Fixed Income Funds and monies obligated by the Federal Retirement Thrift Investment Board for administrative expenditures but not yet spent.

16. National Archives and Records Administration (N1–GRS–97–4, 2 items, 2 temporary items). Revises and expands General Records Schedule 1, item 10, Temporary Individual Employee Records, applicable Government-wide, to add disposition instructions for the I–9 Forms and update the disposition instructions of other Temporary Individual Employee Records.

17. National Commission on Restructuring the Internal Revenue Service (N1–220–98–3, 8 items, 1 temporary item). Unsolicited Mail. Files which do not contain information used in Commission deliberations are recommended for disposal. Records of the Commission proposed for permanent retention include: testimony, briefing materials, Chief of Staff files, publications and correspondence.

18. President's Commission on Consumer Protection and Quality in the Health Care Industry (N1–220–98–6, 4 items, 1 temporary item). Correspondence Files consisting of unsolicited incoming correspondence, mailing lists, and similar materials which are unrelated to the primary mission of the Commission and not needed to document its work.

19. President's Crime Prevention Council (N1–220–98–7, 15 items, 10 temporary items). Referral letters, catalog program background files, reference material from other agencies, copies of legislation, conference information, outside meetings, publication drafts, and grant simplification files. These records do not contain information used in Commission deliberations and are recommended for disposal. The following records of the Commission are proposed for permanent retention: archiving material, publications, briefing books, speech and remarks file, and Vice Presidential events.

20. United States Information Agency, Office of Policy and Plans/Office of Policy and Research (N1–306–96–4, 51 items, 11 temporary items). Extra copies of publications and reports, classified document accountability records, records relating to administrative matters, inter-agency liaison files, and reference files relating to Eastern Europe and the Near East and South Asia.

Dated: June 1, 1998.

Michael J. Kurtz,

Assistant Archivist for Record Services—Washington, DC.

[FR Doc. 98–15062 Filed 6–4–98; 8:45 am]

BILLING CODE 7515–01–P

NATIONAL CREDIT UNION ADMINISTRATION

Agency Information Collection Activities: Submission to OMB for Review; Comment Request

AGENCY: National Credit Union Administration (NCUA).

ACTION: Request for comment.

SUMMARY: The NCUA is resubmitting the following information collections without change to the Office of Management and Budget (OMB) for review and clearance under the Paperwork Reduction Act of 1995 (P.L. 104–13, 44 U.S.C. Chapter 35). These information collections are published to obtain comments from the public.

DATES: Comments will be accepted until August 4, 1998.

ADDRESSES: Interested parties are invited to submit written comments to NCUA Clearance Officer or OMB Reviewer listed below:

Clearance Officer: Mr. James L. Baylen (703) 518–6411, National Credit Union Administration, 1775 Duke Street, Alexandria, Virginia 22314–3428, Fax No. 703–518–6433, E-mail: jbaylen@ncua.gov

OMB Reviewer: Alexander T. Hunt (202) 395–7860, Office of Management and Budget, Room 10226, New Executive Office Building, Washington, DC 20503.

FOR FURTHER INFORMATION CONTACT: Copies of the information collection requests, with applicable supporting documentation, may be obtained by calling the NCUA Clearance Officer, James L. Baylen, (703) 518–6411.

SUPPLEMENTARY INFORMATION: Proposals for the following collections of information:

OMB Number: 3133–0114.

Form Number: N/A.

Type of Review: Extension of a currently approved collection.

Title: Payment on Shares by Public Units and Nonmembers.

Description: 5 CFR 701.32 limits nonmember and public unit deposits in federally insured credit unions to 20 percent of their shares or $1.5 million, whichever is greater. The collection of information requirement is for those credit unions seeking an exemption from the above limit.

Respondents: Credit unions seeking an exemption from the limits on share deposits by public unit and nonmember accounts set by 5 CFR 701.32.

Estimated No. of Respondents/Recordkeepers: 20.

Estimated Burden Hours Per Response: 2 hours.

Frequency of Response: Other. As exemption is requested.

Estimated Total Annual Burden Hours: 40.

Estimated Total Annual Cost: N/A.

OMB Number: 3133–0116.

Form Number: NCUA 9600, NCUA 4401, NCUA 4221, NCUA 4505, & NCUA 4506.

Type of Review: Extension of a currently approved collection.

Title: 12 U.S.C. 1771—Conversion from Federal to State Credit Union and from State to Federal Credit Union.

12 U.S.C. 1781—Insurance of Member Accounts—Eligibility.

Description: The forms constitute the application for an approval of credit union conversions from federal to state charter and from state to federal charter. In addition, forms in the package contain the application and approval for federal insurance of member accounts in credit unions.

Respondents: Credit unions seeking to convert from federal to state charter and from state to federal charter and non-federally insured state chartered credit unions seeking federal share insurance.

Estimated No. of Respondents/Recordkeepers: 50.

Estimated Burden Hours Per Response: 4 hours.

Frequency of Response: Other. As credit unions seek approval to convert charter or federal share insurance.

Estimated Total Annual Burden Hours: 200.

Estimated Total Annual Cost: N/A.

By the National Credit Union Administration Board on June 1, 1998.

Becky Baker,

Secretary of the Board.

[FR Doc. 98–14907 Filed 6–4–98; 8:45 am]

BILLING CODE 7535–01–P

NATIONAL WOMEN'S BUSINESS COUNCIL

Sunshine Act Meeting

AGENCY: National Women's Business Council.

ACTION: Notice of meeting.

SUMMARY: In accordance with the Women's Business Ownership Act,

Public Law 105–135 as amended, the National Women's Business Council (NWBC) announces a forthcoming Council meeting and joint meeting of the NWBC and Interagency Committee on Women's Business Enterprise. These meetings will cover action items worked on by the National Women's Business Council and the Interagency Committee on Women's Business Enterprise including but not limited to increasing procurement opportunities, welfare-to-work and access to capital for women business owners.

DATE: June 15, 1998.

ADDRESS: *Council Meeting & Joint Meeting,* The White House, Old Executive Office Bldg., Vice President's Ceremonial Office—Room #276, Washington, DC 20502, 10:00 am–12:30 pm.

STATUS: Open to the public—limited space available.

CONTACT: National Women's Business Council, 409 Third Street, S.W., Suite 5850, Washington, DC 20024, (202) 205–3850.

Note: Please RSVP by June 11th for security clearance reasons.

Gilda Presley,

Administrative Officer, National Women's Business Council.

[FR Doc. 98–15196 Filed 6–3–98; 3:07 pm]

BILLING CODE 6820–AB–M

NUCLEAR REGULATORY COMMISSION

[Docket No. 50–423–LA–2, ASLBP No. 98–743–03–LA]

Northeast Nuclear Energy Company; Establishment of Atomic Safety and Licensing Board

Pursuant to delegation by the Commission dated December 29, 1972, published in the **Federal Register**, 37 F.R. 28710 (1972), and Sections 2.105, 2.700, 2.702, 2.714, 2.714a, 2.717, 2.721 of the Commission's Regulations, all as amended, an Atomic Safety and Licensing Board is being established to preside over the following proceeding.

Northeast Nuclear Energy Company

Millstone Nuclear Power Station, Unit No. 3

This Board is being established pursuant to a petition to intervene submitted by the Citizens Regulatory Commission. The petition opposes a license amendment which would add a new sump pump subsystem to address groundwater inleakage through the containment basemat. The NRC staff has determined that the issuance of a license amendment to the Northeast Nuclear Energy Company for the Millstone Nuclear Power Station, Unit No. 3 would involve no significant hazards considerations. The notice was published in the **Federal Register** at 63 FR 19964, 19974 (April 22, 1998).

The Board is comprised of the following administrative judges:

Thomas S. Moore, Chairman, Atomic Safety and Licensing Board Panel, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555

Dr. Richard F. Cole, Atomic Safety and Licensing Board Panel, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555

Dr. Charles N. Kelber, Atomic Safety and Licensing Board Panel, U.S. Nuclear Regulatory Commission, Washington, D.C. 20555.

All correspondence, documents and other materials shall be filed with the Judges in accordance with 10 CFR 2.701.

Issued at Rockville, Maryland, this 1st day of June 1998.

B. Paul Cotter, Jr.,

Chief Administrative Judge, Atomic Safety and Licensing Board Panel.

[FR Doc. 98–15043 Filed 6–4–98; 8:45 am]

BILLING CODE 7590–01–P

NUCLEAR REGULATORY COMMISSION

[Docket No. 50–171]

Peco Energy Company, Peach Bottom Atomic Power Station, Unit 1; Public Meeting

The U.S. Nuclear Regulatory Commission will conduct a public meeting in the Delta Area Community Senior Center, located in the Delta Community Building, 5 Pendyrus Street, Suite 1, Delta, Pennsylvania, on June 29, 1998, to discuss PECO Energy Company's plans to complete decommissioning of its Peach Bottom Atomic Power Station, Unit 1 (Peach Bottom Unit 1) Delta, Pennsylvania. The meeting will begin at 7 p.m. and will be facilitated by Mr. Francis X. Cameron, NRC's Special Counsel for Public Liaison and Agreement State Programs. This meeting will include a short presentation by the NRC staff on the decommissioning process, and a presentation by PECO Energy Company on the status of Peach Bottom Unit 1 and PECO Energy Company's plans to complete decommissioning of this facility. There will be an opportunity for members of the public to make comments and question the NRC staff and/or PECO Energy representatives. The public meeting will be transcribed.

PECO Energy Company by letter dated March 27, 1998, submitted the Peach Bottom Unit 1 Updated Final Safety Analysis Report (FSAR) for NRC review. This FSAR (NUDOCS accession number 9804130097) describes the current condition of the facility.

The Peach Bottom Unit 1 FSAR is available for public inspection at the Peach Bottom local public document room (LPDR) located at the Government Publications Section, State Library of Pennsylvania, (REGIONAL DEPOSITORY) Education Building, Walnut Street and Commonwealth Avenue, Box 1601, Harrisburg, Pennsylvania 17105, and at the Commission's Public Document Room located at the Gelman Building, 2120 L Street, NW, Washington, DC 20037.

For more information, contact Mr. Stewart W. Brown, Project Manager, Low-Level Waste and Decommissioning Projects Branch, Division of Waste Management, Office of Nuclear Material Safety and Safeguards, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, or call him, at (301) 415–6605.

Dated at Rockville, MD, this 29th day of May 1998.

For the Nuclear Regulatory Commission.

John W.N. Hickey,

Chief, Low-Level Waste and Decommissioning Projects Branch, Division of Waste Management, Office of Nuclear Material Safety and Safeguards.

[FR Doc. 98–15044 Filed 6–4–98; 8:45 am]

BILLING CODE 7590–01–P

RAILROAD RETIREMENT BOARD

Proposed Collection; Comment Request

SUMMARY: In accordance with the requirement of Section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 which provides opportunity for public comment on new or revised data collections, the Railroad Retirement Board (RRB) will publish periodic summaries of proposed data collections.

Comments are invited on: (a) Whether the proposed information collection is necessary for the proper performance of the functions of the agency, including whether the information has practical utility; (b) the accuracy of the RRB's estimate of the burden of the collection of the information; (c) ways to enhance the quality, utility, and clarity of the information to be collected; and (d) ways to minimize the burden related to the collection of information on respondents, including the use of automated collection techniques or other forms of information technology.

Title and Purpose of information collection: Statement Regarding Contributions and Support of Children, Proposed RRB Form G–139.

Section 2(d)(4) of the Railroad Retirement Act (RRA), provides, in part, that a child is deemed dependent if the conditions set forth in Section 202(d)(3), (4) and (9) of the Social Security Act are met. In accordance with amendments to the Social Security Act (section 104 of Public Law 104–21) the RRB amended its regulations to eliminate the ''living-with'' requirement (as an alternative to actual dependency) as a basis for eligibility for an annuity as the stepchild of a railroad employee, and also to provide for the termination of the inclusion of a stepchild in the computation of the social security overall minimum guarantee provision when the stepparent's marriage to the natural parent is terminated.

The regulations outlining child support and dependency requirements are prescribed in 20 CFR 222.50.

Prior to the amendments to the Social Security Act, almost all child dependency determinations were ''deemed'' based on a child living with the railroad employee. To determine entitlement based on actual dependency, the RRB must solicit financial information regarding a child's means of support. A comparison is then made between the amount of support received from the railroad employee and the amount received from other sources.

The RRB proposes to use Form G–139, Statement Regarding Contributions and Support of Children, to collect information needed to adequately determine if the child meets the dependency requirement.

Completion will be required to obtain a benefit. One response is required of each respondent.

The RRB estimates that 1,000 Form G–139's will be completed annually. The completion time is estimated at 15 minutes.

ADDITIONAL INFORMATION OR COMMENTS: To request more information or to obtain a copy of the information collection justification, forms, and/or supporting material, please call the RRB Clearance Officer at (312) 751–3363. Comments regarding the information collection should be addressed to Ronald J. Hodapp, Railroad Retirement Board, 844 N. Rush Street, Chicago, Illinois 60611–2092. Written comments should be received within 60 days of this notice.

Chuck Mierzwa,

Clearance Officer.

[FR Doc. 98–14897 Filed 6–4–98; 8:45 am]

BILLING CODE 7905–01–M

SECURITIES AND EXCHANGE COMMISSION

[Investment Company Act Release No. 23230; 812–11156]

The Asia Tigers Fund, Inc., et al.: Notice of Application

June 1, 1998.

AGENCY: Securities and Exchange Commission (''SEC'').

ACTION: Notice of an application under section 6(c) of the Investment Company Act of 1940 (''Act'') for an exemption from section 15(a) of the Act.

SUMMARY OF THE APPLICATION: The requested order would permit the implementation, without prior shareholder approval, of a new investment advisory agreement in connection with the sale of Barclays Global Investors Hong Kong Limited (''BGIHK'') to AXA Investment Managers SA (''AIM''). The order would cover a period of up to 120 days following the later of: (i) the date on which the sale is consummated, or (ii) the date on which the requested order is issued (but in no event later than October 1, 1998) (''Interim Period''). The order also would permit, following shareholder approval, the payment to AXA Asset Management Partenaires (''AAM–P'') of all fees it earns under the new investment advisory agreement during the Interim Period.

APPLICANTS: The Asia Tigers Fund, Inc. (''Fund''), AAM–P, and Barclays Bank PLC (''Barclays'').

FILING DATES: The application was filed on May 29, 1998. Applicants have agreed to file an amendment, the substance of which is included in this notice, during the notice period.

HEARING OR NOTIFICATION OF HEARING: An order granting the application will be issued unless the SEC orders a hearing.

Interested persons may request a hearing by writing to the SEC's Secretary and serving Applicant with a copy of the request, personally or by mail. Hearing requests should be received by the SEC by 5:30 p.m. on June 23, 1998, and should be accompanied by proof of service on Applicant in the form of an affidavit or, for lawyers, a certificate of service. Hearing requests should state the nature of the writer's interest, the reason for the request, and the issues contested. Persons may request notification by writing to the SEC's Secretary.

ADDRESSES: Secretary, SEC, 450 Fifth Street, N.W., Washington, D.C. 20549. Applicants: Fund, CIBC Oppenheimer Tower, 31st Floor, One World Financial Center, 200 Liberty Street, New York, NY 10281; AAM–P, 46 Avenue de la Grande Armee, 75017 Paris, France; and Barclays, c/o Barclays Global Investors, N.A., 45 Freemont Street, San Francisco, CA 94105.

FOR FURTHER INFORMATION CONTACT: Rachel H. Graham, Senior Counsel, (202) 942–0583, or Nadya B. Roytblat, Assistant Director, (202) 942–0564 (Division of Investment Management, Office of Investment Company Regulation).

SUPPLEMENTARY INFORMATION: The following is a summary of the application. The complete application may be obtained for a fee from the SEC's Public Reference Branch, 450 Fifth Street, N.W., Washington, D.C. 20549 (telephone (202) 942–8090).

Applicants' Representations

1. The Fund is a Maryland corporation that is registered under the Act as a non-diversified, closed-end management investment company.

2. Barclays Global Investors International, Inc. (''BGII''), an investment adviser registered under the Investment Advisers Act of 1940, serves as an investment adviser to the Fund pursuant to an investment advisory contract (''Current Agreement''). BGII is a wholly-owned subsidiary of Barclays USA, Inc., which in turn is a wholly-owned subsidiary of Barclays. BGII provides advisory services to the Fund through persons based in Hong Kong who are associated both with BGII and with BGIHK, which is also a subsidiary of Barclays (''BGIHK Personnel'').

3. On May 12, 1998, Barclays and AIM entered into an agreement pursuant to which Barclays will sell BGIHK to AIM (''Transaction''). Upon consummation of the Transaction, BGIHK will be renamed ''AXA Investment Managers Hong Kong Limited,'' and the BGIHK Personnel will become associated with AAM–P. AAM–P is a wholly-owned subsidiary of AIM, which in turn is the global investment arm of AXA Group. AAM–P will be providing investment advisory services to the Fund pursuant to a new investment advisory contract (''New Agreement''). Applicants expect consummation of the Transaction during the first week of June, 1998.

4. Applicants believe that the Transaction will result in a transfer of the Current Agreement from Barclays and its affiliates to AIM and its affiliates and, therefore, that there could be an assignment, and thus automatic termination, of the Current Agreement. Applicants request an exemption to permit (i) the implementation, during the Interim Period and prior to

obtaining shareholder approval, of the New Agreement, and (ii0 AAM–P to receive all fees that it earns under the New Agreement during the Interim Period, upon approval of the New Agreement by the Fund's shareholders.[1] The requested exemption would cover the Interim Period, which would begin on the later of (i) the date on which the Transaction is consummated or (ii) the date on which the requested order is issued, and would continue through the earlier of (i) 120 days or (ii) the date on which the New Agreement is approved or disapproved by the Fund's shareholders (but in no event later than October 1, 1998). Applicants state that the terms and conditions of the New Agreement will be substantially identical to those of the Current Agreement, except for the parties, dates of commencement and termination, and the escrow provision described below.

5. On May 20, 1998, the Fund's Board of Directors (''Board'') met in person to evaluate whether the terms of the New Agreement are in the best interests of the Fund and its shareholders. At that meeting, the Board, including a majority of the members who are not ''interested persons'' of the Fund, as that term is defined in section 2(a)(19) of the Act (''Independent Directors''), approved the New Agreement and voted to recommend that the Fund's shareholders approve the New Agreement. Proxy materials for the shareholders meeting will be mailed in June, 1998.

6. Fees earned by AAM–P under the New Agreement during the Interim Period will be maintained in an interest-bearing escrow account with an unaffiliated financial institution. The escrow agent will release the amounts held in the escrow account (including any interest earned): (i) to AADM–P upon approval of the New Agreement by the Fund's shareholders; or (ii) to the Fund, if the Interim Period has ended and the Fund's shareholders have not approved the New Agreement. Before any such release is made, the Board, including the Independent Directors, will be notified.

Applicants' Legal Analysis

1. Section 15(a) of the Act provides, in relevant part, that it is unlawful for any person to serve as an investment adviser to a registered investment company, except pursuant to a written contract that has been approved by the vote of a majority of the outstanding voting securities of the investment company. Section 15(a) further requires the written contract to provide for its automatic termination in the event of its assignment. Section 2(a)(4) of the Act defines ''assignment'' to include any direct or indirect transfer of a contract by the assignor.

2. Applicants state that the Transaction will result in a transfer of the Current Agreement from Barclays and its affiliates to AIM and its affiliates. Applicants believe, therefore, that the Transaction could be deemed to result in an assignment of the Current Agreement and that the Current Agreement will terminate according to its terms.

3. Rule 15a–4 under the Act provides, in relevant part, that if an investment advisory contract with a registered investment company is terminated by an assignment, the adviser may continue to serve for 120 days under a written contract that has not been approved by the company's shareholders, provided that: (i) the new contract is approved by that company's board of directors (including a majority of the non-interested directors); (ii) the compensation to be paid under the new contract does not exceed the compensation that would have been paid under the contract most recently approved by the company's shareholders; and (iii) neither the adviser nor any controlling person of the adviser ''directly or indirectly receives money or other benefit'' in connection with the assignment. Applicants state that they may not be entitled to rely on rule 15a–4 because AIM may be deemed to receive a benefit in connection with the Transaction.

4. Section 6(c) of the Act provides that the SEC may exempt any person, security, or transaction from any provision of the Act or any rule thereunder to the extent that such exemption is necessary or appropriate in the public interest and consistent with both the protection of investors and the purposes fairly intended by the policy and provisions of the Act. Applicants believe that the requested relief meets this standard.

5. Applicants state that the form and timing of the Transaction were determined in response to a number of business factors primarily unrelated to the Fund. Applicants assert that there is insufficient time to obtain shareholder approval of the New Agreement before the Transaction is consummated. Applicants further assert that the requested relief would prevent any disruption in the delivery of investment advisory services to the Fund during the Interim Period.

6. Applicants represent that, under the New Agreement during the Interim Period, the Fund will receive the same scope and quality of services provided by essentially the same investment management personnel as it receives under the Current Agreement. Applicants state that, in the event of any material change in personnel providing material services pursuant to the New Agreement, AAM–P will apprise and consult with the Board to assure that the Board, including a majority of the Independent Directors, are satisfied that the services provided by AAM–P will not be diminished in scope and quality.

7. Applicants note that the fees payable to AAM–P under the New Agreement during the Interim Period will be at the same rate as the fees currently payable under the Current Agreement and that the Current Agreement has been approved by the Board, including a majority of the Independent Directors, and by the Fund's shareholders.

Applicants' Conditions

Applicants agree that the order granting the requested relief will be subject to the following conditions:

1. The New Agreement will have substantially identical terms and conditions as the Current Agreement except for the parties, dates of commencement and termination, and the escrow provision.

2. Fees earned by AAM–P during the Interim Period in accordance with the New Agreement will be maintained in an interest-bearing escrow account with an unaffiliated bank, and amounts in such account (including interest earned on such paid fees) will be paid: (i) to AAM–P upon approval of the New Agreement by the Fund's shareholders, or (ii) to the Fund, in the absence of such approval.

3. The Fund will hold a meeting of its shareholders to vote on approval of the New Agreement on or before the 120th day following consummation of the Transaction (but in no event later than October 1, 1998).

4. AAM–P or its affiliates, but not the Fund, will pay the costs of preparing and filing the application and the costs relating to the solicitation of shareholder approval of the New Agreement. If such solicitation occurs in conjunction with the Fund's annual shareholders meeting at which other matters also are considered, a portion of the costs associated with those other matters may be allocated to the Fund.

5. AAM–P will take all appropriate steps so that the scope and quality of

[1] If the Transaction is consummated prior to receipt of the requested exemptive order, AAM–P will be paid no more than its actual out-of-pocket costs for providing advisory services to the fund until the order is received or the shareholder vote occurs, whichever is first.

advisory and other services provided to the Fund during the Interim Period will be at least equivalent, in the judgment of the Board, including a majority of the Independent Directors, to the scope and quality of services provided under the Current Agreement. If personnel providing material services during the Interim Period change materially, AAM–P will apprise and consult with the Board to assure that the Board, including a majority of the Independent Directors, are satisfied that the services provided will not be diminished in scope or quality.

For the SEC, by the Division of Investment Management, under delegated authority.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 98–14922 Filed 6–4–98; 8:45 am]

BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

[Rel. No. IC–23228; 812–10944]

Sirrom Capital Corporation; Notice of Application

May 29, 1998.

AGENCY: Securities and Exchange Commission (the ''SEC'' or the ''Commission'').

ACTION: Notice of application for an order under section 61(a)(3)(B) of the Investment Company Act of 1940 (the ''Act'').

SUMMARY OF APPLICATION: Applicant, Sirrom Capital Corporation, requests an order approving its Amended and Restated 1995 Stock Option Plan for Non-Employee Directors (the ''Amended Plan''). The requested order would supersede and existing order.

FILING DATES: The application was filed on December 31, 1997 and amended on April 29, 1998.

HEARING OR NOTIFICATION OF HEARING: An order granting the application will be issued unless the SEC orders a hearing. Interested persons may request a hearing by writing to the SEC's Secretary and serving applicant with a copy of the request, personally or by mail. Hearing requests should be received by the SEC by 5:30 p.m. on June 23, 1998, and should be accompanied by proof of service on applicant, in the form of an affidavit or, for lawyers, a certificate of service. Hearing requests should state the nature of the writer's interest, the reason for the request, and the issues contested. Persons who wish to be notified of a hearing may request notification by writing to the SEC's Secretary.

ADDRESSES: Secretary, SEC, 450 5th Street, NW., Washington, DC 20549. Applicant, 500 Church Street, Suite 200, Nashville, Tennessee 37219.

FOR FURTHER INFORMATION CONTACT: Deepak T. Pai, Staff Attorney, at (202) 942–0574, or Edward P. Macdonald, Branch Chief, at (202) 942–0564 (Division of Investment Management, Office of Investment Company Regulation).

SUPPLEMENTARY INFORMATION: The following is a summary of the application. The complete application is available for a fee at the SEC's Public Reference Branch, 450 Fifth Street, NW., Washington, DC 20549 (tel. 202–942–8090).

Applicant's Representations

1. Applicant is a business development company (''BDC'') within the meaning of section 2(a)(48) of the Act.[1] Applicant is a specialty finance company that primarily makes loans to small businesses. Applicant's investment objectives are to achieve both a high level of current income and long-term growth in the value of its assets. Applicant's investment decisions are made by a loan approval committee comprised of senior management in accordance with policies approved by its board of directors (the ''Board''). Applicant assists its portfolio companies in establishing independent and effective boards of directors and management teams, devising business strategies, obtaining necessary financing, and increasing the value of the companies. Applicant does not have an external investment adviser within the meaning of section 2(a)(20) of the Act.

2. Applicant requests an order under section 61(a)(3)(B) of the Act approving the Amended Plan for directors who are neither officers nor employees of applicant during the two year period preceding the date of grant of an option (''Non-Employee Directors'').[2] On December 19, 1997, the Board adopted the Amended Plan subject to approval by the SEC and applicant's shareholders. On April 17, 1998, applicant's shareholders approved the Amended Plan. The Amended Plan will become effective on the date it is approved by the SEC. The requested order would supersede an existing order.[3]

3. The Amended Plan provides for: (i) An initial automatic grant of options to purchase 12,000 shares of applicant's common stock to a Non-Employee Director upon election to the Board; and (ii) an automatic grant of options to purchase an additional 4,000 shares of applicant's common stock to each Non-Employee Director re-elected to the board in April 1997 and April 1998 and to each Non-Employee Director who may be re-elected to the Board in the future (collectively, ''Options''). A total of 492,000 shares of applicant's common stock is issuable under the Amended Plan.

4. Under the terms of the Amended Plan, the exercise price of an Option is 100% of the current market price of applicant's common stock on the date of issuance of the Option. The Options vest and become exercisable on the first anniversary of the date of grant and expire within ten years form the date of grant.

5. In the event of the death or disability of a Non-Employee Director during the Director's service, unexercised Options immediately become exercisable and may be exercised for a period of three years following the date of death (by the Director's personal representative) or one year following the date of disability. In the event of the termination of a Non-Employee Director for cause, any unexercised Options terminate immediately. If a Non-Employee Director's service is terminated for any reason other than by death, disability, or for cause, the Options may be exercised within one year immediately following the date of termination.

6. Applicant's officers and employees, including employee directors, are eligible to receive options under applicant's two other stock option plans (under which Non-Employee Directors are not entitled to receive awards). The total number of shares of common stock that would be issuable under the Amended Plan and these two other stock option plans is 7,199,098 shares and represents 19.4% of the total number of shares of applicant's outstanding common stock as of April 23, 1998. Applicant has no warrants, options or rights to purchase its

[1] Section 2(a)(48) defines a BDC to be any closed-end investment company that operates for the purpose of making investments in securities described in sections 55(a)(1) through 55(a)(3) of the Act and makes available significant managerial assistance with respect to the issuers of such securities.

[2] Currently, there are eight Non-Employee Directors: E. Townes Duncan, William D. Eberle, Edward J. Mathias, Robert A. McCabe, Jr., Raymond H. Pirtle, Jr., L. Edward Wilson, P.E., Keith M. Thompson, and John A. Morris, Jr., M.D. However, John A. Morris, Jr., M.D. will not participate in the Amended Plan. Each Non-Employee Director receives $10,000 per year if the Director attends 75% of the regular board meetings held during the year and receives reimbursement of expenses incurred in attending these meetings.

[3] *Sirrom Capital Corporation*, Investment Company Act Release No. 21667 (January 11, 1996).

outstanding voting securities other than those granted to its directors, officers, and employees pursuant to these three plans.

Applicant's Legal Analysis

1. Section 63(3) of the Act permits a BDC to sell its common stock at a price below current net asset value upon the exercise of any option issued in accordance with section 61(a)(3) of the Act.

2. Section 61(a)(3)(B) of the Act provides, in pertinent part, that a BDC may issue to its non-employee directors options to purchase its voting securities pursuant to an executive compensation plan, provided that: (a) the options expire by their terms within ten years; (b) the exercise price of the options is not less than the current market value of the underlying securities at the date of the issuance of the options, or if no market exists, the current net asset value of the voting securities; (c) the proposal to issue the options is authorized by the BDC's shareholders, and is approved by order of the SEC upon application; (d) the options are not transferable except for disposition by gift, will or intestacy; (e) no investment adviser of the BDC receives any compensation described in section 205(1) of the Investment Advisers Act of 1940, except to the extent permitted by clause (A) or (B) of that section; and (f) the BDC does not have a profit-sharing plan as described in section 57(n) of the Act.

3. In addition, section 61(a)(3)(B) of the Act provides that the amount of the BDC's voting securities that would result from the exercise of all outstanding warrants, options, and rights at the time of issuance may not exceed 25% of the BDC's outstanding voting securities, except that if the amount of voting securities that would result from the exercise of all outstanding warrants, options, and rights issued to the BDC's directors, officers, and employees pursuant to an executive compensation plan would exceed 15% of the BDC's outstanding voting securities, then the total amount of voting securities that would result from the exercise of all outstanding warrants, options, and rights at the time of issuance will not exceed 20% of the outstanding voting securities of the BDC.

4. Applicant represents that the Amended Plan would comply with the requirements of section 61(a) (3) (B) of the Act. Applicant submits that the terms of the Amended Plan are fair and reasonable and do not involve overreaching of applicant or its shareholders. Applicant states that the Options would not be immediately exercisable and do not vest until the first anniversary of the date of the grant. Applicant asserts that under the Amended Plan, even if each of the current Non-Employee Directors is re-elected for a period of three years, the total amount of common stock issuable under the Options would be 164,000 shares (28,000 shares of which would not yet be exercisable) or 0.44% of applicant's outstanding common stock. In addition, applicant states that the total number of shares of common stock issuable under the Options that may be granted in any one year to the current Non-Employee Directors represents .08% of applicant's outstanding common stock. Applicant asserts that, given the small number of common stock issuable upon exercise of the Options, the exercise of the Options pursuant to the Amended Plan will not have a substantial dilutive effect on the net asset value of applicant's common stock. Applicant states that, the total amount of voting securities that would be issuable under the Amended Plan at the time of issuance would not exceed 20% of applicant's outstanding voting securities.

5. Applicant states that its directors are directly involved in the oversight of the applicant's affairs, and applicant relies on the judgment and experience of its directors. Applicant also states that Non-Employee Directors are involved in applicant's ongoing operations and marketing activities, and applicant's management regularly solicits Non-Employee Directors for their ideas and advice with respect to prospective investments, acquisitions, and operational matters. Applicant believes that the Options will provide additional incentives to Non-Employee Directors to remain on the Board. Applicant also believes that the Options provide a means for Non-Employee Directors to increase their ownership interests in the applicant, thereby further ensuring close identification of their interests with those of the applicant and its shareholders. Applicant asserts that incentives such as Options will maintain continuity in the Board's membership and help attract and retain highly experienced professionals that are critical to applicant's success as a BDC.

For the Commission, by the Division of Investment Management, pursuant to delegated authority.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 98–14919 Filed 6–4–98; 8:45 am]

BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–40026, File No. SR–NASD–98–34]

Self-Regulatory Organizations; Order Granting Accelerated Approval to Proposed Rule Change by the National Association of Securities Dealers, Inc., Relating to Cancellations and Suspensions for Failure To Comply With Arbitration Award

May 26, 1998.

On May 1, 1998, the National Association of Securities Dealers, Inc. (''NASD'' or ''Association'') filed with the Securities and Exchange Commission (''SEC'' or ''Commission'') a proposed rule change pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (''Act''),[1] and Rule 19b–4 thereunder.[2] The filing was thereafter amended on May 4, 1998.[3] In its proposal, the Association sought approval of an amendment to its Code of Procedure, to permit members of the NASD Regulation, Inc. (''NASD Regulation'') Office of Hearing Officers to oversee non-summary proceedings involving cancellations and suspensions related to failure to comply with an arbitration award. Notice of the proposal, including Amendment No. 1 thereto, was published in the **Federal Register** on May 12, 1998 (''Notice'').[4] The Commission did not receive comment letters on the filing.

I. Introduction and Background

In connection with the recent reorganization of the Association following issuance of the *SEC Order Instituting Public Proceedings Pursuant to Section 19(h)(1) of the Securities Exchange Act of 1934, Making Findings and Imposing Remedial Sanctions*[5] and the *Report Pursuant to Section 21(a) of the Securities Exchange Act of 1934 Regarding the NASD and The Nasdaq*

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] Letter from Joan C. Conley, Corporate Secretary, NASD Regulation, Inc. to Katherine England, Assistant Director, Division of Market Regulation, Commission dated May 4, 1998.

[4] *See* Securities Exchange Act Release No. 39957 (May 1, 1998), 63 FR 26238 (File No. SR–NASD–98–34).

[5] Securities Exchange Act Release No. 37538 (Aug. 8, 1996) (SEC Order Instituting Public Proceedings Pursuant to Section 19(h)(1) of the Securities Exchange Act of 1934, Making Findings and Imposing Remedial Sanctions, *In the Matter of National Association of Securities Dealers, Inc.*, Administrative Proceeding File No. 3–9056). The order included fourteen undertakings (''Undertakings'') addressing actions to be taken by the Association in response to the findings of the Order.

Stock Market[6] on August 8, 1997, the Association revised a substantial portion of its Code of Procedure. Among those amendments were included changes to the summary and non-summary proceedings addressing (1) limitations of the activities of members experiencing financial or operational difficulties; (2) summary and non-summary suspension, cancellation, bar, limitation or prohibition on access to NASD services; (3) eligibility; and (4) exemptions from specific NASD rules. In approving these amendments, which consolidated, reorganized and clarified prior rules, the Commission specifically noted that the changes would ''assist the NASD in promulgating and applying on a consistent basis uniform standards for regulatory and other access issues, as well as instituting safeguards to ensure fair and evenhanded access to all services and facilities of the NASD, consistent with the 21(a) Report and the Undertakings [and] the Act * * *.''[7] The amendments to the Rules of the Association contained in the Association's current proposal supplement the earlier revisions approved by the Commission in SR–NASD–97–28.[8]

II. Description of the Proposal

The propose of the Association's proposal is to change the composition of the hearing panels used for non-summary proceedings in which the Association seeks to suspend or cancel the membership of a member or the registration of a person for failure to comply with an arbitration award or a settlement agreement related to NASD arbitration or mediation. Currently, these proceedings must be heard by a hearing panel composed of one current NASD Regulation director plus at least one other current or former NASD or NASD Regulation board member.[9] Under the proposal, these procedures would instead by heard by a single member of the Office of Hearing Officers, who would be appointed by the Chief Hearing Officer.[10] The Officer of Hearing Officers is an independent office within NASD Regulation whose purpose is to provide a group of independent and professional hearing officers (comprised of attorneys with appropriate experience and training) to preside over all formal NASD disciplinary proceedings.[11] Their jurisdiction will be extended to non-summary proceedings upon approval of the current proposal.

III. Discussion

As discussed below, the Commission has determined at this time to approve the Association's proposal. The standard by which the Commission must evaluate a proposed rule change is set forth in Section 19(b) of the Act. The Commission must approval a proposed NASD rule change if it finds that the proposal is consistent with the requirements of the Act and the rules and regulations thereunder that govern the NASD.[12] In evaluating a given proposal, the Commission examines the record before it and all relevant factors and necessary information. In addition, Section 15A of the Act establishes specific standards for NASD rules against which the Commission must measure the proposal.[13]

The Commission has determined that substitution of a single hearing officer instead of two board members is warranted because of the advantages to such substitution. First, the proposed rule change does not alter the right to a hearing concerning a failure to pay an arbitration award; it merely alters the composition of the hearing panel. Moreover, it would be considerably more efficient to have one hearing officer conduct the hearing on these issues and render a decision, rather than the multiple Board members required by the current version of Rule 9514. The members of the Board, who serve the Association on a part-time basis, have many constraints upon their time. The attorneys comprising the Office of Hearing Officers, however, are full-time Association employees who primarily focus on NASD Regulation proceedings. In addition, the members of the Office of Hearing Officers are well-suited to resolve the issues presented in these types of hearings due to the training and experience gained in oversight of the NASD's disciplinary proceedings under the Rule 9200 Series. Finally, the issues to be resolved in the proceedings underlying this proposal are somewhat narrow, and generally limited to (i) whether the member or person paid the award in full or fully complied with the settlement agreement, (ii) whether the claimant has agreed to installment payments or has otherwise settled the matter, (iii) whether the member or person has filed a timely motion to vacate or modify the arbitration award and such motion has not been denied, (iv) whether the member or person has filed a petition in bankruptcy and the bankruptcy proceeding is pending, or the award or payment owed under the settlement agreement has been discharged by the bankruptcy court, and (v) whether the member or person is unable to pay the award.[14] All of these reasons indicate that the proposal is consistent with the Act, and ''should enhance both the fair and efficient operation of the NASD, and the dispassionate and fair application of the rules in the NASD's regulatory activities.[15]

IV. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

In its filing, the NASD requested that the Commission find good cause pursuant to Section 19(b)(2) for approving the proposed rule change prior to the 30th day after publication in the **Federal Register**. As discussed above, the Commission finds that the proposed rule change is consistent with the requirements of the Act and the rules and regulations thereunder applicable to the NASD and, in particular, the requirements of Section 15A and the rules and regulations thereunder. In addition, the Commission finds good cause for approving the proposed rule change prior to the 30th day after the date of publication of notice of filing thereof in that accelerated approval will benefit public interest and the protection of investors by enhancing the efficiency of the Association's procedures for suspending or canceling the membership of a member or the registration of a person for failure to comply with an arbitration award or a settlement agreement related to an NASD arbitration or mediation. The current rule requiring current or former NASD Governors or NASD Regulation Directors to serve on such Hearing Panels is imposing a burden on the process due to the part-time nature of service on the governing boards and the amount of time necessary to resolve these types of disputes. The procedure needs to be changed quickly so that such persons will no longer be called upon to resolve these relatively narrow

[6] Report and Appendix to Report Pursuant to Section 21(a) of the Securities Exchange Act of 1934 Regarding the NASD and The Nasdaq Stock Market (Aug. 8, 1996).

[7] Securities Exchange Act Release No. 38908 (August 7, 1987), 62 FR 43385, 43407 (August 13, 1997) (File No. SR–NASD–97–28).

[8] *Id.*

[9] *See* current Rule 9514.

[10] *See* proposed Rule 9514.

[11] Release No. 34–38908.

[12] 15 U.S.C. 78s(b).

[13] 15 U.S.C. 78*o*–3.

[14] The Commission has recognized that a bona fide inability to pay an arbitration award is an important consideration determining whether any sanction for failure to pay an arbitration award is excessive or oppressive. *See* In the Matter of the Application of Bruce M. Zipper, Securities Exchange Act Release No. 33376, Admin. Proc. File No. 3–7908. (Dec. 23, 1993).

[15] Release No. 34–38908.

disputes. Thus, the commission finds good causes to accelerate approval of the Association's proposal.

V. Conclusion

The Commission believes that the proposed rule change is consistent with the Act, and, particularly, with Section 15A thereof.[16] In approving the proposal, the Commission has considered its impact on efficiency, competition, and capital formation.[17]

It is therefore ordered, pursuant to Section 19(b)(2) of the Act,[18] that the proposed rule change (SR–NASD–98–34), as amended, is approved.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[19]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 98–14920 Filed 6–4–98; 8:45 am]

BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–40047; File No. SR–NASD–98–09]

Self-Regulatory Organizations; Notice of Proposed Rule Change and Amendment No. 1 by the National Association of Securities Dealers, Inc. Relating to Trade Reporting Rules

May 29, 1998.

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 ''Act''),[1] notice is hereby given that on February 2, 1998, the National Association of Securities Dealers, Inc. (''NASD'' or ''Association'') through its wholly owned subsidiary, the Nasdaq Stock Market, Inc. (''Nasdaq'') filed with the Securities and Exchange Commission (''SEC'' or ''Commission'') a proposed rule change. Nasdaq filed an amendment to the proposed rule change on May 19, 1998. The proposed rule change, as amended, is described in Items I, II, and III below, which Items have been prepared by Nasdaq. 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

Nasdaq is proposing to amend various trade reporting rules of the Association. Specifically the proposal would: (1) Implement a new trade report modifier to identify trades effected at a prior reference price; (2) eliminate the 10,000 share limitation on individual trades that may be ''bunched'' for trade reporting purposes; (3) require electronic communications networks (''ECNs'') to be responsible for reporting all trades executed within the ECN; and (4) address riskless principal trades involving exchange-listed securities traded in the Third Market. Below is the text of the proposed rule change. Proposed new language is in italics; proposed deletion are in brackets.

* * * * *

4623. Electronic Communications Networks

(a) No Change.

(b) An electronic communications network that seeks to utilize the Nasdaq-provided means to comply with the electronic communications network display alternative shall:

(1)–(5) No Change.

(6) report all transactions executed by or through the electronic communications network, with the exception of transactions executed through an automated execution system operated by Nasdaq (e.g., SelectNet).

* * * * *

4632. Transaction Reporting

(a)(1) through (a)(8) No Change.

(9) All members shall append a trade report modifier as designated by the Association to transaction reports that reflect a price different from the current market when the execution is based on a prior reference point in time, which shall be accompanied by the prior reference time.

(b) through (f)(1)(C) No Change.

(D) Orders received or initiated by the reporting member which are impractical to report individually and are executed at the same price within 60 seconds of execution of the initial transaction; provided however, that no individual order of 10,000 shares or more may be aggregated in a transaction report and that the aggregated transaction report shall be made within 90 seconds of the initial execution reported therein. Furthermore, it is not permissible for a member to withhold reporting a trade in anticipation of aggregating the transaction with other transactions. *The limitation on aggregating individual orders of 10,000 shares or more for a particular security shall not apply on the first day of secondary market trading of an IPO for that security.*

Examples: No Changes.

(2) No Change.

* * * * *

4642. Transaction Reporting

(a)(1) through (a)(8) No Change.

(9) All members shall append a trade report modifier as designated by the Association to transaction reports that reflect a price different from the current market when the execution is based on a prior reference point in time, which shall be accompanied by the prior reference time.

(b) through (f)(1)(C) No Change.

(D) Orders received or initiated by the reporting member which are impractical to report individually and are executed at the same price within 60 seconds of execution of the initial transaction; provided however, that no individual of 10,000 shares or more may be aggregated in a transaction report and that the aggregated transaction report shall be made within 90 seconds of the initial execution reported therein. Furthermore, it is not permissible for a member to withhold reporting a trade in anticipation of aggregating the transaction with other transactions. *The limitation on aggregating individual orders of 10,000 shares or more for a particular security shall not apply on the first day of secondary market trading of an IPO for that security.*

(2) No Change.

* * * * *

4652. Transaction Reporting

(a)(1) through (a)(7) No Change.

(8) All members shall append a trade report modifier as designated by the Association to transaction reports that reflect a price different from the current market when the execution is based on a prior reference point in time, which shall be accompanied by the prior reference time.

(b) through (f) No Change.

* * * * *

6420. Transaction Reporting

(a) through (d)(3)(A) No Change.

(B) Exception: A ''riskless'' principal transaction in which a member [that is not a market maker in the security] after having received from a customer an order to buy, purchases the security as principal from another member or customer to satisfy the order to buy or, after having received from a customer an order to sell, sells the security as principal to another member or customer to satisfy the order to sell, shall be reported as one transaction in the same manner as an agency transaction, excluding the mark-up or mark-down. A riskless principal transaction in which a member purchases or sells the security on an exchange to satisfy a customer's order will be reported by the exchange and the member shall not report.

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[16] U.S.C. 78*o*–3.

[17] 15 U.S.C. 78c(f).

[18] 15 U.S.C. 78s(b)(2).

[19] 17 CFR 200.30–3(a)(12).

[1] 15 U.S.C. 78s(b)(1).

Examples: No Change.

(e) No Change.

* * * * *

6620. Transaction Reporting

(a)(1) through (a)(5) No Change.

(6) All members shall append a trade report modifier as designated by the Association to transaction reports that reflect a price different from the current market when the execution is based on a prior reference point in time, which shall be accompanied by the prior reference time.

(b) through (3) No. Change.

* * * * *

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, Nasdaq 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. Nasdaq 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

I. New modifier for trades based on prior reference price. Nasdaq recommends the implementation of a trade report modifier for firms to append to certain trade reports to more accurately identify transactions that are at a price based on a prior reference point in time. The modifier would apply to trade reports in Nasdaq securities (both Nasdaq National Market and SmallCap) as well as non-Nasdaq OTC Equity Securities (*e.g.*, OTC Bulletin Board and Pink Sheets). It would not, however, apply to exchange-listed securities traded in the Third Market.

Recently, there have been situations where members execute certain transactions that, although reported timely, actually relate to an obligation to trade that arose at an earlier point in the day or that refer to a prior reference price. These situations include obligations to trade arising from a preferenced SelectNet order that was not executed timely, orders that are owned the opening or closing price (''market on open'' or ''market on close'') but that are not executed within 90 seconds of the open or close, respectively, and orders that may have been lost or misplaced. In effect, these trades are late executions, not late reports of executions.

After earlier discussions with SEC staff it was agreed that the .SLD modifier could be used to refer to these ''out of sequence'' trade reports on an interim basis, but that Nasdaq should develop a separate identifier to accurately reflect these types of trades.[2] A separate identifier would provide better information to market participants and the public as to what these trades actually represent. Because it would be used to indicate that the price is based on an earlier reference point, the modifier would identify trades whose pries may bear no relationship to the current market.

Accordingly, Nasdaq is proposing a rule change to implement a new trade report modifier (''.P'' for discussion purposes). This modifier must be appended to trade reports that reflect a price that is different from the current market because the execution is based on a prior reference point in time. This would be coupled with a requirement to input the prior reference time. Until a separate time filed in ACT can be established, Nasdaq staff envision that members can use the execution time field to insert the prior reference time for these trades.

In proposing the rule change, Nasdaq intends that the following be made clear:

- Such modifier does not apply to ''stopped'' stock situations.
- By using the modifier, a member is not absolved of its obligation to provide best execution, in terms of both price and timely execution.
- The modifier would not be required to be used if the report was made within 90 seconds of the prior reference time.

The following are some specific examples of when the .P modifier would be used:

1. A member receives a preferenced SelectNet order at the member's quote (''liability order'') at 11:00. The member fails to execute the trade. Thirty minutes later, at 11:30, this is brought to the attention of the receiving member, who agrees that the trade should have taken place at that time at the price existing then. The receiving member then executes a trade at that price. The member appends .P to the trade report and inputs the time ''11:00.''

2. A member receives a large number of customer orders prior to the open, to be executed at the opening print. Once that price can be identified, the member's system begins executing each trade at that price. Amy such trade that is executed at the opening but due to heavy volume is not printed until after 9:31:30 should be identified with the .SLD identifier. If, however, at 9:45 the member discovers that a customer's order that should have been executed at the open has not yet been executed, it would be appropriate to execute that customer's order and append the .P modifier with the time ''9:30.'' This tells market participants that the execution price represents a price that relates to an earlier point in time (in this case, the open), and thus may not bear any relation to the current market, which may have moved in the interim.

The text of the proposed rule changes to implement the new modifier is contained in NASD Rules 4632(a)(9), 4642(a)(9), 4652(a)(8), and 6620(a)(6).

II. Eliminating the 10,000 share limitation on aggregating trades in Nasdaq securities that may be bunched for trade reporting. Nasdaq is proposing to eliminate the 10,000 share limitations on the maximum number of shares in an individual trade that can be aggregated for purposes of reporting a ''bunched'' trade in Nasdaq securities, but only in the context of IPOs.

Rules governing the reporting of transactions in Nasdaq securities (both National Market and SmallCap) currently permit the aggregation of transactions into a ''bunched'' trade report in a variety of situations. Most notably, there is a provision whereby a firm may aggregate transactions at the same price that would be impractical to report individually, provided that no individual order of 10,000 shares or more may be aggregated. Such reports are appealed with a ''.B'' modifier by the reporting firm and are disseminated to the Nasdaq tape and vendors. This rule was originally adopted in 1982 with a limitation of 5,000 shares.[3] It was subsequently increased to 10,000 shares in 1984, but has remained at that level ever since.[4]

Nasdaq believes that it would be appropriate to remove the 10,000 share limitation for bunching on the first day of secondary market trading following an IPO. Bunching would remain optional. This would facilitate more efficient and timely reporting of large numbers of trades in the IPO aftermarket. Nasdaq does not believe

[2] *See* Letter from Robert L.D. Colby, Deputy Director, Division of Market Regulation, SEC, to Richard G. Ketchum, Vice President, NASD, dated August 11, 1997.

[3] *See* Exchange Act Release No. 18602 (March 26, 1982), 47 FR 14642 (April 5, 1982) (notice of filing and order granting accelerated approval of File No SR–NASD–82–4).

[4] *See* Exchange Act Release No. 21202 (August 3, 1984), 49 FR 31971 (August 9, 1984) (order approving File No. SR–NASD–84–12).

that eliminating the 10,000 share limit will result in any relevant loss in either the amount of value of information disseminated to the public. Also, as it is today, the individual transaction data will continue to be captured for clearing and regulatory purposes.

Nasdaq notes that there are currently no limits in place with respect to bunching on the exchanges. It is Nasdaq's understanding, however, that some exchanges, unlike Nasdaq, reprint all the component trades to a bunched report later in the day. While these individual reports to SIAC, Nasdaq understands that most vendors do not re-disseminate them to public.[5]

The text of the proposed rule changes to implement the proposed bunching provision is contained in rules 4632(f)(1)(D) and 4642(f)(1)(D).

III. Requirement that ECNs report on behalf of subscribers. Nasdaq is proposing a rule requiring ECNs to report all trades executed within the ECN on behalf on its subscribers.

The reporting of trades involving an ECN is inconsistent today, in that not all ECNs assume responsibility for reporting all trades within the ECN. Instead, an NASD member may be responsible for reporting some trades. For example, in these situations, after an ECN executes a trade, it must determine which participant, if any, had the trade reporting obligation, and them notify that participant. That participant would then put up the trade report.

Nasdaq believes that it is more effective and timely for ECNs to be responsible for centrally reporting every trade that takes place through the ECN.[6] Accordingly, Nasdaq is proposing that it be mandated by rule, and that the ECN be held responsible for reporting properly and timely. The text of the rule change is contained in proposed rule 4623(b)(6).

IV. Trade reporting rules for riskless principal trades in the Third Market. Nasdaq is proposing changes to the trade reporting rules for exchange listed securities traded in the Third Market to ensure that all riskless principal trades, including those effected by market makers, are reported only once. This was determined to be necessary for several reasons, including (1) misinterpretation by some of the rules relating to the reporting of Third Market trades of exchange-listed securities involving an execution on an exchange; (2) the new SEC Order Handling Rules, which require market makers to match certain orders in an agency-like fashion as opposed to trading at risk as principal; (3) the impact of SEC Transaction Fees (Section 31 Fees); and (4) the potential for the erroneous perception that Third Market trade reporting may be inflated due to ''double reporting.''

The rules for reporting trades in the Third Market have long existed in their current form. The rules were broadly designed to capture all trading activity by broker-dealers, both dealer to dealer trades and trades with customers. These rules, and the trade reports that result, serve several important purposes. They form the basis for public dissemination of ''last sale'' transaction prices to the tape, thus providing transparency. Trade reports also are an integral part of the audit trail used by the NASD in its regulatory efforts to surveil and regulate firms' activities. Given the historical structure of the dealer market and the need to provide a comprehensive view of all trading, and because market makers were always deemed to be ''at risk,'' NASD trade reporting rules always have required the reporting of all principal trades by market makers.

Non-market makers, however, generally do not report all principal trades under current rules, to the extent the trades are defined as ''riskless,'' that is, they involve a trade with another member, usually a market maker, which is used to offset a trade with a customer. This ''riskless principal exception'' results in one trade report even though the non-market maker firm is involved in two separate trades against its principal account.

Nasdaq sees no significant reason to continue this distinction between market makers and non-market makers in the context of exchange-listed securities, and thus believes it to be appropriate now to extend this riskless principal exception where possible to market makers as well. This determination was reached given the evolution and growth of the Third Market, advances in technology at the firm level, and particularly in light of the new SEC Order Handling Rules. IN short, this would ensure that only one trade report results for transactions that are clearly one trade. As indicated above, current rules mandate that market makers report all principal trades, notwithstanding that such trades may, in effect, be ''riskless'' to the market maker (*i.e.*, although the market maker may execute two offsetting trades against its principal account, the economic reality is that these may be viewed as one trade without risk to the market maker).

V. Extending riskless principal treatment to transactions in exchange-listed securities in the Third Market. Nasdaq believes that the exception applicable to non-market makers (which treats riskless principal trades as one trade for reporting purposes) should be extended to market makers in exchange-listed stocks. For example, if a market maker in an exchange-listed security does not assume a risk position on an ITS commitment sent to another market, the market maker should not be reprinting it in its own market when it receives confirmation of an execution on the commitment. The fact that the firm is a market maker is irrelevant. Nasdaq also believes that this analysis should apply to transactions that result from orders sent to the floor even when sent outside of the ITS linkage (*e.g.*, through a floor broker or other automated execution system of the exchange).

a. *Definition of riskless principal.* To implement the above interpretation, a specific definition of ''riskless principal'' for reporting purposes would be necessary. A riskless principal trade generally is one that involves a conditional order rather than one immediately executable by the firm as principal. Such condition may involve a customer order whose execution is dependent upon finding the other side, or a transaction dependent upon the execution of a part of the order placed with another firm or market. For example, after receiving an order to buy 500 shares, a firm sends an order to an exchange for 1,000 shares. The 1,000 share order is executed, and the member then satisfies the 500 share order. The 1,000 share execution is reported by the exchange; the 500 share execution by the firm should not be printed again in the Third Market.

To the extent that the transaction being triggered is greater than the first leg, only that portion offset by the first leg is deemed riskless; the balance would be ''at risk'' and reported as a separate trade. For example, after having received an order for 1,000 shares, the firm obtains an execution on an exchange for 500 shares. The exchange reports 500 shares; the firm only reports 500 shares in the Third Market because the other 500 shares are deemed riskless.

b. ''Marker'' orders. Nasdaq also considered the extent to which the definition would apply in situations where the first leg is really just a ''marker'' order. These orders, usually of nominal size, are used to trigger obligations to other orders the firm may be holding. Marker orders serve as a mechanism to notify the market maker

[5] It is believed, however, that the exchange count these re-printed component trades toward their shares of revenue allocation for market data fees.

[6] Should a transaction occur between two ECNs, the ''receiving ECN'' would be responsible for reporting the trade.

that the market has traded at that price and that the conditional order has now become executable in accord with the firm's understanding with its customer. Such orders generally are not intended to offset to any significant degree other executions by the market maker.

Under the definition above, these executions would appear to merit riskless principal treatment to the extent of the size of the marker order. However, given the purpose for which such marker orders are used, Nasdaq believe that these should not require the breakup of the order into two separate components to distinguish between a risk and riskless portion, provided the marker order is no larger than 10% of the size of an execution or group of executions that it would trigger. It was felt that the nominal size of the marker order did not to any material extent change the overall risk profile of the order.

For example, after receiving an order for 5000 shares, a firm places a marker order of 500 shares on an exchange. The marker order, which is executed, then triggers the 5000 share order. The firm would report the 5000 shares in its entirety. In another example, the marker order triggers 10 different orders of 500 shares each for a total of 5000 shares. Similarly, each of these 500 share executions also are reported.

Another example involves how an order of 2500 shares would be reported if 2400 shares were sent to the floor and had been executed. The 2400 shares would be reported by the exchange, and thus the 100 shares would be separately reported as a risk trade by the market maker.

Accordingly, Nasdaq is proposing a rule change and corresponding interpretations as described above to ensure that all riskless principal trades, including those effected by market makers, are reported only once. Specifically, the text of the proposed rule change is in the form of amendments to NASD Rule 6420(d)(3)(B).

2. Statutory Basis

Nasdaq believes that the proposed rule change is consistent with the provisions of Section 15A(b)(6) of the Act[7] in that the proposed rule change will result in more accurate, reliable, and informative information regarding last sale transaction reports. Section 15A(b)(6) requires that the rules of a registered national securities association be designed to prevent fraudulent and manipulative acts and practices, to promote just and equitable principals of trade, to foster cooperation and coordination with persons engaged in regulating, clearing, settling, processing information with respect to, and facilitating transactions in securities, to remove impediments to and perfect the mechanism of a free and open market and a national market system, and, in general, to protect investors and the public interest; and are not designed to permit unfair discrimination between customers, issuers, brokers, or dealers.

B. Self-Regulatory Organization's Statement on Burden on Competition

Nasdaq does not believe that the proposed rule change will result in any burden on competition that is not necessary or appropriate in furtherance of the purposes of the Act, as amended.

C. Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants, or Others

Written comments were neither solicited nor received.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

Within 35 days of the date of publication of this notice in the **Federal Register** or within such longer period (i) as the Commission may designate up to 90 days of such date if it finds such longer period to be appropriate and publishes its reasons for so finding or (ii) as to which the self-regulatory organization consents, the Commission will:

A. by order approve such proposed rule change, or

B. institute proceedings to determine whether the proposed rule change should be disapproved.

IV. Solicitation of Comments

Interested persons are invited to submit written data, views, and arguments concerning the foregoing, including whether the proposed rule change is consistent with the Act. Persons making written submission should file six copies thereof with the Secretary, Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549. 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. Copies of such filing will also be available for inspection and copying at the principal office of the NASD. All submissions should refer to file number SR–NASD–98–08 and should be submitted by June 26, 1998.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[8]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 98–14921 Filed 6–4–98; 8:45 am]

BILLING CODE 8010–01–M

[7] 15 U.S.C. 78*o*–3.

[8] 17 CFR 200.30–3(a)(12).

SOCIAL SECURITY ADMINISTRATION

The Chief Information Officer of the Social Security Administration Grants to the Social Security Administration a Waiver From the Use of Certain Federal Information Processing Standards

AGENCY: Social Security Administration (SSA).

ACTION: Notice.

SUMMARY: The Chief Information Officer of the Social Security Administration grants to SSA a waiver from the use of the following Federal Information Processing Standards (FIPS):

1. The Secure Hashing Standard (FIPS 180–1);
2. The Digital Signature Standard (FIPS 186); and
3. The Data Encryption Standard (FIPS 46–2).

This waiver is granted pursuant to authority granted to the Secretary of Commerce by 40 U.S.C. section 1441, and delegated to the Commissioner of Social Security in the above referenced FIPS Publications. This authority was redelegated by the Commissioner of Social Security to the Agency's Chief Information Officer. This waiver is granted to allow SSA to use commercial off-the-shelf cryptographic products such as those produced by RSA Data Security, Inc., in lieu of products conforming with the above-cited FIPS.

DATES: This waiver was effective January 26, 1998, and will remain in effect until the commercial off-the-shelf cryptographic products selected by SSA come under a FIPS or until it is rescinded by the Agency's Chief Information Officer.

FOR FURTHER INFORMATION CONTACT: Joan Hash, Systems Security Officer, Social Security Administration, Room 3206 Annex Building, 6401 Security

Boulevard, Baltimore, Maryland 21235. Phone (410) 965–2765.

SUPPLEMENTARY INFORMATION: The FIPS cited above establish Federal standards for generating digital signatures, encrypting sensitive information transmitted over open networks such as the Internet, and storing this information electronically. Each of the cited FIPS also allows the heads of Federal Agencies to waive the use of the FIPS if certain conditions are met.

A waiver shall be granted by an Agency head only when:

a. Compliance with a standard would adversely affect the accomplishment of the mission of an operator of a Federal computer system, or

b. Cause a major adverse financial impact on the operator that is not offset by Government-wide savings.

The Agency's Chief Information Officer has determined that compliance with the referenced FIPS would adversely affect the accomplishment of the mission of the SSA and accordingly has granted a waiver from the use of the referenced FIPS.

SSA has a customer base of over 260,000,000 people, including individuals, businesses, small employers, organizations, and other Federal, State, and local government agencies. To accomplish the mission of serving these customers cost effectively, SSA is pursuing the use of electronic service delivery technologies, including the Internet.

SSA has found that an increasingly large number of its customers prefer to work with the Agency directly through Internet services. To effectively serve them, SSA must use commercially accepted and available off-the-shelf products. The above referenced FIPS provide for the use of products which have not gained wide acceptance commercially, and these standards are not incorporated in commercial off-the-shelf products. Notably, the Internet Browsers published by MICROSOFT and NETSCAPE, together representing 93% of the publicly used browsers, do not use the algorithms published in the referenced FIPS.

Therefore, SSA is granted a waiver from the use of the cryptographic requirements contained in the referenced FIPS in order to allow the Agency to use commercially available and accepted off-the-shelf products.

In accordance with FIPS requirements, notice of this waiver will be sent to the National Institute of Standards and Technology, the Committee on Government Reform and Oversight of the House of Representatives, and the Committee on Governmental Affairs of the Senate.

Dated: January 26, 1998.

John R. Dyer,

Chief Information Officer, Social Security Administration.

[FR Doc. 98–14902 Filed 6–4–98; 8:45 am]

BILLING CODE 4190–29–P

DEPARTMENT OF STATE

[Public Notice No. 2801]

Office of Defense Trade Controls; Notifications to the Congress of Proposed Export Licenses

AGENCY: Department of State.

ACTION: Notice.

SUMMARY: Notice is hereby given that the Department of State has forwarded the attached Notifications of Proposed Export Licenses to the Congress on the dates shown on the attachments pursuant to section 36(c) and in compliance with section 36(e) of the Arms Export Control Act (22 U.S.C. 2776).

EFFECTIVE DATE: As shown on each of the six letters.

FOR FURTHER INFORMATION CONTACT: Mr. William J. Lowell, Director, Office of Defense Trade Controls, Bureau of Political-Military Affairs, Department of State, (703) 875–6644.

SUPPLEMENTARY INFORMATION: Section 38(d) of the Arms Export Control Act mandates that notifications to the Congress pursuant to section 36(c) must be published in the **Federal Register** when they are transmitted to Congress or as soon thereafter as practicable.

Dated: May 4, 1998.

William J. Lowell,

Director, Office of Defense Trade Controls.

BILLING CODE 4710–25–M

United States Department of State

Washington, D.C. 20520

APR 22

Dear Mr. Speaker:

Pursuant to section 36 (c)&(d) of the Arms Export Control Act, I am transmitting herewith certification of a proposed Manufacturing License Agreement with the United Kingdom for the co-production of the AV-8B Harrier aircraft.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights, and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin

Barbara Larkin
Assistant Secretary
Legislative Affairs

Enclosure:
Transmittal No. DTC-47-98

The Honorable
Newt Gingrich,
Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

APR 22

Dear Mr. Speaker:

Pursuant to section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed license for the export of defense articles or defense services sold commercially under a contract in the amount of $50,000,000 or more.

The transaction described in the attached certification involves the manufacture of F/A-18, F/A-18 B, C, and D model aircraft in Switzerland.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights, and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin

Barbara Larkin
Assistant Secretary
Legislative Affairs

Enclosure:
Transmittal No. DTC-49-98

The Honorable
Newt Gingrich,
Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

APR 28 1998

Dear Mr. Speaker:

Pursuant to Section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed license for the export defense articles or defense services sold commercially under a contract in the amount $50,000,000 or more.

The transaction contained in the attached certification involves a manufacturing license agreement with Turkey for the manufacture of F110 aircraft engine components for use in U.S. and Turkish F-16 aircraft, as well as the assembly of kits into complete F110 engines for use in Turkish F-16 aircraft.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights, and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin

Barbara Larkin
Assistant Secretary
Legislative Affairs

Enclosure:
Transmittal No. DTC-60-98

The Honorable
Newt Gingrich,
Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

APR 22

Dear Mr. Speaker:

Pursuant to section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed license for the export of defense articles or defense services sold commercially under a contract in the amount $50,000,000 or more.

The transaction contained in the attached certification involves the manufacture of components and spare parts for the ALQ-88AK Electronic Countermeasures System in the Republic of Korea.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights, and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin

Barbara Larkin
Assistant Secretary
Legislative Affairs

Enclosure:
Transmittal No. DTC-61-98

The Honorable
Newt Gingrich,
Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

APR 22 98

Dear Mr. Speaker:

Pursuant to section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed license for the export of defense articles or defense services sold commercially under a contract in the amount of $50,000,000 or more.

The transaction contained in the attached certification involves a technical assistance agreement with Sweden for the design of a Ka to S-band downconverter for the Teledesic Commercial Communication Satellite Network.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights, and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin

Barbara Larkin
Assistant Secretary
Legislative Affairs

Enclosure:
Transmittal No. DTC-62-98

The Honorable
Newt Gingrich,
Speaker of the House of Representatives.

United States Department of State

Washington, D.C. 20520

APR 22 1998

Dear Mr. Speaker:

Pursuant to section 36(c) of the Arms Export Control Act, I am transmitting herewith certification of a proposed license for the export of defense articles or defense services sold commercially under a contract in the amount $50,000,000 or more.

The transaction contained in the attached certification involves the export of defense services to Finland for the final assembly and ramp flight checkout operations and fabrication and assembly of selected co-production items to include dorsal cover fabrication and assembly of the F/A-18 aircraft.

The United States Government is prepared to license the export of these items having taken into account political, military, economic, human rights, and arms control considerations.

More detailed information is contained in the formal certification which, though unclassified, contains business information submitted to the Department of State by the applicant, publication of which could cause competitive harm to the United States firm concerned.

Sincerely,

Barbara Larkin

Barbara Larkin
Assistant Secretary
Legislative Affairs

Enclosure:
Transmittal No. DTC-63-98

The Honorable
Newt Gingrich,
Speaker of the House of Representatives.

[FR Doc. 98–15031 Filed 6–4–98; 8:45 am]

BILLING CODE 4710–25–C

DEPARTMENT OF TRANSPORTATION

Office of the Secretary

Reports, Forms and Recordkeeping Requirements, Agency Information Collection Activity Under OMB Review

AGENCY: Office of the Secretary, DOT.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), this notice announces that the Information Collection Requests (ICRs) abstracted below has been forwarded to the Office of Management and Budget (OMB) for review and approval. The ICRs describes the nature of the information collection and their expected burden. The **Federal Register** Notice with a 60-day comment period soliciting comments on the following collection of information was published on March 23, 1998 [63 FR, 13903–13904].

DATES: Comments must be submitted on or before July 6, 1998.

FOR FURTHER INFORMATION CONTACT: Barbara Davis, U.S. Coast Guard, Office of Information Management, telephone (202) 267–2326.

SUPPLEMENTARY INFORMATION:

United States Coast Guard (USCG)

(1) Title: Alternate Compliance—International/Inland Navigation Rules.

OMB Control Number: 2115–0073.

Type of Request: Extension of a currently approved collection.

Affected Public: Vessel owners, operators, builders and agents.

Abstract: The information collected provides an opportunity for those with unique vessels to present their reasons why the vessel cannot comply with existing regulations and how alternate compliance can be achieved.

Need: Certain vessels cannot comply with the International Regulations (33 U.S.C. 1601) and Inland Navigation Rules (33 U.S.C. 2001). the Coast Guard thus provides an opportunity for alternate compliance. However, it is not possible to determine whether alternate compliance is appropriate or what kind of alternative procedures might be necessary without this collection.

Burden Estimate: The estimated burden is 135 hours annually.

(2) *Title:* Inflatable Personal Flotation Devices (PFDs) for Recreational Vessels.

OMB Control Number: 2115–0619.

Affected Public: PFD manufacturers.

Abstract: The information collected concerns the labeling and preparation of manuals for inflatable PFDs. In keeping with this requirement the Coast Guard has established a system for approval of PFDs for use on such vessels? To facilitate the approval and inspection process, the Coast Guard requires that manufacturers label their devices and publish users manuals to help the end user.

Need: Title 46 U.S.C. 4302(a) prescribes regulations to: (a) establish minimum safety standards for recreational vessels, (b) require the installation and carrying or use of associated equipment and require or permit the display of seals, labels, plates, insignia or other devices for certifying or evidencing compliance with safety regulations. The labels are important for a number of reasons. First, they are essential to the user; they indicate the chest size of the PFD and also display printed and pictographic instructions for proper use and care of the PFD. Secondly, because they include a specific product number and the manufacturer's name they are central to the Coast Guard's mission of identifying faulty equipment and then notifying the responsible producer. The manuals also serve a dual purpose. On the one hand they give the user information they will need to properly use and maintain the device, and on the other they keep the Coast Guard informed as to the specifications and design of new PFDs.

Burden Estimate: The estimated burden is 503.33 hours annually.

Addressee: Send comments to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725–17th Street, NW., Washington, DC 20503, Attention USCG Desk Officer.

Comments are invited on: the need for the proposed collection of information for the proper performance of the functions of the agency, including whether the information will have practical utility; 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; ways to enhance the quality, utility, and clarity of the information to be collected; and ways to minimize the burden of the collection of information on those who are to respond, including the use of appropriate automated, electronic, mechanical, or other technological collection techniques.

A comment to OMB is best assured of having its full effect if OMB receives the comment within 30 days of publication.

Issued in Washington, DC, on May 29, 1998.

Phillip A. Leach,

Clearance Officer, United States, Department of Transportation.

[FR Doc. 98–14888 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–62–P

DEPARTMENT OF TRANSPORTATION

Office of the Secretary

Reports, Forms and Recordkeeping Requirements

Agency Information Collection Activity Under OMB Review

AGENCY: Office of the Secretary, DOT.

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), this notice announces that the Information Collection Requests (ICR) abstracted below have been forwarded to the Office of Management and Budget (OMB) for review and approval. The ICR describe the nature of the information collections and their expected burden. The **Federal Register** Notice with a 60-day comment period soliciting comments on the following information collection was published on February 19, 1998 [63 FR 8517].

DATES: Comments must be submitted on or before July 6, 1998.

FOR FURTHER INFORMATION CONTACT: Michael Robinson, NHTSA Information Collection Clearance Officer at (202) 366–9456.

SUPPLEMENTARY INFORMATION: National Highway Traffic Safety Administration (NHTSA).

Title: Consolidated Labeling Requirements for 49 CFR 571.115, and Parts 565, 541 and 567.

OMB Control Number: 2127–0510.

Type of Request: Extension of a currently approved collection.

Affected Public: Business or other for-profit.

Abstract: NHTSA's statute at 15 U.S.C. 1392, 1397, 1401, 1407, and 1412 (Attachment 3–9) of the National Traffic and Motor Vehicle Safety Act of 1966 authorizes the issuance of Federal Motor Vehicle Safety Standard (FMVSS) and the collection of data which support their implementation. The agency, in prescribing a FMVSS, is to consider available relevant motor vehicle safety data and to consult with other agencies as it deems appropriate. Further, the Act mandates, that in issuing any FMVSS, the agency should consider whether the standard is reasonable, practicable and

appropriate for the particular type of motor vehicle or item of motor vehicle equipment for which it is prescribed, and whether such standards will contribute to carrying out the purpose of the Act. The Secretary is authorized to revoke such rules and regulations as deemed necessary to carry out this subchapter.

Using this authority, the agency issued the initial FMVSS No. 115, Vehicle Identification Number, specifying requirements for vehicle identification numbers to aid the agency in achieving many of its safety goals.

The standard was amended in August 1978 by extending its applicability to additional classes of motor vehicles and by specifying the use of a 30-year, 17-character Vehicle Identification Number (VIN) for worldwide use. The standard was amended in May 1983 (Attachment 8) by deleting portions of FMVSS No. 115 and reissuing those portions as a general agency regulation, Part 565. The provisions of these two regulations require vehicle manufacturers to assign a unique VIN to each new vehicle and to inform the National Highway Traffic Safety Administration (NHTSA) of the code used in forming the VIN. These regulations apply to all vehicles: passenger cars, multipurpose passenger vehicles, trucks, buses, trailers, incomplete vehicles, and motorcycles.

b. 49 CFR Parts 541 and 567.

The Motor Vehicle Information and Cost Savings Act was amended by the Anti-Car Theft Act of 1992 (Pub.L. 102–519). The enacted Theft Act states that passenger motor vehicles, multipurpose passenger vehicles, and light-duty trucks with a gross vehicle weight rating of 6,000 pounds or less be covered under the Theft Prevention Standard. Each major component part must be either labeled or affixed with the VIN and for the replacement component part it must be marked with the DOT symbol, the letter (R) and the manufacturers' logo.

Estimated Annual Burden: 376,591 hours.

ADDRESSES: Send comments, within 30 days, to the Office of Information and Regulatory Affairs, Office of Management and Budget, 725–17th Street, NW., Washington, DC 20503, Attention DOT Desk Officer. Comments are invited on: whether the proposed collection of information is necessary for the proper performance of the functions of the Department, including whether the information will have practical utility; the accuracy of the Department's estimate of the burden of the proposed information collection; ways to enhance the quality, utility and clarity of the information to be collected; and ways to minimize the burden of the collection of information on respondents, including the use of automated collection techniques or other forms of information technology.

A comment to OMB is best assured of having its full effect if OMB receives it within 30 days of publication.

Issued in Washington, DC, on May 29, 1998.

Phillip A. Leach,

Clearance Officer, United States Department of Transportation.

[FR Doc. 98–14890 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–62–P

DEPARTMENT OF TRANSPORTATION

Coast Guard

[USCG–1998–3584]

Proposed Modernization of the Coast Guard National Distress System

AGENCY: Coast Guard, DOT.

ACTION: Notice of the availability of the USCG draft Programmatic Environmental Assessment and request for public comment.

SUMMARY: In accordance with the National Environmental Policy Act, the Coast Guard requests comment on its draft of the Programmatic Environmental Assessment (PEA) for the National Distress System Modernization Project (NDSMP). The PEA is posted on the Internet for review. This environmental assessment examines in detail: (1) The reasonable alternatives available to the USCG to fulfill current mission needs for an efficient, cost-effective, and technologically improved NDS; and (2) the potential for significant environmental impacts from each alternative. The precise solution to the Coast Guard's NDS modernization needs will ultimately be selected through a fully competitive process with industry offering a variety of potential solutions. At this time, and in compliance with NEPA, the PEA identifies the replacement system as using dual mode (digital and analog) transceivers. In the digital mode these transceivers would be programmable and adaptable to digital signal processing technologies and narrow band channel spacing. In the analog mode, the transceivers would be compatible with VHF marine radios in use by the maritime public. This alternative integrates radio position localization, Digital Select Calling (DSC), encryption capability, digital recording equipment, and data transmission capability. This option also incorporates more radio spectrum, and increases communication coverage for the modernized NDS. It is expected that additional antenna sites will be added in coastal locations. The PEA is available at the Internet web site:

http://comms.rdc.uscg.mil/NDSmod/NDS.html

or

http://dms.dot.gov/

Please review the PEA located at the Internet web site and send any comments in writing to the address provided below. Early comments are encouraged. If you would like to review a copy of the PEA and are unable to access our web site, please contact Mr. Dan Muslin at (619) 532–3403, or at the address listed under **FOR FURTHER INFORMATION**.

DATES: Comments must be received by July 6, 1998.

ADDRESSES: You may mail comments to the Docket Management Facility, [USCG–1998–3584], U.S. Department of Transportation, Room PL–401, 400 Seventh Street SW., Washington, DC 20590–0001, or deliver them to room PL–401, located on the Plaza Level of the Nassif Building at the same address between 10 a.m. and 5 p.m., Monday through Friday, except Federal holidays. The telephone number to the Docket Management Facility is (202) 366–9329.

The Docket Management Facility maintains the public docket for this notice. Comments, and documents as indicated in this notice, will become part of this docket and will be available for inspection or copying at room PL–401, located on the Plaza Level of the Nassif Building at the above address between 9:30 a.m. and 2 p.m., Monday through Friday, except Federal holidays.

FOR FURTHER INFORMATION CONTACT:

Mr. Dan Muslin, telephone: (619) 532–3403, Naval Facilities Engineering Command, 1220 Pacific Highway, San Diego, CA 92132–5190, for questions concerning this notice, the proposed modernization project, or the associated EA. For questions concerning the Docket Management Facility contact Paulette Twine, Chief, Documentary Services, Division, U.S. Department of Transportation, telephone (202) 366–9329.

Dated: May 28, 1998.

Fred N. Squires,

Acting Assistant Commandant for Acquisition.

[FR Doc. 98–15036 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–15–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Advisory Circular 21–40, Application Guide for Obtaining a Supplemental Type Certificate

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of availability.

SUMMARY: This notice announces the availability of Advisory Circular 21–40, Application Guide for Obtaining a Supplemental Type Certificate. Advisory Circular 21–40 provides information and guidance concerning an acceptable means, but not the only means, of demonstrating compliance with the requirements of Title 14 of the Code of Federal Regulations part 21, Certification Procedures for Products and Parts, regarding procedures for obtaining a supplemental type certificate for typical modification projects.

ADDRESSES: Copies of AC 21–40 can be obtained from the following: U.S. Department of Transportation, Subsequent Distribution Office, Ardmore East Business Center, 3341 Q 75th Ave, Landover MD, 20785.

Issued in Washington, DC, on June 1, 1998.

James C. Jones,

Manager, Aircraft Engineering Division.

[FR Doc. 98–15055 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

FAA Approval of Noise Compatibility Program and Determination on Revised Noise Exposure Maps; Akron-Canton Regional Airport, Akron, OH

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice.

SUMMARY: The Federal Aviation Administration (FAA) announces its findings on the noise compatibility program submitted by Akron-Canton Regional Airport Authority under the provisions of title I of the Aviation Safety and Noise Abatement Act of 1979 (Pub. L. 96–193) and 14 CFR part 150. These findings are made in recognition of the description of Federal and nonfederal responsibilities in Senate Report No. 96–52 (1980). On October 16, 1997, the FAA determined that the noise exposure maps submitted by Akron-Canton Regional Airport Authority under part 150 were in compliance with applicable requirements. On April 9, 1998, the Associate Administrator for Airports approved the Akron-Canton Regional Airport noise compatibility program.

Most of the recommendations of the program were approved. The Akron-Canton Regional Airport Authority has also requested under FAR part 150, § 150.35(f), that FAA determine that revised noise exposure maps submitted with the noise compatibility program and showing noise contours as a result of the implementation of the noise compatibility program are in compliance with applicable requirements of FAR part 150. The FAA announces its determination that the revised noise exposure maps for Akron-Canton Regional Airport for the years submitted with the noise compatibility program, are in compliance with applicable requirements of FAR part 150 effective May 13, 1998.

EFFECTIVE DATE: The effective date of the FAA's approval of the Akron-Canton Regional Airport noise compatibility program is April 9, 1998. The effective date of the FAA's determination on the revised noise exposure maps is May 13, 1998.

FOR FURTHER INFORMATION CONTACT: Lawrence C. King, Program Manager, Federal Aviation Administration, Detroit Airports District Office, Willow Run Airport, East, 8820 Beck Road, Belleville, Michigan 48111. Documents reflecting this FAA action may be reviewed at this same location.

SUPPLEMENTARY INFORMATION: This notice announces that the FAA has given its overall approval to the noise compatibility program for Akron-Canton Regional Airport, effective April 9, 1998, and that revised noise exposure maps for 1997–2002 for this same airport are determined to be in compliance with applicable requirements of FAR part 150.

Under section 104(a) of the Aviation Safety and Noise Abatement Act of 1979 (hereinafter referred to as ''the Act''), an airport operator who has previously submitted a noise exposure map may submit to the FAA a noise compatibility program which sets forth the measures taken or proposed by the airport operator for the reduction of existing noncompatible land uses and prevention of additional noncompatible land uses within the area covered by the noise exposure maps. The Act requires such programs to be developed in consultation with interested and affected parties including local communities, government agencies, airport users, and FAA personnel.

Each airport noise compatibility program developed in accordance with Federal Aviation Regulations (FAR) Part 150 is a local program, not a Federal program. The FAA does not substitute its judgment for that of the airport proprietor with respect to which measures should be recommended for action. The FAA's approval or disapproval of FAR Part 150 program recommendations is measured according to the standards expressed in part 150 and the Act, and is limited to the following determinations:

a. The noise compatibility program was developed in accordance with the provisions and procedures of FAR Part 150;

b. Program measures are reasonably consistent with achieving the goals of reducing existing noncompatible land uses around the airport and preventing the introduction of additional noncompatible land uses;

c. Program measures would not create an undue burden on interstate or foreign commerce, unjustly discriminate against types or classes of aeronautical uses, violate the terms of airport grant agreements, or intrude into areas preempted by the Federal Government; and

d. Program measures relating to the use of flight procedures can be implemented within the period covered by the program without derogating safety, adversely affecting the efficient use and management of the navigable airspace and air traffic control systems, or adversely affecting other powers and responsibilities of the Administrator prescribed by law.

Specific limitations with respect to the FAA's approval of an airport noise compatibility program are delineated in FAR part 150, § 150.5. Approval is not a determination concerning the acceptability of land uses under Federal, state, or local law. Approval does not by itself constitute an FAA implementing action. A request for Federal action or approval to implement specific noise compatibility measures may be required, and an FAA decision on the request may require an environmental assessment of the proposed action. Approval does not constitute a commitment by the FAA to financially assist in the implementation of the program nor a determination that all measures covered by the program are eligible for grant-in-aid funding from the FAA. Where federal funding is sought, requests for project grants must be submitted to the FAA Detroit Airports District Office in Belleville, Michigan.

Akron-Canton Regional Airport Authority submitted to the FAA on September 22, 1997, noise exposure maps, descriptions, and other documentation produced during the

noise compatibility planning study conducted from July 20, 1995, through September 22, 1997. The Akron-Canton Regional Airport noise exposure maps were determined by the FAA to be in compliance with applicable requirements on October 16, 1997. Notice of this determination was published in the **Federal Register** on November 10, 1997.

The Akron-Canton Regional Airport study contains a proposed noise compatibility program comprised of actions designed for phased implementation by airport management and adjacent jurisdictions from the date of study completion to beyond the year 2002. It was requested that the FAA evaluate and approve this material as a noise compatibility program as described in section 104(b) of the Act. The FAA began its review of the program on October 16, 1997, and was required by a provision of the Act to approve or disapprove the program within 180 days (other than the use of new flight procedures for noise control). Failure to approve or disapprove such program within the 180-day period shall be deemed to be an approval of such program.

The submitted program contained twenty-four proposed actions for noise mitigation on and off the airport. The FAA completed its review and determined that the procedural and substantive requirements of the Act and FAR part 150 have been satisfied. The overall program, therefore, was approved by the Associate Administrator for Airports effective April 9, 1998.

Outright approval was granted for twenty-two of the specific program elements. Noise Abatement Measure NA–5 was disapproved. It recommended that all eastbound and southbound turbojet aircraft departing on Runway 19 initiate a turn to a heading of 160 degrees at 1 nautical mile from the radar instead of the current voluntary procedure to turn at 2 nautical miles. One nautical mile from the radar site is approximately over the departure end of the runway. Flights will be very low to the ground and at relatively slow airspeed. Crews should not be required or requested to initiate turns at this critical phase of the flight. Program Management PM–5 was approved in part and disapproved in part. The part that was approved concerned the use of Automatic Terminal Information Service (ATIS). FAA permits the use of the ATIS for short messages such as ''noise abatement procedures in effect'' when time and space permit. The part that was disapproved concerned air traffic control tower (ATCT) advisories. The tower controller's role to maintain safe, efficient use of the navigable airspace does not include educating pilots in regard to specific noise abatement procedures. Other measures are available for pilot education.

Seven noise abatement measures were approved. One measure recommends pilots of all turbojet aircraft voluntarily use noise abatement departure procedures. One measure establishes maximum climb departures for helicopters. One measure recommends that pilots of all turbojet aircraft voluntarily restrict the use of reverse thrust activity at night. One measure recommends noise abatement procedures for all eastbound turbojet aircraft departing Runway 23.

Two measures relate to the location and orientation of engine runups and engine runup enclosures. One measure recommends improvement of engine runup and taxing procedures.

Nine land use management measures were approved. Two measures recommended land acquisition for noise. One measure recommended development of a sound insulation program. One measure recommended that an avigation easement acquisition program be developed. One measure recommended overlay zoning for one vacant parcel. One measure recommended development of subdivision regulations. One measure recommended that fair disclosure regulations be developed. One measure recommended comprehensive planning be developed. One measure recommended capital improvement planning.

Six program management measures were approved. One measure recommended updating noise complaint receipt and response procedures. One measure would establish a noise monitoring system. One measure recommends establishing a public information program and publishing informational pilot handouts. One measure will designate a noise abatement contact. One measure recommends purchasing and installing airside signs to advertise NCP measures. One measure recommends NEM/NCP review and revision.

These determinations are set forth in detail in a Record of Approval endorsed by the Associate Administrator for Airports on April 9, 1998.

The FAA also has completed its review of the revised noise exposure maps and related descriptions submitted by Akron-Canton Regional Airport Authority. The specific maps under consideration are Figure 8.2, Pages 107–108 of the NEM, and Figure 4.1, Pages 43–44 of the NCP in the submission. The FAA has determined that these maps for Akron-Canton Regional Airport are in compliance with applicable requirements. This determination is effective on May 13, 1998. FAA's determination on an airport operator's noise exposure maps is limited to a finding that the maps were developed in accordance with the procedures contained in appendix A of FAR part 150. Such determination does not constitute approval of the applicant's data, information or plans.

If questions arise concerning the precise relationship of specific properties to noise exposure contours depicted on a noise exposure map submitted under section 103 of the Act, it should be noted that the FAA is not involved in any way in determining the relative locations of specific properties with regard to the depicted noise contours, or in interpreting the noise exposure maps to resolve questions concerning, for example, which properties should be covered by the provisions of section 107 of the Act. These functions are inseparable from the ultimate land use control and planning responsibilities of local government. These local responsibilities are not changed in any way under Part 150 or through FAA's review of noise exposure maps. Therefore, the responsibility for the detailed overlaying of noise exposure contours onto the map depicting properties on the surface rests exclusively with the airport operator which submitted those maps, or with those public agencies and planning agencies with which consultation is required under section 103 of the Act. The FAA has relied on the certification by the airport operator, under § 150.21 of FAR part 150, that the statutorily required consultation has been accomplished.

Copies of the noise exposure maps and of the FAA's evaluation of the maps, and copies of the record of approval and other evaluation materials and documents which comprised the submittal to the FAA are available for examination at the following locations:

Federal Aviation Administration, Detroit Airports District Office, Willow Run Airport, East, 8820 Beck Road, Belleville, Michigan 48111.

Mr. Frederick J. Krum, Director of Aviation, Akron-Canton Regional Airport, 5400 Lauby Road, NW., PO Box 9, North Canton, OH 44720–1598

Questions on either of these FAA determinations may be directed to the individual named above under the heading, **FOR FURTHER INFORMATION CONTACT.**

Issued in Belleville, Michigan, on May 13, 1998.

Robert H. Allen,

Assistant Manager, Detroit Airports District Office, Great Lakes Region.

[FR Doc. 98–15056 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Notice of Intent To Rule on Application (98–02–C–00–ROC) To Impose and Use the Revenue From a Passenger Facility Charge (PFC) at Greater Rochester International Airport, Rochester, NY

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of intent to rule on application.

SUMMARY: The FAA proposes to rule and invites public comment on the application to impose and use the revenue from a PFC at Greater Rochester International Airport under the provisions of the Aviation Safety and Capacity Expansion Act of 1990 (Title IX of the Omnibus Budget Reconciliation Act of 1990) (Pub. L. 101–508) and part 158 of the Federal Aviation Regulations. (14 CFR part 158)

DATES: Comments must be received on or before July 6, 1998.

ADDRESSES: Comments on this application may be mailed or delivered in triplicate to the FAA at the following address: Mr. Philip Brito, Manager, New York Airports District Office, 600 Old County Road, Suite 446, Garden City, New York 11530

In addition, one copy of any comments submitted to the FAA must be mailed or delivered to Mr. Terrence G. Slaybaugh, Director of Aviation, for the County of Monroe at the following address: Greater Rochester International Airport, 1200 Brooks Avenue, Rochester, New York 14624.

Air carriers and foreign air carriers may submit copies of written comments previously provided to the County of Monroe under § 158.23 of part 158.

FOR FURTHER INFORMATION CONTACT: Mr. Philip Brito, Manager, New York Airports District Office, 600 Old County Road, Suite 446, Garden City, New York 11530 (Telephone 516–227–3800). The application may be reviewed in person at this same location.

SUPPLEMENTARY INFORMATION: The FAA proposes to rule and invites public comment on the application to impose and use the revenue from a PFC at Greater Rochester International Airport under the provisions of the Aviation Safety and Capacity Expansion Act of 1990 (Title IX of the Omnibus Budget Reconciliation Act of 1990) (Pub. L. 101–508) and Part 158 of the Federal Aviation Regulations (14 CFR part 158).

On May 22, 1998, the FAA determined that the application to impose and use the revenue from a PFC submitted by the County of Monroe was substantially complete within the requirements of § 158.25 of part 158. The FAA will approve or disapprove the application, in whole or in part, no later than August 21, 1998.

The following is a brief overview of the application.

Application number: 98–02–C–00–ROC.

Level of the proposed PFC: $3.00.

Proposed charge effective date: April 1, 2001.

Proposed charge expiration date: November 1, 2004.

Total estimated PFC revenue: $11,428,889.

Brief description of proposed projects:

- Taxiway E Reconstruction and Runway 4/22 Connection
- Purchase ARFF Equipment
- Construct ARFF Storage Building
- Airport Safety and Security Enhancements
- Construct Regional ARFF Training Facility

Class or classes of air carriers which the public agency has requested not be required to collect PPCs: None.

Any person may inspect the application in person at the FAA office listed above under **FOR FURTHER INFORMATION CONTACT** and at the FAA regional Airports office located at: Fitzgerald Federal Building, John F. Kennedy International Airport, Jamaica, New York, 11430.

In additional, any person may, upon request, inspect the application, notice and other documents germane to the application, in person at the office of the Monroe County Director of Aviation at Greater Rochester International Airport.

Issued in Jamaica, New York on May 29, 1998.

Thomas Felix,

Manager, Planning & Programming Branch, Airports Division, Eastern Region.

[FR Doc. 98–15059 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Notice of Intent To Rule on Application to Impose and Use the Revenue From a Passenger Facility Charge (PFC) at Northwest Arkansas Regional Airport, Bentonville, AR

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of intent to rule on application.

SUMMARY: the FAA proposes to rule and invites public comment on the application to impose and use the revenue from a PFC at Northwest Arkansas Regional Airport under the provisions of the Aviation Safety and Capacity Expansion Act of 1990 (Title IX of the Omnibus Budget Reconciliation Act of 1990) (Public Law 101–508) and Part 158 of the Federal Aviation Regulations (14 CFR Part 158).

DATES: Comments must be received on or before July 6, 1998.

ADDRESSES: Comments on this application may be mailed or delivered in triplicate copies to the FAA at the following address: Mr. Ben Guttery, Federal Aviation Administration, Southwest Region, Airports Division, Planning and Programming Branch, ASW–610D, Fort Worth, Texas 76193–0610.

In addition, one copy of any comments submitted to the FAA must be mailed or delivered to Ms. Kelly L. Johnson, Manager of Northwest Arkansas Regional Airport, at the following address: Ms. Kelly L. Johnson, Airport Manager, Northwest Arkansas Regional Airport, 10775 Bright Road, Bentonville, Arkansas 72712.

Air carriers and foreign air carriers may submit copies of the written comments previously provided to the Airport under Section 158.23 of Part 158.

FOR FURTHER INFORMATION CONTACT: Mr. Ben Guttery, Federal Aviation Administration, Southwest Region, Airports Division, Planning and Programming Branch, ASW–610D, Fort Worth, Texas 76193–0610, (817) 222–5614.

The application may be reviewed in person at this same location.

SUPPLEMENTARY INFORMATION: The FAA proposes to rule and invites public comment on the application to impose and use the revenue from a PFC at Northwest Arkansas Regional Airport under the provisions of the Aviation Safety and Capacity Expansion Act of 1990 (Title IX of the Omnibus Budget Reconciliation Act of 1990) (Public Law

101–508) and part 158 of the Federal Aviation Regulations (14 CFR part 158).

On May 27, 1998, the FAA determined that the application to impose and use the revenue from a PFC submitted by the Airport was substantially compete within the requirements of Section 158.25 of Part 158. The FAA will approve or disapprove the application, in whole or in part, no later than September 23, 1998.

The following is a brief overview of the application.

Level of the proposed PFC: $3.00.

Proposed charge effective date: October 1, 1998.

Proposed charge expiration date: January 1, 2049.

Total estimated PFC revenue: $125,025,221.

PFC application number: 98-01–C–00–XNA.

Brief description of proposed projects:

Projects To Impose and Use PFC's

1. Feasibility study, Site Selection Study, Airport Master Plan, and Environmental Assessment;

2. Environmental Impact Statement;

3. Acquire Land for Development, Provide Relocation Assistance;

4. Phase 1A Site Preparation for Construction of New Airport;

5. Phase 1B Site Preparation for Construction of Northwest Arkansas Regional Airport;

6. Phase 2 Mass Grading and Drainage, Site Preparation, Land Acquisition;

7. Phase 3 Construction of the Northwest Arkansas Regional Airport;

8. Complete Development of the Northwest Arkansas Regional Airport; and

9. Terminal Building Construction.

Proposed class or classes of air carriers to be exempted from collecting PFC's: None.

Any person may inspect the application in person at the FAA office listed above under **FOR FURTHER INFORMATION CONTACT** and at the FAA regional Airports office located at: Federal Aviation Administration, Southwest Region, Airports Division, Planning and Programming Branch, ASW–610D, 2601 Meacham Blvd., Fort Worth, Texas 76137–4298.

In addition, any person may, upon request, inspect the application, notice and other documents germane to the application in person at Northwest Arkansas Regional Airport.

Issued in Fort Worth, Texas on May 27, 1998.

Naomi L. Saunders,

Manager, Airports Division.

[FR Doc. 98–14883 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

Notice of Intent To Rule on PFC Application (98–04–C–00–CLM) To Impose and Use, and Impose Only the Revenue From a Passenger Facility Charge (PFC) at William R. Fairchild International Airport; Submitted by the Port of Port Angeles, Port Angeles, WA

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of Intent of Rule on Application.

SUMMARY: The FAA proposes to rule and invites public comment on the application to Impose and Use, and Impose Only the revenue from a PFC at William R. Fairchild International Airport under the provisions of 49 U.S.C. 40117 and part 158 of the Federal Aviation Regulations (14 CFR part 158).

DATES: Comments must be received on or before July 6, 1998.

ADDRESSES: Comments on this application may be mailed or delivered in triplicate to the FAA at the following address: J. Wade Bryant, Manager; Seattle Airports District Office, SEA–ADO; Federal Aviation Administration; 1601 Lind Avenue, SW., Suite 250; Renton, Washington 98055–4056.

In addition, one copy of any comments submitted to the FAA must be mailed or delivered to Jeffrey Robb, Airport Manager, at the following address: Port of Port Angeles, PO Box 1350, Port Angeles, WA 98362.

Air carriers and foreign air carriers may submit copies of written comments previously provided to William R. Fairchild International Airport under § 158.23 of part 158.

FOR FURTHER INFORMATION CONTACT: Ms. Mary Vargas, (425) 227–2660; Seattle Airports District Office, SEA–ADO; Federal Aviation Administration; 1601 Lind Avenue, S.W., Suite 250; Renton, Washington 98055–4056. The application may be reviewed in person at this same location.

SUPPLEMENTARY INFORMATION: The FAA proposes to rule and invites public comment on the application (98–04–C–00–CLM) to impose and use, and impose only a PFC at William R. Fairchild International Airport, under the provisions of 49 U.S.C. 40117 and part 158 of the Federal Aviation Regulations (14 CFR part 158).

On May 28, 1998, the FAA determined that the application to impose and use, and impose only the revenue from a PFC submitted by the Port of Port Angeles, Washington, was substantially complete within the requirements of § 158.25 of part 158. The FAA will approve or disapprove the application, in whole or in part, no later than September 12, 1998.

The following is a brief overview of the application.

Level of the proposed PFC: $3.00.

Proposed charge effective date: October 30, 1998.

Proposed charge expiration date: January 31, 2001.

Total estimated PFC revenue: $118,572.

Brief description of proposed projects: Impose and Use projects: Rehab of Taxiways and Aprons—Slurry Seal; Access Road Rehabilitation; Purchase Snow Blower, Broom, and Vehicle; Purchase Snowplow; Airport Lighting Improvements; Purchase Decellerometer; Property Purchase for Safety Area and Runway Protection Zone; Impose Only project; Runway Safety Area Improvements.

Class or classes of air carriers which the public agency has requested not be required to collect PFCs: Part 135 Air Tax/Commercial Operators who conduct operations in air commerce carrying persons for compensation or hire, including air taxi/commercial operators offering on-demand, non-scheduled public or private charters.

Any person may inspect the application in person at the FAA office listed above under **FOR FURTHER INFORMATION CONTACT** and the FAA Regional Airports Office located at: Federal Aviation Administration, Northwest Mountain Regional Office, Airports Division, 1601 Lind Avenue SW., 315, Renton, Washington 98055–4056.

In addition, any person may, upon request, inspect the application, notice, and other documents germane to the application in person at William R. Fairchild International Airport, Port of Port Angeles, Washington.

Issued in Renton, Washington on May 28, 1998.

David A. Field,

Manager, Planning, Programming and Capacity Branch, Northwest Mountain Region.

[FR Doc. 98–15060 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

Federal Railroad Administration

Notice of Safety Advisory

AGENCY: Federal Railroad Administration (FRA), DOT.

ACTION: Notice of safety advisory.

SUMMARY: FRA is issuing Safety Advisory 98–2 addressing safety practices to reduce the risk of casualties caused by failure to activate the available two-way end-of-train telemetry device (two-way EOT) to initiate an emergency brake application beginning at the rear of the train when circumstances require an emergency application of the train airbrakes.

FOR FURTHER INFORMATION CONTACT: Dennis Yachechak, Operating Practices Specialist, Office of Safety Enforcement, FRA, 400 Seventh Street, SW., RRS–11, Mail Stop 25, Washington, DC. 20590 (telephone 202–632–3370), or Thomas Herrmann, Trial Attorney, Office of Chief Counsel, FRA, 400 Seventh Street, SW., RCC–12, Mail Stop 10, Washington, DC. 20590 (telephone 202–632–3178).

SUPPLEMENTARY INFORMATION: Several recent freight train incidents potentially involving the improper use of a train's airbrakes have caused FRA to focus on railroad airbrake and train handling procedures related to the initiation of an emergency airbrake application, particularly as they pertain to the activation of the two-way EOT from the locomotive. FRA and the National Transportation Safety Board (NTSB) are currently investigating four incidents in which a train was placed into emergency braking by use of the normal emergency brake valve handles on the locomotive, and although the train in each instance was equipped with an armed and operable two-way EOT, the device was not activated by the locomotive engineer. These incidents include:

- A March 30, 1997, incident occurring near Ridgecrest, North Carolina, involving Norfolk Southern train No. P32, resulting in 42 cars derailed and two crewmembers injured;
- An October 25, 1997, incident occurring in Houston, Texas, involving Union Pacific train Nos. IHOLB–25 and MTUHO–21, resulting in five locomotives derailed and totally destroyed and two crewmembers injured;
- A November 3, 1997, incident occurring near Alvord, Texas, involving Burlington Northern Santa Fe train Nos. HALTBAR 1–03 and ESLPCAM 3–11, resulting in three locomotives and seven cars derailed and two crewmembers injured;
- A March 23, 1998, incident occurring near Herington, Kansas, involving Union Pacific train Nos. MKSTUX–23 and IESLB–21, resulting in one locomotive and six cars derailed and one crewmember injured.

The facts and findings developed in the investigations currently being conducted by FRA and the NTSB will be published when the individual investigations are complete.

FRA's preliminary findings indicate that in all of the incidents noted above, there was evidence of an obstruction somewhere in the train line, caused by either a closed or partially closed angle cock or a kinked air hose. This obstruction prevented an emergency brake application from being propagated throughout the entire train, front to rear, after such an application was initiated from the locomotive using either the engineer's automatic brake valve handle or the conductor's emergency brake valve. Furthermore, the locomotive engineers in each of the incidents stated that they did not think to use the two-way EOT, when asked why they failed to activate the device.

Two-Way End-of-Train Device Regulation

On January 2, 1997, FRA published a final rule amending the regulations governing train and locomotive power braking systems contained at 49 CFR part 232 by adding provisions pertaining to the use and design of two-way EOTs. *See* 62 FR 278. Two-way EOTs provide locomotive engineers with the capability of initiating an emergency brake application that commences at the rear of the train. The purpose of the new provisions was to improve the safety of railroad operations by requiring the use of two-way EOTs on a variety of trains pursuant to 1992 legislation, and by establishing minimum performance and operational standards related to the use and design of the devices. Furthermore, the regulatory provisions related to two-way EOTs are intended to ensure that trains operating at a speed over 30 mph or in heavy grade territory are equipped with the technology to effectuate an emergency application of the train's airbrakes starting from both the front and rear of the train. The specific exceptions contained in the regulation are aimed at trains that: (i) Do not operate within the express parameters; or (ii) are equipped or operated in a fashion that provides the ability to effectuate an emergency brake application that commences at or near the rear of the train without the use of a two-way EOT. *See* 49 CFR 232.25(e)(1)–(e)(9).

Based on FRA's review of the above incidents, and its awareness of other incidents involving non-use of two-way EOTs under similar circumstances, it appears that further guidance regarding the use of the devices may be of assistance to our nation's railroads. This advisory may be especially beneficial to individuals responsible for train operations that do not have a thorough understanding of two-way EOTs and their function. Accordingly, FRA believes that the following recommended procedure for activating the two-way EOT should be taken to reduce the likelihood of future incidents caused by an inability to stop a moving train that encounters a train line obstruction.

Recommended Action

FRA recommends that each railroad adopt and implement a procedure that requires the locomotive engineer or other train crewmember to activate the two-way EOT, on trains equipped with the device, using the manual toggle switch, whenever it becomes necessary to place the train airbrakes in emergency using either the automatic brake valve handle or the conductor's emergency brake valve. FRA also recommends that the two-way EOT be activated whenever an undesired emergency application of the train airbrakes occurs. FRA believes that the likelihood of future incidents, such as the ones described above, would be greatly reduced if, besides following existing procedures regarding emergency train braking, railroads require additional action to be taken by a member of the train crew. FRA believes that this additional procedure would not only ensure that an emergency brake application is commenced from both the front and rear of the train, but that it will help familiarize the engineer with the activation of the device and will educate the engineer to react in the safest possible manner whenever circumstances require an emergency brake application. FRA further recommends that railroads have an operating supervisor personally conduct a face-to-face meeting with each locomotive engineer and conductor to explain the contents of this advisory, preferably during a mock demonstration in order to reinforce employee familiarization with the operation of the two-way EOT, and to ensure that each individual has a thorough understanding of how and under what circumstances to activate the two-way EOT. In issuing this safety advisory, FRA acknowledges the following

railroads that have already taken the lead on this issue by having in effect a similar or comparable requirement: Burlington Northern Santa Fe, Conrail, CSX, Norfolk Southern, and Union Pacific.

FRA may modify Safety Advisory 98–2, issue additional safety advisories, or take other appropriate necessary action to ensure the highest level of safety on the Nation's railroads.

Issued in Washington, DC, on June 1, 1998.

George Gavalla,

Acting Associate Administrator for Safety.

[FR Doc. 98–14975 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–06–P

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

[Docket No. NHTSA–97–3194; Notice 2]

Cosco, Inc.; Grant of Application for Decision of Inconsequential Noncompliance

Cosco, Incorporated of Columbus, Indiana, has determined that approximately 82,176 child restraint systems fail to comply with 49 CFR 571.213, Federal Motor Vehicle Safety Standard (FMVSS) No. 213, ''Child Restraint Systems,'' and has filed an appropriate report pursuant to 49 CFR part 573, ''Defects and Noncompliance Reports.'' Cosco has also applied to be exempted from the notification and remedy requirements of 49 U.S.C. Chapter 301—''Motor Vehicle Safety'' on the basis that the noncompliance is inconsequential to motor vehicle safety.

Notice of receipt of the application was published, with a 30-day comment period, on February 20, 1998, in the **Federal Register** (63 FR 8735). NHTSA received no comments.

FMVSS No. 213, paragraph S5.7, requires that each material used in a child restraint system shall conform to the requirements of S4 of FMVSS No. 302, ''Flammability of Interior Materials.'' This requires that any material that does not adhere to other material(s) at every point of contact shall meet the burn rate requirements of S4.3 when tested separately. Materials are to be tested as a composite only if the material adheres to other material(s) at every point of contact.

Following compliance tests conducted by the National Highway Traffic Safety Administration (NHTSA), Cosco has confirmed through its investigation that it manufactured and distributed a number of Touriva convertible child restraint systems whose covers incorporate an additional polyester fiberfill pillow which does not meet the flammability requirements of FMVSS Nos. 213 and 302. The Cosco child restraints affected and the dates of production are as follows: Touriva Overhead Shield Accu-Just (Model 02–025; 3/95 to 6/96); Touriva Luxury Overhead Shield AccuJust (Model 02–045; 2/95 to 6/96); Touriva Overhead Shield (Model 02–034; 4/94 to 6/96); Touriva Overhead Shield Accu-Just (Model 02–054; 4/94 to 6/96); Touriva 5 point (Model 02–564; 3/95 to 6/96); Touriva Overhead Shield (Model 02–055; 1/95 to 6/96); Touriva Luxury Overhead Shield (Model 02–065; 3/95 to 6/96); Olympian Overhead Shield (Model 02–257; 6/96); Touriva 5 point (Model 02–597; 6/96); Touriva Safe T-Shield (Model 02–096; 4/96 to 6/96); and Touriva Overhead Shield Accu-Just (Model 02–064;1/95 to 6/96). All of the models listed are convertible child restraints incorporating the same shell design and a pillow in the head contact area, but the different models are a combination of restraint types, cover designs, and options. In each of the noncompliant models, a polyester fiberfill is utilized to form the pillow in the head area of the cover, and it is this polyester fiberfill material which exceeded the 4 inches per minute maximum burn rate when tested in accordance with S4 of FMVSS No. 302. In its investigation, Cosco found burn rates ranging from 17.3 inches per minute to 39.5 inches per minute in six tests conducted on two different samples of the polyester fiberfill in question.

Cosco supports its application for inconsequential noncompliance with the following:

As the non-complying polyester fiberfill is incorporated into a pillow located in the child restraint near the top of the pad; it is a vertical surface. This configuration makes the likelihood of ignition from cigarettes or any other similar ignition source virtually nil.

Complying materials encase the relatively small amount of non-complying polyester fiberfill. The amount of potentially non-complying polyester fiberfill incorporated in the pillow is 0.0951 pounds. The various Touriva convertible child restraints range in weight from approximately eight to ten pounds. This means that approximately one percent of the child restraint is potentially non-complying. Furthermore, as is confirmed in the NHTSA tests which identified the non-complying polyester fiberfill, the material encompassing the non-complying polyester fiberfill complies with the FMVSS 302 Flammability Standard. This includes the fabric covering the surface of the pad, the polyurethane foam in the pad, the fabric backing of the pad, and the polypropylene shell itself. Thus, the only way the non-complying fiberfill would be exposed to a source of ignition that has not already consumed the child restraint is if the cover of the pillow is torn, exposing the fiberfill, and an ignition source then finds its way to this exposed fiberfill. The probability of such a sequence of events occurring is virtually nil. These facts make the potential of the non-complying polyester fiberfill in the pillow contributing to an injury or death even less likely.

Cosco has no reports of the burning of a cover of one of the suspect models (or any other child restraint system cover). All occupant protection studies which Cosco has reviewed, indicate an almost infinitesimal risk of injury or death by vehicle fires in total, at least in collisions. Cosco is unaware of any data on fires of the interior of vehicles unrelated to collisions.

The agency has reviewed Cosco's application and has decided that the noncompliance is inconsequential to motor vehicle safety. NHTSA agrees with Cosco that the noncompliant polyester fiberfill material incorporated in the pillow of noncompliant Touriva child restraint systems is unlikely to pose a flammability risk due to the unlikelihood of exposure to an ignition source given the pillow's vertical orientation on the child restraint, the fact that the noncompliant material is fully encased by materials which comply with the flammability requirements of FMVSS No. 302, and the very limited quantity of noncompliant material used in construction of the child restraint.

The agency granted an application for inconsequential noncompliance submitted by PACCAR, 57 FR 45868 (October 5, 1992), in which the circumstances were analogous to those presented in the Cosco application. PACCAR manufactured mattresses for the sleeper areas of certain truck tractors. A small portion of the material used in the construction of the mattresses, and subject to the requirements of FMVSS No. 302, failed the burn rate test. The agency determined that ignition of the noncompliant material was unlikely and, due to the small volume of the material, would not pose the threat of a serious fire if ignited. As a result of this analysis, the PACCAR petition was granted.

NHTSA disagrees with Cosco's assertion that the risk of injury or death in vehicle fires due to collisions is ''infinitesimal.'' Nevertheless, although it is possible that fuel-fed fires from vehicle crashes could consume a vehicle's interior, the flammability of the polyester fiberfill materials would be irrelevant to the severity of such a fire and to the potential injuries incurred by a child.

NHTSA's evaluation of the consequentiality of this noncompliance should not be interpreted as a diminution of the agency's concern for child safety. Rather, it represents NHTSA's assessment of the gravity of the noncompliance based upon the likely consequences. Ultimately, the issue is whether this particular noncompliance is likely to increase the risk to safety. Although empirical results are not determinative, the absence of any reports of fires originating in these child restraints supports the agency's decision that the noncompliance does not have a consequential effect on safety.

For the above reasons, the agency has decided that Cosco has met its burden of persuasion that the noncompliance at issue here is inconsequential to motor vehicle safety and its application is granted. Accordingly, Cosco is hereby exempted from the notification and remedy provisions of 49 U.S.C. 30118 and 30120.

Authority: 49 U.S.C. 30118(d), 30120(h) delegations of authority at 49 CFR 1.50 and 501.8.

Issued on: May 29, 1998.

L. Robert Shelton,

Associate Administrator for Safety Performance Standards.

[FR Doc. 98–15037 Filed 6–4–98; 8:45 am]

BILLING CODE 4910–59–P

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 33597]

Great Western Railway of Colorado, LLC—Acquisition and Operation Exemption—Great Western Lines, LLC

Great Western Railway of Colorado, LLC (GWC), a Class III rail carrier, has filed a verified notice of exemption to acquire approximately 23 miles of rail line from Great Western Lines, LLC.[1] The line involved in the acquisition transaction is located in Colorado as follows: (1) between milepost 76.5, at Fort Collins, and milepost 98.9 at Greeley; and (2) the Burlington Northern Railroad Company's former interchange track at Loveland, between the end of the track and a point 10 feet south of Tenth Street in Loveland.

The transaction was to be consummated on or shortly after May 14, 1998, the effective date of the exemption.

If this notice contains false or misleading information, the exemption is void *ab initio*. Petitions to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to revoke does not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 33597, must be filed with the Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, N.W., Washington, DC 20423–0001. In addition, a copy of each pleading must be served on Karl Morell, Esq., BALL JANIK LLP, 1455 F Street, N.W., Suite 225, Washington, DC 20005.

Board decisions and notices are available on our website at WWW.STB.DOT.GOV.''

Decided: June 2, 1998.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 98–15066 Filed 6–4–98; 8:45 am]

BILLING CODE 4915–00–P

[1] GWC certifies that the projected revenues do not exceed those that would qualify as a Class III rail carrier. GWC also certifies that the projected annual revenue will not exceed $5 million.

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 33598]

OmniTRAX, Inc.—Control Exemption—Northern Ohio & Western Railway, LLC

OmniTRAX, Inc. (OmniTRAX), a noncarrier holding company has filed a notice of exemption to control Northern Ohio & Western Railway, LLC (NOW), a Class III rail carrier. OmniTRAX is proposing to acquire all of the issued and outstanding stock of NOW.

The transaction was scheduled to be consummated on May 14, 1998, the effective date of the exemption.

Applicant currently controls 9 Class III railroad subsidiary operating in 7 states: Central Kansas Railway LLC and Kansas Southwestern Railway LLC, in Kansas; Chicago Rail Link LLC and Manufacturers' Junction Railway LLC, in Illinois; Georgia Woodlands Railroad LLC, in Georgia; Great Western Railway of Colorado LLC, in Colorado; Great Western Railway of Iowa LLC, in Iowa; Newburgh and South Shore Railroad Limited, in Ohio; and Panhandle Northern Railroad LLC, in Texas.

OmniTRAX states that: (1) the railroads do not connect with each other or any railroad in their corporate family; (ii) the acquisition of control is not part of a series of anticipated transactions that would connect the ten railroads with each other or any railroad in their corporate family; and (iii) the transaction does not involve a Class I carrier. Therefore, the transaction is exempt from the prior approval requirements of 49 U.S.C. 11323. *See* 49 CFR 1180.2(d)(2).

Under 49 U.S.C. 10502(g), the Board may not use its exemption authority to relieve a rail carrier of its statutory obligation to protect the interests of its employees. Section 11326(c), however, does not provide for labor protection for transactions under sections 11324 and 11325 that involve only Class III rail carriers. Because this transaction involves Class III rail carriers only, the Board, under the statute, may not impose labor protective conditions for this transaction.

If the notice contains false or misleading information, the exemption is void *ab initio*. Petitions to revoke the exemption under 49 U.S.C. 10502(d) may be filed at any time. The filing of a petition to revoke will not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 33598, must be filed with the Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, N.W., Washington, DC 20423–0001. In addition, a copy of each pleading must be served on Karl Morell, Esq., BALL JANIK LLP 1455 F Street, N.W., Suite 225, Washington, DC 20005.

Board decisions and notices are available on our website at ''WWW.STB.DOT.GOV.''

Decided: June 2, 1998.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 98–15065 Filed 6–4–98; 8:45 am]

BILLING CODE 4915–00–P

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 33611]

Union Pacific Railroad Company—Petition for Declaratory Order—Former Missouri-Kansas-Texas Railroad Line Between Jude and Ogden Junction, TX

AGENCY: Surface Transportation Board.

ACTION: Institution of declaratory order proceeding; request for comments.

SUMMARY: The Surface Transportation Board (Board) is instituting a declaratory order proceeding and requesting comments on the petition of the Union Pacific Railroad Company (UP), for an order declaring that the Board lacks authority under 49 U.S.C.

10901 over UP's decision to rehabilitate and reactivate 16.7 miles of line passing though New Braunfels, TX.

DATES: Any interested person may file with the Board written comments concerning UP's petition by June 22, 1998. UP may reply by June 30, 1998.

ADDRESSES: Send an original plus 10 copies of all pleadings, referring to STB Finance Docket No. 33611, to: Surface Transportation Board, Office of the Secretary, Case Control Unit, Attn: STB Finance Docket No. 33611, 1925 K Street, N.W., Washington, DC 20423–0001. In addition, pleadings must certify that a copy has been served on UP's representatives: J. Michael Hemmer and Pamela L. Miles, Covington & Burling, 1201 Pennsylvania Avenue, N.W., P.O. Box 7566, Washington, DC 20044–7566.

FOR FURTHER INFORMATION CONTACT: Joseph H. Dettmar, (202) 565–1600. [TDD for the hearing impaired: (202) 565–1695.]

SUPPLEMENTARY INFORMATION: By petition filed on May 26, 1998, UP requests the Board to issue an order under 49 CFR 1117.1 declaring that its rehabilitation of the segment of the former Missouri-Kansas-Texas Railroad (MKT) line that runs parallel to UP's mainline in the New Braunfels, TX area does not need to be reviewed by the Board under 49 U.S.C. 10901. [1] According to UP, the City Council of New Braunfels adopted in May a resolution requesting UP to permanently cease rehabilitating the line.

UP states that it has encountered significant congestion on its Austin Subdivision north of San Antonio. UP maintains that, because of inadequate rail capacity on this route, it has been unable to haul all of the aggregates needed by the Texas construction industry. To remedy the capacity problem, UP has begun rehabilitating the former MKT line between UP milepost 219.5 at Jude, TX (about 10 miles south of San Marcos), and UP milepost 236.2 at Ogden Junction, TX, a distance of about 16.7 miles. [2] UP claims that this rehabilitation project will eliminate the only single-track section on the 56 miles between San Marcos and San Antonio.

UP notes that, in the UP-MKT merger (*Union Pacific Corp. Et Al.-Cont.—MO-KS-TX Co. et al.*, 4 I.C.C.2d 409 (1988)), the Interstate Commerce Commission (ICC) granted abandonment authority for the line.[3] UP states that, while service has been discontinued on the line, the track was not removed and, except for a few locations, the line is intact.[4] Parts of the track continue to be used.[5]

UP argues that 49 U.S.C. 10901 does not give the Board authority over all rail track projects. It notes that 49 U.S.C. 10906 excludes spur tracks from Board construction jurisdiction. While the line at issue is not a spur, UP contends that some track projects fall between section 10906 exclusions and section 10901 jurisdiction, because they are neither ''an extension'' of a rail line nor ''an extension of a railroad line.'' Specifically, UP argues that section 10901 does not apply to this situation because it is a ''mere addition of a second track to an existing line or railroad, [and it does] not alter the competitive situation by injecting a carrier into a new service area.''

UP cites *Missouri Pacific R.R.—Construction and Operation Exemption— Avondale, LA*, STB Finance Docket No. 33123, (STB served July 11, 1997) at 2 for the proposition that ''[a]n extension or addition to a rail line occurs when a construction project enables a carrier to penetrate or invade a new market.'' UP claims that it is not creating a new rail line, but simply reinstating service on a previously operated line. Moreover, it argues that it is not penetrating new territory, because UP is the only railroad serving customers in the area.[6]

UP also contends that its rehabilitation is not a line addition or extension, because it is simply developing a second main line or ''double tracking'' to increase the capacity of the existing mainline. According to UP, the ICC found that it did not have jurisdiction over double track construction. *City of Detroit* v. *Canadian National Ry.*, 9 I.C.C.2d 1208 (1993), *aff'd sub nom. Detroit/Wayne County Authority* v. *ICC*, 59 F.3d 1314 (D.C. Cir. 1995) and *City of Stafford, Texas* v. *Southern Pacific Transportation Co.*, Finance Docket No. 32395 (ICC served Nov. 8, 1994) *aff'd sub nom. City of Stafford* v. *ICC*, 59 F. 3d 535 (5th Cir. 1995).

By this notice, the Board is requesting comments on UP's petition.

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Decided: June 1, 1998.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 98–15064 Filed 6–4–98; 8:45 am]

BILLING CODE 4915–00–P

[1] Under 49 U.S.C. 10901(a), a carrier may ''(1) construct an extension to any of its railroad lines; (2) construct an additional railroad line; [or] (3) provide transportation over, or by means of, an extended or additional railroad line; * * * only if the Board issues a certificate authorizing such activity.''

[2] According to UP, the line rehabilitation will ''accommodate the current volume of traffic in this area, meet the unmet needs of local shippers, and handle expected growth of Laredo gateway traffic.''

[3] Although no citation is given, it appears that in the merger the line was authorized for abandonment in *Missouri-Kansas-Texas Railroad Company-Abandonment Exemption-In Comal County, TX*, Docket No. AB–102 (Sub-No. 18X).

[4] UP states that, although the lines are not located within the same right-of-way, in some places they are only 100 feet apart. Based on the map provided by UP, it also appears that in one place the lines are more than 1.5 miles apart.

[5] UP states that a shipper in New Braunfels is being served over about one-half mile of the former MKT line. UP also uses another 4000 feet of track to serve a lumber shipper. Prior to the rehabilitation, additional segments of the line were evidently used for storage.

[6] UP claims that this case differs from *Dakota Rail, Inc.—Petition for Exemption from 49 U.S.C. 10901, 10903 & 11301, Finance Docket No. 30721 (ICC served Apr. 10, 1986) (Dakota). There the ICC indicated that the carrier would need to seek authority to resume service over a line it had abandoned. UP argues that the discussion in Dakota was simply dicta. Moreover, the line abandoned there was the only one in that geographic area, and if service were resumed, the carrier would arguably be entering new territory. Here, UP submits, UP maintained service in the area even after the abandonment through the use of its parallel track.*

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Docket No. AB–33 (Sub-No. 121X)]

Union Pacific Railroad Company—Abandonment Exemption—in Arkansas County, AR

Union Pacific Railroad Company (UP) has filed a notice of exemption under 49 CFR 1152 Subpart F—*Exempt Abandonments and Discontinuances of Service and Trackage Rights* to abandon and discontinue service over a 26.0-mile line of railroad on the Stuttgart Branch from milepost 236.0 near Ricusky to the end of the line at milepost 262.0 near Indiana, in Arkansas County, AR. The line traverses United States Postal Service Zip Code 72042.

UP has certified that: (1) No local traffic has moved over the line for at least 2 years; (2) any overhead traffic on the line can be rerouted over other lines; (3) no formal complaint filed by a user of rail service on the line (or by a state or local government entity acting on behalf of such user) regarding cessation of service over the line either is pending with the Surface Transportation Board (Board) or with any U.S. District Court or has been decided in favor of complainant within the 2-year period; and (4) the requirements at 49 CFR 1105.7 (environmental reports), 49 CFR 1105.8 (historic reports), 49 CFR 1105.11 (transmittal letter), 49 CFR 1105.12 (newspaper publication), and

49 CFR 1152.50(d)(1) (notice to governmental agencies) have been met.

As a condition to this exemption, any employee adversely affected by the abandonment shall be protected under *Oregon Short Line R. Co.—Abandonment—Goshen,* 360 I.C.C. 91 (1979). To address whether this condition adequately protects affected employees, a petition for partial revocation under 49 U.S.C. 10502(d) must be filed. Provided no formal expression of intent to file an offer of financial assistance (OFA) has been received, this exemption will be effective on July 5, 1998, unless stayed pending reconsideration. Petitions to stay that do not involve environmental issues,[1] formal expressions of intent to file an OFA under 49 CFR 1152.27(c)(2),[2] and trail use/rail banking requests under 49 CFR 1152.29 must be filed by June 15, 1998. Petitions to reopen or requests for public use conditions under 49 CFR 1152.28 must be filed by June 25, 1998, with: Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, N.W., Washington, DC 20423.

A copy of any petition filed with the Board should be sent to applicant's representative: Joseph D. Anthofer, General Attorney, Union Pacific Railroad Company, 1416 Dodge Street, Room 830, Omaha, NE 68170.

If the verified notice contains false or misleading information, the exemption is void *ab initio.*

UP has filed an environmental report which addresses the effects of the abandonment and discontinuance, if any, on the environment and historic resources. The Section of Environmental Analysis (SEA) will issue an environmental assessment (EA) by June 10, 1998. Interested persons may obtain a copy of the EA by writing to SEA (Room 500, Surface Transportation Board, Washington, DC 20423) or by calling SEA, at (202) 565–1545. Comments on environmental and historic preservation matters must be filed within 15 days after the EA becomes available to the public.

Environmental, historic preservation, public use, or trail use/rail banking conditions will be imposed, where appropriate, in a subsequent decision.

Pursuant to the provisions of 49 CFR 1152.29(e)(2), UP shall file a notice of consummation with the Board to signify that it has exercised the authority granted and fully abandoned the line. If consummation has not been effected by UP's filing of a notice of consummation by June 5, 1999, and there are no legal or regulatory barriers to consummation, the authority to abandon will automatically expire.

Board decisions and notices are available on our website at ''WWW.STB.DOT.GOV.''

Decided: May 27, 1998.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 98–14572 Filed 6–4–98; 8:45 am]

BILLING CODE 4915–00–P

[1] The Board will grant a stay if an informed decision on environmental issues (whether raised by a party or by the Board's Section of Environmental Analysis in its independent investigation) cannot be made before the exemption's effective date. *See Exemption of Out-of-Service Rail Lines,* 5 I.C.C.2d 377 (1989). Any request for a stay should be filed as soon as possible so that the Board may take appropriate action before the exemption's effective date.

[2] Each offer of financial assistance must be accompanied by the filing fee, which currently is set at $1000. *See* 49 CFR 1002.2(f)(25).

DEPARTMENT OF THE TREASURY

Treasury Advisory Committee on Commercial Operations of the U.S. Customs Service

AGENCY: Departmental Offices, Treasury.

ACTION: Renewal of Treasury Advisory Committee on Commercial Operations of the U.S. Customs Service and solicitation of applications for committee membership.

SUMMARY: It is in the public interest to renew the Advisory Committee for another two-year term. This notice also establishes criteria and procedures for the selection of members.

FOR FURTHER INFORMATION CONTACT: Dennis M. O'Connell, Director, Office of Tariff and Trade Affairs, Office of the Under Secretary (Enforcement). (202) 622–0220. Pursuant to the Federal Advisory Committee Act 5 U.S.C. App. I (1962), and section 95603 © of the Omnibus Budget Reconciliation Act of 1987 (Pub. L. 100–203), the Under Secretary (Enforcement) announces the renewal of the following advisory committee:

Title: The Treasury Advisory Committee on Commercial Operations of the U.S. Customs Service

Purpose: The purpose of the Committee is to present advice and recommendations to the Secretary of the Treasury regarding commercial operations of the U.S. Customs Service and to submit a report to Congress containing a summary of its operations and its views and recommendations.

Statement of Public Interest: it is in the public interest to continue the existence of the Committee upon expiration, under the provisions of the Advisory Committee Act, of its current two-year term. The Committee provides a critical forum for distinguished representatives of diverse industry sectors to present their views on major issues involving commercial operations of the Customs Service. These views are offered directly to senior Treasury and Customs officials on a regular basis in a candid atmosphere. There exists no other single body that serves a comparable function.

SUPPLEMENTARY INFORMATION:

Background

In the Omnibus Budget Reconciliation Act of 1987 (Pub. L. 100–203), Congress repealed the statutory mandate for a Customs User Fee Advisory Committee and directed the Secretary of the Treasury to create a new Advisory Committee on Commercial Operations of the U.S. Customs Service. The original Committee consisted of 20 members drawn from industry sectors affected by Customs commercial operations. The Committee's charter was filed on October 17, 1988 and expired two years later. Charters were subsequently filed for second, third, and fourth, and fifth two-year terms. The current charter will expire on October 15, 1998. the Treasury Department plans to file a new charter by that date renewing the Committee for a sixth two-year term.

Objective, Scope and Description of the Committee

The Committee's objectives are to advise the Secretary of the Treasury on issues relating to the commercial operations of the Customs Service. It is expected that, during its sixth two-year term, the Committee will consider such issues as implementation of the Customs Modernization Act, administration of staff and resources for commercial operations, informed compliance and compliance assessment, the account system, automated systems, the International Trade Data System, the Year 2000 conversion, commercial enforcement, international efforts to harmonize customs practices and procedures, strategic planning, and northern border and southern board issues and the relationships with Canadian Customs and Mexican Customs.

The Committee will be chaired by the Assistant Secretary of the Treasury for Enforcement. The Committee will function for a two-year period before renewal or termination and will meet approximately eight times (quarterly) during the period. Additional special

meetings of the full Committee or a subcommittee thereof may be convened if necessary.

The meetings will generally be held in the Treasury Department, Washington, D.C. However, typically one meeting period year, but generally not more than two, may be held outside of Washington at a Customs port. In recent years, meeting have been held in Baltimore, New Orleans, Oakland, Nogales, Los Angeles and Seattle, among other locations.

The meetings are open to public observers, including the press, unless special procedures have been followed to close a meeting. During the first five terms of the Committee, only a portion of the one meeting was closed.

The members shall be selected by the Secretary of the Treasury from representatives of the trade or transportation community serviced by Customs, the general public, or others who are directed affected by Customs commercial operations. In addition, members shall represent major regions of the country, and not more than ten members may be affiliated with the same political party. No person who is required to register under the Foreign Agents Registration Act as an agent or representative of a foreign principal may serve on an advisory committee. Members shall not be paid compensation nor shall they be considered Federal Government employees for any purpose. No per diem, transportation, or other expenses are reimbursed for the cost of attending Committee meetings at any location.

Members who are serving on the Committee during its expiring two-year term are eligible to reapply for membership. A new application letter and updated resume are required. It is expected that approximately half of the current membership of the Committee will be replaced with new appointees.

Membership on the Committee is personal to the appointee. Under the Committee By-Laws, a member may not send an alternate to represent him at a Committee meeting. However, since Committee meetings are open to the public, another person from a member's organization may attend and observe the proceedings in a nonparticipating capacity. Regular attendance is essential; a member who is absent for two consecutive meetings or two meetings in a calendar year shall lose his seat on the Committee.

Application for Advisory Committee Appointment

Any interested person wishing to serve on the Treasury Advisory Committee on Commercial Operations of the U.S. Customs Service must provide the following:

- Statement of interest and reasons for application;
- Complete professional biography or resume;
- Political affiliation, In order to ensure balanced representation. (Mandatory. If no party registration or allegiance, indicate ''independent'' or ''unaffiliated'').

In addition, applicants must state in their applications that they agree to submit to preappointment security and tax checks. There is no prescribed format for the application. Applicants may send a cover letter describing their interest and qualifications and enclosing a resume.

The application period for interested candidates will extend to July 15, 1998. Applications should be submitted in sufficient time to be received by the close of business on the closing date by Dennis M. O'Connell, Director, Office of Tariff and Trade Affairs, Office of the Under Secretary (Enforcement), Room 4004, Department of the Treasury, 1500 Pennsylvania Avenue, NW, Washington, D.C. 20220, ATTN: COAC 1998.

Dated: June 2, 1998.

Dennis M. O'Connell,

Acting Deputy Assistant Secretary, (Regulatory, Tariff and Trade Enforcement).

[FR Doc. 98–14959 Filed 6–4–98; 8:45 am]

BILLING CODE 4810–25–M

DEPARTMENT OF THE TREASURY

Treasury Advisory Committee on International Child Labor Enforcement

AGENCY: Departmental Offices, Treasury.

ACTION: Proposed establishment of the Treasury Advisory Committee on International Child Labor Enforcement (''the Committee'') and solicitation of applications for committee membership.

SUMMARY: The Treasury Department has determined that it is in the public interest to establish an Advisory Committee on International Child Labor Enforcement. A Charter for the Committee has been prepared and will be filed 15 days following the date of publication of this notice. This notices establishes criteria and procedures for the selection of members.

FOR FURTHER INFORMATION CONTACT: Dennis M. O'Connell, Director, Office of Tariff and Trade Affairs, Office of the Under Secretary (Enforcement), (202) 622–0220. Pursuant to the Federal Advisory Committee Act, 5 U.S.C. App. I (1962), the Under Secretary (Enforcement) proposes to establish the following advisory committee:

Title: The Treasury Advisory Committee on International Child Labor Enforcement.

Purpose: The purpose of the Committee is to present advice and recommendations to the Secretary of the Treasury regarding the enforcement of restrictions on the importation of merchandise manufactured in foreign countries using forced or indentured child labor.

Statement of Public Interest: It is in the public interest to establish, under the provisions of the Federal Advisory Committee Act, the Advisory Committee on International Child Labor Enforcement for an initial two-year term. The Committee will provide a critical forum for distinguished representatives of nongovernmental organizations, private businesses, trade associations, academia, and the public to present their views on enforcement of the import restrictions on merchandise manufactured overseas with forced or indentured child labor. These views are offered directly to senior Treasury and Customs officials on a regular basis in a candid atmosphere. There exists no other single body that could serve a comparable function.

SUPPLEMENTARY INFORMATION:

Background

Section 307 of the Tariff Act of 1930 (19 U.S.C. 1307) prohibits the importation of ''goods, wares, articles, and merchandise mined, produced, or manufactured wholly or in part in any foreign country by convict labor or/and forced labor or/and indentured labor under penal sanctions * * *.'' The prohibition is enforced by the United States Customs Service in accordance with the Customs Regulations, 19 CFR 12.42–12.48. A general provision in the Fiscal Year 1998 Treasury Appropriations Act made explicit that merchandise manufactured with ''forced or indentured child labor'' falls within the prohibition of Section 307, and also mandated that Customs not use any of the appropriation to permit the importation into the United States of such merchandise.

Following the enactment of the FY 1998 appropriations amendment regarding child labor, both the Treasury Department and the National Economic Council chaired in-depth interagency discussions aimed at strengthening the capability of the Executive Branch to enforce the prohibition on child labor imports. In his State of Union address on January 27, 1998, President Clinton pledged to ''fight the most intolerable labor practice of all—abusive child labor.'' The establishment of the Committee is intended to create a

partnership between Executive agencies, labor and human rights advocacy groups, industry representatives, and the public to promote effective enforcement of the law and to further the President's commitment to combat abusive child labor.

Objective, Scope and Description of the Committee

The Committee will advise the U.S. Treasury Department, the U.S. Customs Service, and other Executive agencies, on measures to enhance the effectiveness of enforcement of the import prohibition on merchandise manufactured in foreign countries with forced or indentured child labor. Among other matters, the Committee will assist in identifying specific information resources regarding, and avenues of productive inquiry into, prohibited child labor operations overseas. A major objective of the Committee is to share the expertise of private sector specialists regarding methods of operation employed, and international trade channels used, by manufacturers and distributors of merchandise produced with forced or indentured child labor. The ultimate purpose of this combined effort is to support a vigorous law enforcement initiative to stop illegal shipments of products of forced or indentured child labor and to punish violators.

Among other things, the Committee may make recommendations in the following areas. The Committee may consider additional governmental and nongovernmental measures to prevent child labor imports. The Committee may recommend measures and furnish information that will assist the Executive agencies in establishing a vigorous outreach and educational program calling upon industries and individuals in the private sector to promote voluntary compliance with the child labor prohibition. The Committee may explore avenues for encouraging the cooperation of both foreign governments and foreign nongovernmental organizations in nations where child labor is widely perceived to be a serious problem in order to enlarge the reach and effectiveness of U.S. enforcement efforts and resources.

Private sector members will be selected by the Secretary of the Treasury from persons with expertise in the subject of the use of child labor in foreign countries, particularly in the production of merchandise for international trade and/or who have commercial interests that may be affected by governmental enforcement measures. Members will be drawn from such organizations as labor rights, human rights, and child welfare groups; labor unions; affected private firms and trade associations; academic experts and others who possess relevant expertise and/or who represent affected constituencies. Appointments will be made with the objective of creating a diverse and balanced body with a variety of interests, backgrounds, and viewpoints represented. In general, there will be at least twelve private sector members and not more than twenty. The Committee also will include ex officio members from relevant government agencies and entities.

The Committee will be chaired by the Assistant Secretary of the Treasury for Enforcement who may designate another official to serve in his absence as Acting Chairperson for purposes of presiding over a meeting of the Committee or performing any other duty of the Chairperson. The Committee will function for a two-year period before renewal or termination. It will meet periodically, but generally not more than four times per year, at the Treasury Department in Washington. The Committee may elect to hold a meeting(s) at another location if there is a consensus that this would further the objectives of the Committee.

The meetings are open to public observers, including the press, unless special procedures have been followed to close a meeting.

No person who is required to register under the Foreign Agents Registration Act as an agent or representative of a foreign principal may serve on an advisory committee. Members shall not be paid compensation nor shall they be considered Federal Government employees for any purpose. No per diem, transportation, or other expenses are reimbursed for the cost of attending Committee meetings at any location.

Membership on the Committee is personal to the appointee. Regular attendance is essential to the effective operation of the Committee. However, in the event of an unavoidable absence, a member may designate an alternate to represent him or her at a meeting.

Application for Advisory Committee Appointment

Any interested person wishing to serve on the Treasury Advisory Committee on International Child Labor Enforcement must provide the following:

—Statement of interest and reasons for application;

—Complete professional biography or resume;

In addition, applicants must state in their applications that they agree to submit to preappointment security and tax checks. There is no prescribed format for the application. Applicants may send a cover letter describing their interest and qualifications and enclosing a resume.

The application period for interested candidates will extend to July 10, 1998. Applications should be submitted in sufficient time to be received by the close of business on the closing date and be addressed to Dennis M. O'Connell, Director, Office of Tariff and Trade Affairs, Office of the Under Secretary (Enforcement), Room 4004, Department of the Treasury, 1500 Pennsylvania Avenue, NW, Washington, D.C. 20220, Attention: CHILD 1998.

Dated: June 2, 1998.

Dennis M. O'Connell,

Acting Deputy Assistant Secretary (Regulatory, Tariff and Trade Enforcement).

[FR Doc. 98–14960 Filed 6–4–98; 8:45 am]

BILLING CODE 4810–25–M

DEPARTMENT OF THE TREASURY

Treasury Advisory Committee on Commercial Operations of the U.S. Customs Service; Notice of Meeting

AGENCY: Departmental Offices, Treasury.

ACTION: Notice of meeting.

SUMMARY: This notice announces the date and location of the next meeting and the agenda for consideration by the Treasury Advisory Committee on Commercial Operations of the U.S. Customs Service.

DATES: The next meeting of the Treasury Advisory Committee on Commercial Operations of the U.S. Customs Service will be held on June 26, 1998. The session will be held at the Marriot Financial Center, 85 West Street, New York, New York. (Tel. 212–266–6246, FAX: 212–385–9174) from approximately 9:00 a.m. to 12:30 p.m.

FOR FURTHER INFORMATION CONTACT: Dennis M. O'Connell, Director, Office of Tariff and Trade Affairs, Office of the Under Secretary for Enforcement, Room 4004, 1500 Pennsylvania Avenue, NW., Washington, DC 20220. Tel.: (202) 622–0220.

SUPPLEMENTARY INFORMATION: This is the seventh meeting of the current two-year term of the Committee. The provisional agenda to be considered at the meeting is as follows:

1. Introduction of the Chief U.S. Textile Negotiator, Mr. Donald Johnson, and a discussion of the textile program.

2. Automated Export System: report of the subcommittee to develop industry recommendations.

3. Status and progress of Customs automation.

4. Current priorities in commercial enforcement.

5. The Merchandise Processing Fee and aggregation of entries: How can they be harmonized?

The foregoing provisional agenda may be modified prior to the meeting.

Members of the public may verify the final content of the agenda by calling the information number one week prior to the meeting. The Committee, in its discretion, may take up other matters, time permitting. The meeting is open to the public. However, participation in the discussion is limited to Committee members and Treasury and Customs staff. It is necessary for any person other than an Advisory Committee member who wishes to attend the meeting to give notice by contacting Ms. Theresa Manning no later than June 19, 1998 at 202–622–0220.

Dated: June 2, 1998.

Dennis M. O'Connell,

Acting Deputy Assistant Secretary (Regulatory, Tariff and Trade Enforcement).

[FR Doc. 98–14958 Filed 6–4–98; 8:45 am]

BILLING CODE 4810–25–M

Corrections

Federal Register

Vol. 63, No. 108

Friday, June 5, 1998

This section of the FEDERAL REGISTER contains editorial corrections of previously published Presidential, Rule, Proposed Rule, and Notice documents. These corrections are prepared by the Office of the Federal Register. Agency prepared corrections are issued as signed documents and appear in the appropriate document categories elsewhere in the issue.

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34-40005; File No. SR-NASD-98-18]

Self-Regulatory Organizations; National Asssociation of Securities Dealers, Inc.; Notice of Extension of Comment Period for Proposal Relating to Qualified Immunity in Arbitration Proceedings for Statements Made on Forms U–4 and U–5

Correction

In notice document 98–13955 beginning on page 29050, in the issue of Wednesday, May 27, 1998, make the following correction:

On page 29051, in the first column, above the FR Doc. line, the signature was omitted and should read as set forth below.

Margaret H. McFarland,

Deputy Secretary.

BILLING CODE 1505-01-D

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 97-ANM-20]

Amendment of Class E Airspace; Livingston, MT, and Butte, MT, and Removal of Class E Airspace; Coopertown, MT

Correction

In final rule document 98–14169 beginning on page 29103, in the issue of Thursday, May 28, 1998, make the following correction:

§ 71.1 [Corrected]

On page 29104, in the third column, under the heading **ANM MT E5 Livingston, MT [Revised]**, in the 20th line, ''112°29′00″W;'' should read ''110°29′00″W;''.

BILLING CODE 1505-01-D

federal register

Friday
June 5, 1998

Part II

Department of Health and Human Services

Health Care Financing Administration

42 CFR Parts 405, et al.

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 1999; Proposed Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 405, 410, 413, 414, 415, 424, and 485

[HCFA–1006–P]

RIN 0938–AI52

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule for Calendar Year 1999

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Proposed rule.

SUMMARY: This proposed rule would make several policy changes affecting Medicare Part B payment. The changes that relate to physician services include: resource-based practice expense relative value units, medical direction rules for anesthesia services, and payment for abnormal Pap smears. Also, we would rebase the Medicare Economic Index from a 1989 base year to a 1996 base year. Under the law, we are required to develop a resource-based system for determining practice expense relative value units. The Balanced Budget Act of 1997 (BBA 1997) delayed, for 1 year, implementation of the resource-based practice expense relative value units until January 1, 1999. Also, BBA 1997 revised our payment policy for nonphysician practitioners, for outpatient rehabilitation services, and for drugs and biologicals not paid on a cost or prospective payment basis. In addition, BBA 1997 permits certain physicians and practitioners to opt out of Medicare and furnish covered services to Medicare beneficiaries through private contracts. In addition, since we established the physician fee schedule on January 1, 1992, our experience indicates that some of our Part B payment policies need to be reconsidered. This proposed rule is intended to correct inequities in physician payment and solicits public comments on specific proposed policy changes.

DATES: Comments on the proposed resource-based practice expense policy will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on September 3, 1998. Comments on all other issues will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on August 4, 1998.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: HCFA–1006–P, P.O. Box 26688, Baltimore, MD 21207–0488.

If you prefer, you may deliver your written comments (1 original and 3 copies) to one of the following addresses:

Room 309–G, Hubert H. Humphrey Building, 200 Independence Avenue, SW., Washington, DC 20201, or

Room C5–09–26, 7500 Security Boulevard, Baltimore, MD 21244–1850

Because of staffing and resource limitations, we cannot accept comments by facsimile (FAX) transmission. In commenting, please refer to file code HCFA–1006–P. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7890).

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FOR FURTHER INFORMATION CONTACT: Roberta Epps, (410) 786–4503 (for issues related to outpatient rehabilitation services, nurse practitioners, clinical nurse specialists, and certified nurse-midwives).

Stephen Heffler, (410) 786–1211 (for issues related to the Medicare Economic Index).

Anita Heygster, (410) 786–4486 (for issues related to private contracts).

Jim Menas, (410) 786–4507 (for issues related to Pap smears and medical direction for anesthesia services).

Robert Niemann, (410) 786–4569 (for issues related to the drugs and biologicals policy).

Regina Walker-Wren, (410) 786–9160 (for issues related to physician assistants).

Stanley Weintraub, (410) 786–4498 (for issues related to practice expense relative value units and all other issues).

SUPPLEMENTARY INFORMATION: 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 not exclusively in part V.

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In addition, because of the many organizations and terms to which we refer by acronym in this proposed rule, we are listing these acronyms and their corresponding terms in alphabetical order below:

AANA—American Association of Nurse Anesthetists
ABC—Activity based costing
ABN—Advance Beneficiary Notice
AHE—Average Hourly Earnings
AMA—American Medical Association
ASA—American Society of Anesthesiologists
AWP—Average Wholesale Price
BBA—Balanced Budget Act of 1997
BLS—Bureau of Labor Statistics
CF—Conversion factor
CFR—Code of Federal Regulations
CMSAs—Consolidated Metropolitan Statistical Areas
CORF—Comprehensive outpatient rehabilitation facility
CPEPs—Clinical Practice Expert Panels
CPI—Consumer Price Index
CPI–U—Consumer Price Index for All Urban Consumers
CPS—Current Population Survey
CPT—[Physicians'] Current Procedural Terminology [4th Edition, 1997, copyrighted by the American Medical Association]
CRNA—Certified Registered Nurse Anesthetist
DME—Durable medical equipment
DMEPOS—Durable medical equipment, prosthetics, orthotics, and supplies
DRG—Diagnosis-related group
EAC—Estimated Acquisition Cost
ECI—Employment Cost Index
ES–202—Data—Bureau of Labor Statistics from State unemployment insurance agencies
ESRD—End-stage renal disease
FDA—Food and Drug Administration
FMR—Fair market rental
GAAP—Generally accepted accounting principles
GAF—Geographic adjustment factor
GPCI—Geographic practice cost index
HCFA—Health Care Financing Administration
HCPCS—HCFA Common Procedure Coding System
HHS—[Department of] Health and Human Services
HMO—Health maintenance organization
HUD—[Department of] Housing and Urban Development
MEDPAC—Medicare Payment Advisory Commission
MEI—Medicare Economic Index
MGMA—Medical Group Management Association
MSA—Metropolitan Statistical Area
NAIC—National Association of Insurance Commissioners
NPI—National provider identifier
OBRA—Omnibus Budget Reconciliation Act
OTIP—Occupational therapist in independent practice
PC—Professional component
PMSA—Primary Metropolitan Statistical Area
PPI—Producer Price Index
PPS—Prospective payment system
PTIP—Physical therapist in independent practice
RUC—[AMA's Specialty Society] Relative [Value] Update Committee

RVU—Relative value unit
SMS—Socioeconomic Monitoring System
SNF—Skilled nursing facility
TC—Technical component
TEFRA—Tax Equity and Fiscal Responsibility Act
UPIN—Uniform provider identifier number

I. Background

A. Legislative History

Since January 1, 1992, Medicare has paid for physician services under section 1848 of the Social Security Act (the Act), ''Payment for Physicians' Services.'' This section contains three major elements: (1) A fee schedule for the payment of physician services; (2) a sustainable growth rate for the rates of increase in Medicare expenditures for physician services; and (3) limits on the amounts that nonparticipating physicians can charge beneficiaries. The Act requires that payments under the fee schedule 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, and malpractice expense.

Section 1848(c)(2)(B)(ii)(II) of the Act provides that adjustments in RVUs because of changes resulting from a review of those RVUs may not cause total physician fee schedule payments to differ by more than $20 million from what they would have been had the adjustments not been made. If this tolerance is exceeded, we must make adjustments to the conversion factors (CFs) to preserve budget neutrality.

B. Published Changes to the Fee Schedule

We published a final rule on November 25, 1991 (56 FR 59502) to implement section 1848 of the Act by establishing a fee schedule for physician services furnished on or after January 1, 1992. In the November 1991 final rule (56 FR 59511), we stated our intention to update RVUs for new and revised codes in the American Medical Association's (AMA's) Physicians' Current Procedural Terminology (CPT) through an ''interim RVU'' process every year. The updates to the RVUs and fee schedule policies follow:

- November 25, 1992, as a final notice with comment period on new and revised RVUs only (57 FR 55914).
- December 2, 1993, as a final rule with comment period (58 FR 63626) to revise the refinement process used to establish physician work RVUs and to revise payment policies for specific physician services and supplies. (We solicited comments on new and revised RVUs only.)
- December 8, 1994, as a final rule with comment period (59 FR 63410) to revise the geographic adjustment factor (GAF) values, fee schedule payment areas, and payment policies for specific physician services. The final rule also discussed the process for periodic review and adjustment of RVUs not less frequently than every 5 years as required by section 1848(c)(2)(B)(i) of the Act.
- December 8, 1995, as a final rule with comment period (60 FR 63124) to revise various policies affecting payment for physician services including Medicare payment for physician services in teaching settings, the RVUs for certain existing procedure codes, and to establish interim RVUs for new and revised procedure codes. The rule also included the final revised 1996 geographic practice cost indices (GPCIs).
- November 22, 1996, as a final rule with comment period (61 FR 59490) to revise the policy for payment for diagnostic services, transportation in connection with furnishing diagnostic tests, changes in geographic payment areas (localities), and changes in the procedure status codes for a variety of services.
- October 31, 1997, as a final rule with comment period (62 FR 59048) to revise the geographic practice cost index (GPCI), physician supervision of diagnostic tests, establishment of independent diagnostic testing facilities, the methodology used to develop reasonable compensation equivalent limits, payment to participating and nonparticipating suppliers, global surgical services, caloric vestibular testing, and clinical consultations. The final rule also implemented certain provisions of the Balanced Budget Act of 1997 (BBA 1997) (Public Law 105–33), enacted on August 5, 1997, and implemented the RVUs for certain existing procedure codes and established interim RVUs for new and revised procedure codes.

This proposed rule would affect the regulations set forth at 42 CFR part 405, which consists of regulations on Federal health insurance for the aged and disabled; part 410, which consists of regulations on supplementary medical insurance benefits; part 414, which consists of regulations on the payment for Part B medical and other health services; part 415, which pertains to services furnished by physicians in providers, supervising physicians in teaching settings, and residents in certain settings; part 424, which pertains to the conditions for Medicare payment; and part 485, which pertains to conditions of participation: specialized providers.

II. Specific Proposals for Calendar Year 1999

A. Resource-Based Practice Expense Relative Value Units

1. Current Practice Expense Relative Value Unit System

The Act details the types of services that are paid under the physician fee schedule. These include physician services, services and supplies incident to a physician service, diagnostic x-ray tests, diagnostic laboratory tests (excluding clinical laboratory tests), and x-ray, radium, and radioactive isotope therapy. BBA 1997 added other services such as certain preventive services. While some of these services do not have work RVUs, all of the services have practice expense and malpractice expense RVUs. (Physician anesthesia services are included under the physician fee schedule but are paid under a different payment methodology that uses a separate CF and allowable base and time units. Physician anesthesia services do not have practice expense and malpractice expense RVUs.) Payments for practice expense RVUs account for approximately 41 percent of total physician fee schedule payments.

In most cases, the current practice expense RVUs are calculated based on a statutory formula. They are derived from the product of ''base allowed charges'' and service-specific practice expense percentages. The base allowed charge is the national allowed charge for the service furnished during 1991. The service-specific practice expense percentage is a weighted average of the practice expense percentages of the specialties performing the service.

For services furnished beginning with calendar year 1994 and whose practice expense RVUs exceed 1994 work RVUs and are performed in the office setting less than 75 percent of the time, practice expense RVUs in each of 1994, 1995, and 1996 were reduced by 25 percent of the amount they exceed the 1994 work RVUs. (Before 1998, practice expense RVUs were not reduced to less than 128 percent of 1994 work RVUs.)

For services furnished beginning with calendar year 1998 whose practice expense RVUs (determined for 1998) exceeded 110 percent of the work RVUs and which were provided less than 75 percent of the time in an office setting, the 1998 practice expense RVUs were reduced to a number equal to 110 percent of the work RVUs. This limitation did not apply to services that had a proposed resource-based practice expense RVU in the June 18, 1997 proposed rule (62 FR 33158), which was

an increase from its 1997 practice expense RVU. For office visit procedure codes performed beginning calendar year 1998, the practice expense RVUs were increased by a uniform percentage to equal the aggregate decrease in the practice expense RVUs for other services.

2. Criticism of Current Practice Expense Relative Value Unit System

A common criticism of the current practice expense RVU system is that for many services the RVUs, which are based on charges under the reasonable charge system, are not based directly on the resources involved with furnishing the service. Rather, the charge-based nature of the current fee schedule practice expense retains historical charge patterns that existed before the implementation of the physician fee schedule on January 1, 1992. Those charge patterns favor procedures and tests performed in hospitals rather than evaluation and management services and other office-based services.

For example, a primary care physician would have to bill CPT code 99213 (level 3 office visit, established patient) approximately 80 times to collect the same amount of practice expense payments as a cardiac surgeon would for performing one coronary artery bypass graft with three coronary venous grafts (CPT code 33512), although the practice expenses the surgeon typically incurs for the cardiac surgery are primarily related to the pre- and postoperative services furnished in the office, administrative costs, and overhead. The costs for clinical staff, medical supplies, and medical equipment furnished to hospital patients are included in the diagnosis-related group (DRG) payment made to the hospital as required by section 1862(a)(14).

In their 1993 annual report to the Congress, the Physician Payment Review Commission recommended that the Congress revise the practice expense component of the physician fee schedule so that it is resource-based. They further recommended that we collect data regarding the direct cost incurred in delivering each service and that a formula-based approach be used to allocate indirect costs. This recommendation was instrumental in the Congress' legislating the resource-based practice expense component.

3. Resource-Based Practice Expense Legislation

Section 121 of the Social Security Act Amendments of 1994 (Public Law 103–432), enacted on October 31, 1994, requires us to develop a methodology for a resource-based system for determining practice expense RVUs for each physician service. In developing the methodology, we must consider the staff, equipment, and supplies used in providing medical and surgical services in various settings. The legislation required the new payment methodology to be effective for services furnished in 1998.

The legislation specifically requires that, in implementing the new system of practice expense RVUs, we must apply the same budget-neutrality provisions that we apply to other adjustments under the physician fee schedule.

Before publication of the final rule in October 1997, section 4505 of the BBA 1997 delayed initial implementation of resource-based practice expense RVUs until 1999. It also required that we do the following:

- Use, to the maximum extent practicable, generally accepted cost accounting principles that recognize all staff, equipment, supplies, and expenses, not solely those that can be linked to specific procedures.
- Consult with organizations representing physicians regarding methodology and data to be used.
- Develop a refinement method to be used during the transition.
- Consider impact projections that compare new proposed payment amounts to data on actual physician practice expenses.

4. Originally Proposed Methodology for Developing Resource-Based Practice Expense Relative Value Units

To implement the October 1994 legislation, we published a proposed rule on June 18, 1997 (62 FR 33158). In the proposed rule, we established a framework in which practice expenses were divided into direct and indirect costs. Direct costs are those costs that can be directly attributed to providing a service, such as the cost of a nurse's time (salary), medical supplies and equipment, administrative costs of billing, record maintenance, and the scheduling of office patients. Direct costs also include the physician's costs of office staff time for scheduling appointments and billing and collection activities associated with a medical procedure furnished in a hospital. Indirect costs cannot be directly attributed to a specific service, and include costs such as rent, utilities, office equipment and supplies, and accounting and legal fees. The allocation of indirect costs to specific products or services is a classic accounting problem. The indirect costs are difficult to relate directly to a specific service because they are incurred by the practice as a whole.

The June 1997 proposed rule (62 FR 33172) described the following methodology for calculating the proposed direct practice expense RVUs.

- We calculated the total pool of practice expense RVUs for 1995 and divided it into direct and indirect practice expense pools using the American Medical Association's (AMA's) Socioeconomic Monitoring System (SMS) survey data and our 1995 national claims history data. The national distribution of direct and indirect practice expense RVUs was 55 percent direct practice expense RVUs and 45 percent indirect practice expense RVUs.
- The underpinning for the proposed direct components of the practice expense RVUs was the data reported by the Clinical Practice Expert Panels (CPEPs) for clinical and administrative labor, medical supplies, and medical equipment inputs. There were 15 CPEPs, corresponding to the major medical specialties, which were made up of nominees from all major specialty societies. (A description of the CPEPs is contained in the June 1997 proposed rule (62 FR 33161).) (See Addendum A for a detailed description of the CPEP process.)
- These data were edited to apply Medicare payment policy rules to ensure that the reported data were consistent with our national hospital and physician payment policies. The primary adjustment was the removal of direct inputs recorded for clinical labor staff, medical equipment, and medical supplies furnished to hospital patients. Other adjustments were made for the professional component of a service, the technical component of a service, and the combined service, for codes that have an indicator of ZZZ under the physician fee schedule, and for certain allergy and immunotherapy codes performed on a per-test, per-dose, or per-vial basis.
- We believed that the relative relationships of the staff time estimates within the individual CPEPs were generally correct but that the absolute time estimates needed normalization. We placed the codes from the different CPEPs on the same scale using a normalization process that we call ''linking.'' Specifically, linking shifted an entire CPEP's data relative to other CPEPs' data, based on the relationship of the values assigned across panels for codes that had been assigned to multiple CPEPs. We separately linked clinical and administrative labor costs. Statistically, the linking was done using regression methods.

• After the data were edited and linked, our physicians and clinical staff analyzed the direct practice expense RVUs to determine if there were unexplainable variations in the underlying CPEP data. This review resulted in the application of two general reasonableness rules. First, a decision was made to cap the administrative time of several categories of service (services without a global period and procedures subject to global periods with zero follow-up days) at the administrative time assigned to CPT code 99213 (midlevel office visits). Second, we decided to cap the nonphysician clinical staff time at 1.5 times the physician time, in minutes, for performing the procedure. Additional more specific rules were applied to certain supplies and supply costs and for certain codes, such as psychotherapy, physical therapy, chemotherapy, and nerve block codes.

• The aggregate percentage shares across all specialties of labor and medical supplies and equipment from the CPEP data were scaled to the percentage shares of these categories from the AMA's SMS survey data. The CPEP expenses for labor, medical supplies, and medical equipment were adjusted by scaling factors of 1.21, 1.06, and 0.39 respectively.

• The direct practice expense dollar amounts were converted into direct practice expense RVUs. An adjustment factor of 0.65 was used to convert the aggregate direct practice expense dollars to the available Medicare direct practice expense dollars.

• Aggregate indirect practice expense RVUs were allocated to individual codes based on the code-specific sum of the direct practice expense, the malpractice expense, and the physician work RVU.

• The direct and the indirect practice expense RVUs per code were combined to produce a single practice expense RVU per code.

Other practice expense proposals in the June 1997 proposed rule (62 FR 33160) included:

• Replacement of the current site-of-service differential policy that systematically reduces the practice expense RVUs by 50 percent for certain procedures with a policy that would generally identify two different levels (office or nonoffice) of practice expense RVUs for each procedure code depending on the site of service.

• Elimination of the current policy that allows additional practice expense RVUs for supplies that are used incident to a physician service but were not the type of routine supplies included in the current practice expense RVUs for specific services. These supplies were included in the CPEP data for the specific procedure code.

• Reduction of the practice expenses for multiple nonsurgical services performed at the same time as an evaluation and management service.

The June 1997 proposed rule provided for a 60-day comment period ending on August 18, 1997.

5. Balanced Budget Act of 1997 Provisions Pertaining to Resource-Based Practice Expense Relative Value Units

On August 5, 1997, the President signed into law the Balanced Budget Act of 1997 (BBA 1997). Section 4505(a) of BBA 1997 delayed the effective date of the resource-based practice expense RVU system until January 1, 1999. In addition, BBA 1997 provided for the following revisions in the requirements to change from a charge-based practice expense RVU system to a resource-based method.

Instead of paying for all services entirely under a resource-based system in 1999, section 4505(b) of BBA 1997 provided for a 4-year transition period. The practice expense RVUs for the year 1999 will be the product of 75 percent of the previous year's RVUs (1998) and 25 percent of the resource-based RVUs. For the year 2000, the percentages will be 50 percent charge-based and 50 percent resource-based. For the year 2001, the percentages will be 25 percent charge-based and 75 percent resource-based. For subsequent years, the RVUs will be totally resource-based.

Section 4505(c) of BBA 1997 required the Comptroller General to review and evaluate our proposed rule and report to the Congress by February 1998. The review was required to include an analysis of (1) the adequacy of the data used in preparing the rule, (2) categories of allowable costs, (3) methods for allocating direct and indirect expenses, (4) the potential impact of the rule on beneficiary access to services, and (5) any other matters related to the appropriateness of resource-based methodology for practice expenses. The Comptroller General was also to consult with representatives of physician organizations with respect to matters of both data and methodology.

Section 4505(e) of BBA 1997 provided that, for 1998, the practice expense RVUs be adjusted for certain services in anticipation of the implementation of resource-based practice expenses beginning in 1999. Practice expense RVUs for office visits were increased. For other services whose practice expense RVUs (determined for 1998) exceeded 110 percent of the work RVUs and which were provided less than 75 percent of the time in an office setting, the 1998 practice expense RVUs were reduced to a number equal to 110 percent of the work RVUs. This limitation did not apply to services that had a proposed resource-based practice expense RVU in the June 1997 proposed rule that was an increase from its 1997 practice expense RVU. The total of the reductions was less than the statutory maximum of $390 million. The procedure codes affected and the final RVUs for 1998 were published in the October 31, 1997 final rule (62 FR 59103).

Section 4505(d)(2) of BBA 1997 required that the Secretary transmit a report to the Congress by March 1, 1998, including a presentation of data to be used in developing the practice expense RVUs and an explanation of the methodology. A report was submitted to the Congress in early March 1998. Section 4505(d)(3) requires that a proposed rule be published by May 1, 1998, with a 90-day comment period. For the transition to begin on January 1, 1999, a final rule must be published by October 31, 1998.

BBA 1997 also required that we develop new resource-based practice expense RVUs. In developing these new practice expense RVUs, section 4505(d)(1) required us to: (1) Utilize, to the maximum extent practicable, generally accepted accounting principles that recognize all staff, equipment, supplies, and expenses, not just those that can be tied to specific procedures, and use actual data on equipment utilization and other key assumptions; (2) consult with organizations representing physicians regarding the methodology and data to be used; and (3) develop a refinement process to be used during each of the 4 years of the transition period.

6. HCFA Response to BBA 1997 Requirements

BBA 1997 required us to develop new resource-based RVUs and to consult with physician organizations regarding methodology and data. To meet the BBA 1997 requirements and to promote input as we developed new RVUs, we have sought and will continue to encourage maximum input from those affected by this initiative. The following is a summary of activities we have undertaken.

• Validation Panel Meetings.

We hosted 17 medical specialty panels that were charged with validating the CPEP direct cost data for the high-volume CPT codes for each specialty. All the major medical specialty societies were represented, including nonphysician organizations.

Each panel, consisting of about 12 to 15 members, was made up of the appropriate specialists, two general surgeons, two primary care physicians, and two Medicare carrier medical directors. The panel members reviewed and, if they believed necessary, revised the clinical and administrative times and the supplies and equipment involved for each code. Consensus within panels was reached on about 200 codes.

• Cross Specialty Panel.

Although the October validation panels were able to reach consensus on many high-volume procedures within specific specialties, we were concerned that there was not a uniform or consistent scale applied to labor inputs across specialties. Therefore, in December, we convened a multiple specialty panel of 37 panelists, including physicians, nonphysicians, and administrators nominated by the specialty societies.

We expected the panel to help us achieve consistency across panels on resource inputs, such as insurance billing and transcription times, and to standardize the clinical staff types for similar classes of services, whether they be registered nurses, medical assistants, licensed practical nurses, or a mix of these staff types. The results of the cross specialty panel were generally unsuccessful. While the panel did provide the arena for panelists to furnish explanations of times for activities that we believed to be excessive, the panelists were generally reluctant to make any major modifications in the times or staff they had assigned to their own services. The panelists could not agree to any rules that would aid us in standardizing the data.

The panelists did recommend that we explore an option that treats billing and insurance activities as indirect costs. Many panelists also suggested that we proceed cautiously and try to minimize the magnitude of redistribution.

• Indirect Cost Symposium.

We convened a meeting on November 21, 1997 on indirect practice expenses to provide a forum for participants to discuss their preferred methodology for allocating indirect costs. We asked those organizations that commented on our proposed indirect cost methodology to make a formal presentation of their views. All major medical specialty groups were invited to attend and join in the discussion.

Some groups endorsed the methodology we proposed in the June 1997 proposed rule (62 FR 33172) with some modifications. One modification recommended was to eliminate malpractice RVUs as a factor in allocating indirect costs. It was noted, even by some advocates for other allocation methods, that our proposed methodology embodied traditional accounting methods for allocating indirect costs.

Only two major alternatives to our proposed methodology were presented. The first, the Activity Based Costing (ABC) method, was described as a cutting edge approach to determining the cost of individual products (CPT codes). Under the ABC method, the total costs of a practice are collected and assigned to discrete processes or activities. These costs are then assigned to products to which they are related.

The ABC method was developed for industries in which direct labor (the traditional cost accounting method for allocating indirect costs) is not the dominant factor in the production of the good or service. This method is in the early developmental stages in medical practice use.

The second alternative methodology presented was the physician work RVU method of allocating indirect practice expenses. This method would allocate indirect costs using only the physician work RVUs. However, there did not appear to be much support for this methodology at the meeting. It would, for example, penalize physician practices that have proportionately higher equipment costs.

• October 31, 1997 Notice with Comment Period

• To inform all interested parties of our plans to issue a new proposed rule and to request additional data from the medical community to assist us in meeting BBA 1997 requirements, on October 31, 1997, we published a notice (62 FR 59267).

In that notice, we requested that physicians, physician organizations, or others provide us with the following information:

• Generally accepted cost accounting principles—We specifically requested information on the following: (1) Aspects of the cost accounting methodology used in the June 1997 proposed rule that were not consistent with the statutory guidance; and (2) complete copies of studies of resource-based practice expense RVUs, including any underlying surveys supporting these studies, performed by physicians or physician groups or their contractors or consultants, including pertinent details about the survey.

• Equipment utilization—We specifically requested complete copies of any studies or other data showing the actual utilization of equipment by physician practices, including pertinent details about the survey, such as response rates, sampling design, methodology, directions, and definitions.

• Other assumptions—We specifically requested information regarding the useful life of equipment, the amount and percentage of direct practice costs versus the amount and percentage of indirect costs by specialty, and practice expense values for sites for which values were not proposed in the June 1997 proposed rule (62 FR 33158).

• Use of physician-employed staff in hospitals and other facility settings—We specifically requested comments and information about the extent to which a physician employee, such as a registered nurse, accompanies the physician to the hospital, ambulatory surgical center, or other facilities to provide services, such as acting as an assistant at surgery or serving as a scrub nurse. We asked for names of specific facilities so that we might contact them in order to more fully understand the nature of the relationships.

• Refinement process—We requested comments on how this refinement process would operate including assigning practice expense RVUs to new codes, who would be involved in the refinement process, and how all of the users of the physician fee schedule would have access to the process.

• Review of New Methodology by KPMG Peat Marwick LLP—Under contract #500–97–0402, we requested that KPMG Peat Marwick LLP review the practice expense per hour methodology. They concluded that the methodology follows reasonable cost accounting principles. They made this determination based on an examination of the available data sources and a consideration of the cost and feasibility of acquiring additional nationally representative data. As a future consideration, they recommended sample validation of our cost allocation bases.

7. Summary of General Input From the Medical Community and Comments From the October 1997 Notice With Comment Period

Some physicians, such as primary care physicians, expressed satisfaction that the proposed methodology was generally sound. In addition, the AMA was supportive of our panel process for direct expenses and offered many helpful comments. However, many surgeons and medical specialties argued that we should discard our current practice expense data, and develop payments that reflect their ''actual costs.''

Both in written comments and in our meetings with the medical community, we received much feedback on our methodology for indirect practice expense. However, there was no consensus regarding methods for allocating indirect costs to individual procedure codes.

In addition, we received 56 specific comments from individuals, major organizations, and physician specialty groups on our October 1997 notice. The comments are summarized by the following categories:

• Generally Accepted Accounting Principles.

Some of the groups expected to experience an increase in payment under the June 1997 proposed rule thought our approach satisfied the current statutory mandate that we utilize generally accepted accounting principles (GAAP). Those physician groups that expected to experience a decrease in payments based on the methodology described in the June 1997 proposed rule said the approach in the proposed rule was inconsistent with GAAP. They argued that GAAP requires us to use actual practice expense data and said the data from the CPEPs and validation panels were based on erroneous assumptions, or were unverified approximations. At least five commenters supported using the activity-based accounting approach.

• Equipment utilization.

Some groups furnished equipment-specific utilization levels for a few services. Generally, the equipment and utilization levels were not based on representative surveys of physicians performing the service. Some suggestions were as follows:

	Percent
Electroencephalography equipment.	26
Electromyography	36.5
Nerve Conduction Velocity	36.5
Cystoscope	5
Loop electrode excision procedure.	1
Colposcope	1.6
YAG laser	12
ARGON laser	5 to 6.4
Fundus camera	31.3
Spirometry and Ancillary Equipment.	10 to 17
Bronchoscopy	5 to 10

• Useful Life.

We did not receive specific comments on suggested useful lives for specific medical equipment, which is an important factor in estimating equipment costs.

• Direct and Indirect Costs.

Some commenters pointed out that not all clinical labor can be classified as direct costs. Tasks such as ordering supplies and attending meetings or continuing education classes should be captured as indirect costs. Some groups, including one primary care group, said that billing costs should be an indirect expense, while others supported maintaining them as direct costs. Many groups supported an allocation process in which indirect costs are assigned based on a specialty's specific indirect cost percentage. Only one group specifically objected to this approach. Some physician groups provided specific direct and indirect cost ratios based on limited surveys of their membership.

• Employed Staff.

According to an American Hospital Association survey, 63 percent of respondents (from 573 hospitals) believed that a physician brought staff to the hospital during the last 6 months of 1996. Of these respondents, 82 percent said this was not a regular practice. Therefore, the American Hospital Association commented it is not a typical practice in the United States for physicians to bring their own staff to a hospital.

Five surgical specialties and subspecialties—neurosurgery, ophthalmology, general thoracic surgery, congenital thoracic surgery, and adult cardiac surgery—indicated that at least 50 percent of practices use employed clinical staff in nonoffice settings. General surgery indicated that 31 percent of general surgery practices pay for clinical staff working in nonoffice settings. The Society of Thoracic Surgeons stated that they do not have data on the number of clinical nurses who work with thoracic surgeons in hospitals. However, they stated that a survey of physician assistants shows that 72 percent of physician assistants employed in cardiovascular surgery were employed by solo or group physician practices.

According to the American Academy of Ophthalmology, 51 percent of ophthalmologists bring equipment, such as keratomes, diamond knives, cataract trays, and muscle trays to furnish services to hospital patients.

• Refinement.

Most commenters support using the AMA's Specialty Society Relative Value Update Committee's (RUC's) process to refine the practice expense RVUs. (Currently the RUC recommends refinement of the physician work RVUs.) Of these commenters, many recommended that the process include nurses and practice managers, that there be established rules and procedures for data collection, survey design, and response rates, and that the process allows participation by subspecialties, such as transplant surgeons and pediatric surgeons. One commenter suggested a process using the AMA, Medical Group Management Association (MGMA), and HCFA. Some commenters suggested using a RUC process only for new codes.

• Transition.

Several commenters stated that the base year for the transition should be the 1997 practice expense RVUs and not the 1998 practice expense RVUs. They suggested that the 1998 adjustment required by BBA 1997 is not intended to be included in the base for purposes of the practice expense transition. Some commenters recommended that we explore using ceilings and floors during the transition period or use caution so as to limit the amount of the redistribution.

• Site-of-Service Differential.

Commenters from the American Academy of Orthopaedic Surgeons stated that we need office practice expense RVUs for musculoskeletal system surgery codes 25000, 25031, 26040, 26060, 26608, 29815 through 29848, and 29870 through 29898. Some commenters believe we should develop practice expense RVUs for all procedures at all sites and permit office endoscopy only under very limited and clearly defined standards.

• Data Quality.

The American College of Surgeons stated that the CPEP data are based on erroneous assumptions, educated guesses, and unverified approximations. They stated that the data from panels are unreliable for the administrative times for chiropractic manipulation, level 3 office visits, inpatient consultations, balloon angioplasty, and clinical times for allergy skin testing.

• Validation.

The AMA stated that we should use AMA and MGMA data on full time equivalent staff for each physician to assess how well various methodological options account for total labor costs. The American College of Physicians suggested we complete an impact analysis that compares proposed practice expense payments to actual practice expenses on a specialty by specialty basis, as well as sponsoring a study requiring on-site visits to practices.

8. Issues Considered in Developing New Practice Expense RVUs

We faced the following major issues as we decided whether and how to modify our original proposal for physician practice expense RVUs. These issues arose from many sources: from concerns about the CPEP data and our

original proposed methodology, from the requirements of BBA 1997, from the findings and recommendations in the General Accounting Office's Report to the Congress on physician practice expense, and from input we received from the medical community.

• Purpose.

Our original practice expense proposal was based on the 1994 legislation, which stated that the new practice expense methodology must consider the staff, equipment, and supplies used in the provision of various medical and surgical services in various settings. We interpreted this to mean that Medicare payments for each service should be based on the relative resources typically and reasonably involved with performing the service. We believed we could best calculate these resources by achieving clinical consensus on the actual inputs it would typically take to perform a given service. However, surgeons and some other specialties contended that the purpose of a resource-based practice expense system should be to reimburse them based on their total current expenditures for practice costs. Because the higher paid specialties have more to spend on their practices as a result of historic charging practices and insurance coverage, there is a concern that adopting such a methodology would not achieve the desired equity. The argument made by some outside groups is that physicians have been increasingly forced to be more efficient and, as a result, differences in practice expenses among specialties reflect ''real'' costs that should then be reflected in the new practice expense RVUs.

With the passage of BBA in August 1997, the statute now requires us to ''utilize, to the maximum extent practicable, generally accepted cost accounting principles which recognize all staff, equipment, supplies, and expenses, not just those which can be tied to specific procedures. * * *'' Therefore, in developing and analyzing any new alternative methods for computing practice expense RVUs, we have evaluated how well each option recognizes all practice expense costs.

• ''Bottom-up'' versus ''Top-down'' Methodology.

In line with our original stated purpose and the 1994 legislation, our practice expense methodology published in the June 1997 proposed rule (62 FR 33172) used a ''bottom-up'' approach, which obtained expert panel estimates of actual inputs—staff times, supplies, and equipment—for each procedure and then used these estimates to build up to the direct practice expense RVUs. Some groups complained that some of the published relative values were too low and favored using studies that actually measured the inputs onsite. Unfortunately, if any reliable data exist at all, they are only for a few scattered specialties, and it certainly is not practical for us to undertake such a task (Medicare pays physicians for over 7,000 services). We understand that even the few specialties that have attempted surveys have had limited success obtaining complete practice expense data from even limited selected practices.

Many of the specialty societies favored a ''top-down'' methodology, which would start our calculations with their total current expenditures and then allocate these costs down to the procedure level by some method. Several groups supported using an Activity Based Costing (ABC) methodology for calculating practice expenses. The proponents of ABC maintain that it produces more accurate costs because it measures the costs of processes (for example, servicing patients, scheduling, and billing) as opposed to traditional costing systems, which measure resources (for example, salaries and rent). However, ABC is only in the experimental stages in medical practice use, and many difficult questions about its utility in medical practices have not been resolved, for example, its assumption that all medical practices operate in the same manner. ABC still requires subjective estimations, or some other algorithm, to allocate costs from ''processes'' to individual CPT codes.

• Available Data Sources.

Much of the debate about what would constitute the most accurate practice expense methodology cannot be resolved in the short run. There is no consensus about the best way to determine the most accurate practice expense methodology. Furthermore, there are only limited data sources available. CPEP data, along with the modifications made by our subsequent panels, are the only source of estimates at the CPT code level of resource inputs needed to provide each service. AMA's SMS survey data are from a national survey of randomly selected self-employed physicians that collects information on practice expense on an aggregate level, and can be used to determine overall differences in expenditures among specialties.

The only other relevant data sources of which we are presently aware are a few other surveys of practice expense, such as those performed by the MGMA, *Medical Economics*, and the American College of Surgeons. Because of selective sampling and low response rates of these three surveys, these data are not representative of the population of physicians and cannot be used to derive code-specific RVUs, though the data might prove useful in validating general impacts.

• Specialty-Specific Differences.

Our June 1997 proposed rule did not explicitly recognize specialty-specific differences. Differences across specialties were only reflected implicitly to the extent that more indirect RVUs would be allocated to those procedures with the greatest physician work and direct costs. Under our June 1997 proposed approach, we allocated indirect relative values based on the typical use of resources, that is, the direct practice expense RVUs, the physician work RVUs, and the malpractice RVUs per code.

The specialty groups, along with the AMA and even some primary care groups, were almost unanimous in their view that we should use an approach that explicitly recognizes specialty-specific differences in the indirect cost of practice. It was pointed out, as an example, that some specialties such as radiology or ophthalmology would have much higher indirect equipment costs than other specialties. The specialty groups believed that not recognizing such specialty differences would be inherently unfair to some specialties. The AMA staff suggested that we use their survey data to calculate the specialty-specific indirect costs.

In developing our options for a new practice expense methodology, we, therefore, needed to decide whether we would maintain specialty-neutral methods, use specialty differentials to help allocate only indirect RVUs, or use specialty-specific data to establish the total redistributive pools for each specialty.

• Administrative Costs.

Another decision we had to make as we developed new practice expense RVUs was how a new proposal would treat administrative costs. The June 1997 proposed rule (62 FR 33167) methodology treated administrative labor cost as a direct expense, and the administrative cost RVUs were derived from the CPEP data. On first reviewing the raw CPEP inputs for administrative staff times, it appeared that there were some problems with the data. First, some of the suggested administrative staff times appeared excessively high, particularly for the billing staff. Second, there was variation in staff times for the same CPT code between the different panels. In the June 1997 proposed rule (62 FR 33166), we dealt with these problems through our linking

methodology and by capping administrative times. Both of these methods were strongly opposed by many specialty groups, largely because our adjustments had dramatic effects on the raw data. For example, the linking coefficient for thoracic surgery reduced their administrative inputs by 76 percent. There were also comments claiming that many administrative duties are of a general nature that cannot be fully captured on a code-specific basis.

As a result of these concerns, many outside groups have suggested that we treat administrative cost as an indirect practice expense. The advantages of adopting this suggestion would be that we could get around the mentioned data discrepancies, avoid the controversial use of linking for administrative labor, and be more certain that we had captured all administrative costs. The main disadvantage would be that it would greatly increase the percentage of RVUs that would have to be allocated by a formula.

• Clinical Costs.

Although the problems were on a lesser scale, we observed many of the same difficulties with the raw CPEP inputs for clinical costs as there were for the administrative costs discussed above. There was some lack of standardization of clinical staff types between the CPEP panels, and some staff times appeared excessive. In the June 1997 proposed rule, these problems were addressed by linking and by capping the clinical times; both of these methods caused considerable controversy in the medical community. We had hoped that the validation and cross-specialty panels would have resolved the inconsistencies across specialties, but they were unable to accomplish this task. It was clear, therefore, that any new proposal would still have to address a method of standardizing the data between the various specialty panels.

• The General Accounting Office (GAO) Report to Congress on Physician Practice Expense.

As already mentioned, BBA 1997 required the GAO to review and evaluate our June 1997 proposed rule on a resource-based methodology for practice expenses. This report was issued in February 1998 and concluded that both our use of expert panels to develop direct cost estimates and our original allocation methodology for indirect costs were acceptable options. However, the GAO raised questions about the validity of some specifics of the linking regression model and about the appropriateness of capping administrative and clinical labor time estimates. In addition, the report suggested that using specialty-specific indirect expense ratios, based on the SMS survey data, would be more clearly consistent with BBA 1997. Also, the report recommended that we consider classifying administrative labor costs as indirect expenses. (See section 18 for a more detailed discussion of the report's recommendations.)

9. Alternative Practice Expense Methodologies Considered

We carefully considered two alternative approaches to developing new practice expense RVUs: the first maintained the ''bottom-up'' methodology of our original proposal, while the second adopted a ''top-down'' methodology.

• ''Bottom-up'' Option.

We regard our original ''bottom-up'' proposal as a viable method of developing practice expense RVUs. It clearly fulfilled the requirement of the Social Security Amendments of 1994, which states that practice expense relative values should be based on the relative practice expense resources involved in furnishing the service. Both the GAO and the Physician Payment Review Commission, as well as many researchers in the field, supported our use of expert panels to estimate direct practice expenses. Therefore, we developed a method that was similar to our original proposal.

Like our proposal in the June 1997 proposed rule, this option based its calculation for all direct inputs on the data reported by the CPEPs. As before, both clinical and administrative labor were linked, and all direct cost estimates were scaled as in the original proposed rule. However, in a significant departure from our original proposal, the caps on clinical and administrative staff times were eliminated. For indirect costs, this option continued not to recognize a specialty-specific method of cost allocation to specific procedures. It did, however, have a different indirect allocation formula from our original proposal; under this option, 50 percent would be allocated on the basis of direct costs and 50 percent on the basis of physician time. Of the latter 50 percent, physician time in the office would get a weight 50 percent higher than physician time out of the office. If there was no physician involvement, as is the case with technical component services, the maximum clinical staff time would be used.

• The ''Top-Down'' Option.

This option is a departure from our original proposal and is an effort to balance the requirements of the 1994 Social Security Amendments with the 1997 BBA requirements. It uses the two significant sources of actual practice expense data we have available: the CPEP data and the AMA's SMS survey data. It allocates current aggregate specialty practice costs to specific procedures and, thus, can be seen as a ''top-down'' approach.

This option is based on an assumption that current aggregate specialty practice costs are a reasonable way to establish initial estimates of relative resource costs of physician services across specialties. The specialty practice cost data are derived from the AMA's SMS survey data on actual practice expenses. The survey data are used to calculate the practice expenses generated for every hour worked by a physician. The average practice expense per hour for the physicians in a given specialty is then multiplied by the total number of physician hours worked by that specialty as reflected in the Medicare claims data. This determines the total pool of practice expense payments for that specialty. We then allocated this pool to the procedures performed by that specialty using the CPEP data (excluding the administrative staff time associated with specific procedures) and the physician work RVUs. We calculated a weighted average of the practice expense payments for procedures performed by more than one specialty.

After much analysis and discussion, we have decided to propose the ''top-down'' methodology. We believe the ''top-down'' methodology is more responsive than the ''bottom-up'' approach to both BBA 1997 requirements and to many of the concerns of the medical community. By using aggregate specialty practice costs as the basis for establishing the practice expense pools, we are recognizing all of a specialty's costs, not just those linked with a specific procedure. By basing the redistributions of the practice expense system on physician-reported actual practice expense data, by using a specialty-specific allocation method, and by treating administrative costs as an indirect expense, we avoid many of the criticisms leveled at our original proposal.

We also believe this option is responsive to the short-term recommendations in the GAO Report to Congress on physician practice expense payments relating to the June 1997 proposed rule's limits on clinical and administrative staff time and possible changes in the linking algorithm. Our recommended methodology would make these recommendations moot by eliminating the limits and linking algorithm that were part of our previous

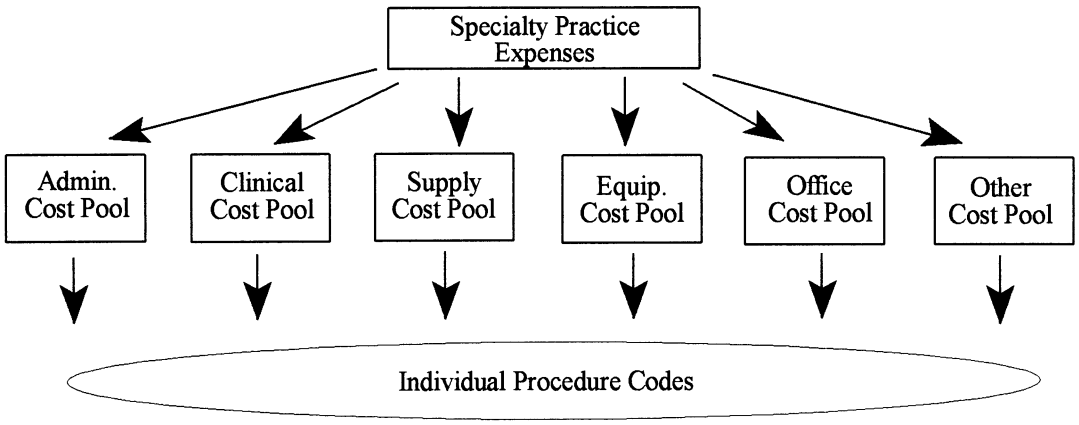
proposal. Finally, based on our experiences with the validation panels we held in October and December 1997, we believe the ''top-down'' approach will be less difficult to refine.

10. Description of the Proposed Methodology for Developing Practice Expense Relative Value Units

(See Addendum B for a detailed technical description of the proposed methodology.)

a. Overview. We used actual practice expense data by specialty to create six cost pools (administrative labor, clinical labor, medical supplies, medical equipment, office supplies, and all other). We then allocated these cost pools to individual procedure codes. An overview of this approach is presented in Exhibit 1.

Exhibit 1. Overall Allocation Approach



b. Data Sources. We used the 1995 through 1997 AMA's SMS survey data to develop the cost pools and the CPEP data to allocate these cost pools to procedure codes.

The AMA originally developed the SMS in 1981. It covers a broad range of economic and practice characteristics. The annual SMS survey is designed to provide representative information on the population of all non-federal physicians who spend the greatest proportion of their time in patient care activities. The survey is sent to both office and hospital-based physicians, but excludes residents. The recipients of the survey are randomly selected from the AMA's physician master file, which contains current and historical information on every physician in the United States, including nonmembers of the AMA.

The SMS survey consists of three distinct sections:

- Screening questions to verify the physician's self-designated practice specialty and eligibility for the survey.
- A main questionnaire to collect information on practice characteristics, hours worked, volume of services, fees for selected procedures, income, and expenses.
- Special topic questions to provide information on key socioeconomic issues.

The SMS survey is a computer-assisted telephone survey that checks the consistency of responses during the survey and automatically skips questions that are not relevant to the physician. To prepare the physician, the AMA mails a practice expense summary in advance. The physician may designate a proxy such as a practice manager or an accountant to answer the practice expense questions. The AMA makes vigorous efforts to achieve a high response rate despite the short field period of surveys. Each interviewer's work is monitored by supervisory staff for both production and quality. AMA staff also monitors interviews to ensure that a high level of quality is maintained throughout the survey.

The CPEP data were collected from panels of physicians, practice administrators, and nonphysicians (for example, registered nurses) 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 the direct inputs involved in each physician service for procedure codes in an office setting and out-of-office setting. (See Addendum A for a detailed description of the CPEP process.)

c. Practice Expense Cost Pools. We created practice expense cost pools by physician specialty for clinical labor, administrative labor, medical supplies, medical equipment, office supplies, and all other expenses. There are three steps in the creation of the cost pools.

Step 1: Use the AMA's SMS survey data of actual cost data, by physician specialty, for 1995 through 1997 to determine practice expenses per hour by cost category.

Step 2: Determine the total number of physician hours, by specialty, spent treating Medicare patients as reflected in the Medicare claims data.

Step 3: Calculate the practice expense pools by specialty and by cost category using the results from step 1 and step 2.

A short description of each step follows.

Step 1: Determine practice expenses per hour by cost category.

Based on the AMA's SMS survey data for each physician respondent, we calculated practice expenses per hour spent in patient care activities by cost pool. We made the following assumptions in this calculation:

- The physician respondent shares practice expense equally with all other physician owners in the practice.
- The physician respondent works the same number of hours as all other physician owners in the practice.
- For any employee physician in the practice, the hours spent in patient care activities are the average hours spent in patient care activities for employee physicians in the specialty of the physician respondent.

Using the above assumptions, the practice expenses per hour for each physician respondent's practice was calculated as the practice expenses for the practice divided by the total number

of hours spent in patient care activities by the physicians in the practice. The practice expenses per hour for the specialty are an average of the practice expenses per hour for the respondent physicians in that specialty.

Step 2: Determine the number of physician hours spent treating Medicare patients.

For each specialty, the total number of physician hours spent treating Medicare patients was calculated from physician time data for each procedure code and the Medicare claims data. The primary sources for the physician time data are surveys submitted to the AMA's RUC and surveys done by Harvard for the initial establishment of the work RVUs.

Step 3: Determine the practice expense pools by specialty and by cost category.

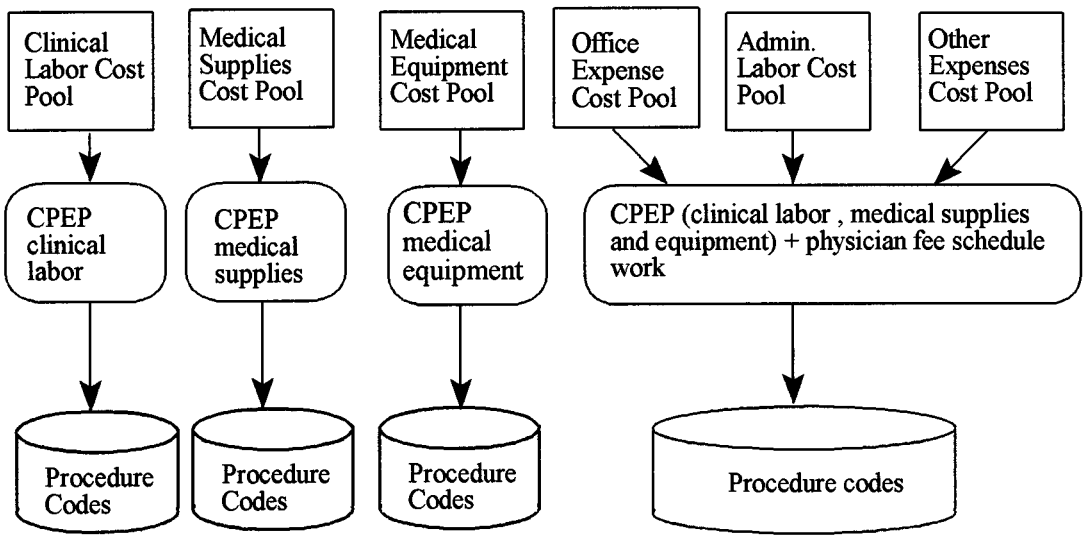
The practice expense cost pools for clinical labor, administrative labor, medical supplies, medical equipment, office expenses, and all other expenses are determined by multiplying the practice expenses per hour for these categories (calculated in step 1) by the total physician hours (calculated in step 2).

d. Cost Allocation Methodology

We allocated by specialty each practice expense cost pool to individual procedure codes either using the CPEP data for clinical labor, medical supplies, and medical equipment, or using a combination of the CPEP data for clinical labor, medical supplies, and medical equipment and the physician fee schedule work RVUs.

Exhibit 2 depicts our cost allocation methodology. For each specialty, the six cost pools and their respective cost allocation bases are used to determine costs for each procedure code.

Exhibit 2. Cost Allocation Methodology



Step 4: Allocate the practice expense pools by specialty to individual procedures.

For each specialty, we separated the six practice expense pools (clinical labor, administrative labor, medical supplies, medical equipment, office expenses, and all other expenses) created in Step 3 into two groups and used a different allocation basis for each group. Group one includes clinical labor, medical supplies, and medical equipment, and group two includes administrative labor, office expenses, and all other expenses.

Group one: clinical labor, medical supplies, and medical equipment.

We used the CPEP data as the allocation basis for the group one pools (clinical labor, medical supplies, and medical equipment). The CPEP data for clinical labor were used to allocate the clinical labor cost pool, the CPEP data for medical supplies were used to allocate the medical supplies cost pool, and the CPEP data for medical equipment were used to allocate the medical equipment cost pool.

Group two: administrative, labor, office expenses, and other expenses.

For the allocation of administrative labor, office expenses, and other expenses, a combination of the group one cost allocations and the physician fee schedule work RVUs was used to allocate the cost pools.

Step 5: Weight average allocations for procedures performed by more than one specialty.

For procedures performed by more than one specialty, the final procedure code allocation was a weighted average of allocations for the specialties that perform the procedure, with the weights being the frequency with which each specialty performs the procedure on Medicare patients.

11. Comments of the American Medical Association Regarding the Use of the Socioeconomic Monitoring System Survey Data to Construct Practice Expense Relative Value Units

At our request, the AMA sent two tables summarizing practice expense information by physician specialty. Additionally, the AMA supplied us with SMS background information and comments regarding its use to construct resource-based practice expense RVUs.

The following are the AMA's comments as well as two tables derived from the SMS data:

The SMS survey is an annual nationally representative survey of physicians drawn randomly from the AMA's Physician Masterfile (a listing of all member and nonmember physicians in the United States). The survey was conducted by an external contractor—the Rand Corporation was the survey contractor for the 1995 through 1997 SMS surveys. Unit response rates to SMS have been roughly 60 percent in recent years, which is as high or higher than comparable physician surveys. It is a computer-assisted telephone survey which allows checks to be made for the consistency of responses during the survey and to automatically skip questions that are not relevant to particular physicians. On the practice expense questions, special effort is made to obtain accurate information. A practice expense summary is mailed to all physicians that are to be surveyed to allow them to obtain the information before being contacted. The physician may designate a proxy such as a

practice manager or accountant to answer the practice expense questions if they do not have the information.

However, it is important to stress that the SMS data were never collected for the purpose of developing relative values. We feel that there are several potential problems with using SMS data to construct practice expense RVUs. These concerns were first raised in a letter from the AMA to HCFA in November 1996. In particular, we are concerned that:

—Sample sizes for some specialties will be too small to permit separate calculation of expense data from SMS. Even among the larger specialties, the inherent variability of the expense data will mean that the average expense figures provided will be subject to significant sampling error.

—Response rates for the expense items tend to be low relative to other questions on the survey leading to potential non-response bias.

—SMS is a physician-level survey, and physicians in groups are asked for their share of expenses rather than the practice's expenses. Practice-level data may provide a better basis for constructing practice expense RVUs.

Despite these problems, we recognize your need to use the best available information. The tables that you requested show the means and standard errors of practice expenses per direct patient care hour from the 1995 through 1997 SMS surveys. Since SMS collects practice expense data for the prior year, these tables summarize SMS respondents' hourly expenses for the years 1994 through 1996. Only non-federal, non-resident, patient care physicians are surveyed on SMS. In addition, only physicians who are full or part-owners of their practices are asked the practice expense questions. The following records were excluded prior to tabulating the data as you requested:

—Physicians practicing fewer than 26 weeks the prior year (including cases where weeks worked the previous year were missing);

—Cases with a missing response to the question on typical hours in direct patient care per week (3 cases where the response to this question was 168 hours were also excluded);

—Cases where any of the individual expense items (total non-physician personnel expense; clerical non-physician personnel expense; office expenses; medical supplies expenses; medical equipment expenses; and other or miscellaneous practice expenses) were missing; and

—Cases where total expenses (excluding professional liability insurance premiums and employee physician payroll expense) were zero.

Expenses per hour were calculated as you requested (and as described in the notes to the tables). All results were weighted for unit non-response. It will not be possible to replicate these figures exactly from the AMA's Physician Marketplace Statistics or Socioeconomic Characteristics of Medical Practice publications due, in part, to the exclusions mentioned above.

TABLE 1.—MEAN PRACTICE EXPENSES PER HOUR SPENT IN PATIENT CARE ACTIVITIES, HOURS AND EXPENSES ADJUSTED FOR PRACTICE SIZE

[In dollars]

Specialty	Number of cases	Non-phys payroll per hour	Clerical payroll per hour*	Office expense per hour	Supplies expense per hour	Equipment expense per hour	Other expense per hour	Total expense per hour**
ALL PHYSICIANS	3910	27.0	15.0	19.1	7.2	3.2	11.0	67.5
GENERAL/FAMILY PRACTICE	409	30.2	15.1	18.2	8.1	3.6	8.6	68.6
GENERAL INTERNAL MEDICINE	430	22.4	13.3	17.0	6.4	2.1	6.2	54.2
CARDIOVASCULAR DISEASE	94	30.2	14.9	19.9	5.8	6.4	20.7	82.9
GASTROENTEROLOGY	84	23.2	15.4	17.9	2.7	1.8	11.0	56.6
ALLERGY/IMMUNOLOGY	31	66.2	27.0	33.3	17.5	3.3	16.4	136.6
PULMONARY DISEASE	49	20.0	12.2	15.0	2.8	1.6	6.4	45.8
ONCOLOGY	27	44.7	22.7	25.7	87.2	5.5	10.3	173.4
GENERAL SURGERY	257	22.5	15.7	17.2	3.1	2.0	9.4	54.1
OTOLARYNGOLOGY	103	44.8	27.3	33.4	7.7	5.8	18.3	110.1
ORTHOPEDIC SURGERY	203	42.9	26.0	30.8	10.3	3.6	18.1	105.6
OPHTHALMOLOGY	210	52.9	27.8	35.9	11.3	9.0	22.7	131.8
UROLOGICAL SURGERY	118	29.6	18.6	22.8	24.5	6.0	11.6	94.6
PLASTIC SURGERY	85	28.6	18.3	30.2	16.3	4.6	23.3	103.0
NEUROLOGICAL SURGERY	42	33.5	24.3	31.7	1.8	1.1	15.7	83.9
CARD/THOR/VASC SURGERY	44	30.1	16.2	18.3	1.4	3.1	11.0	63.8
PEDIATRICS	249	26.1	13.3	20.0	10.8	1.6	8.4	66.9
OBSTETRICS/GYNECOLOGY	266	32.3	16.9	21.2	7.3	3.4	11.7	75.9
RADIOLOGY	214	19.0	9.6	12.5	4.8	8.3	13.6	58.2
PSYCHIATRY	351	7.3	5.3	10.1	0.4	0.3	7.5	25.6
ANESTHESIOLOGY	232	14.4	3.7	5.9	0.3	0.4	5.7	26.7
PATHOLOGY	82	16.7	8.4	6.7	4.0	1.6	17.7	46.7
DERMATOLOGY	96	49.5	26.7	33.1	12.5	4.8	15.2	115.0
EMERGENCY MEDICINE	61	5.3	1.9	1.6	0.5	0.1	5.5	13.0
NEUROLOGY	61	26.2	21.6	15.8	5.0	4.2	7.7	58.8
PHYS MED/RHEUMATOLOGY	75	38.6	23.2	28.5	4.9	3.9	12.0	88.0
OTHER SPECIALTY	37	21.1	12.4	19.7	3.6	1.3	9.7	55.4

Source: American Medical Association, 1995–1997 Socioeconomic Monitoring System (SMS) surveys.

* Clerical payroll is included in total non-physician payroll.

** Total expenses exclude professional liability insurance premiums and employee physician payroll.

Notes:

(1) Only self-employed non-federal non-resident patient care physicians who responded to all relevant expense questions are included. Self-employed physician respondents with no practice expenses for the year are excluded.

(2) Physicians whose typical number of hours worked in patient care activities per week is missing, less than 20, or equal to 168 (3 cases) are excluded. Physicians whose number of weeks worked the previous year is missing or less than 26 are excluded.

(3) For each respondent, total practice expense and expense components per hour are calculated as (4)/(5) below.

(4) Expenses adjusted for practice size = self-employed respondent expenses* # physician owners.

(5) Hours adjusted for practice size = (respondent hours* # physician owners) + (employee physician hours (see (6) below)* # employee physicians).

6) The typical number of hours worked in patient care activities for the employee physician(s) of a self-employed physician's practice is not known. Mean hours worked in patient care activities for employee physicians of each specialty are used as an estimate of employee physician hours.

TABLE 2.—STANDARD ERRORS OF MEAN PRACTICE EXPENSES PER HOUR SPENT IN PATIENT CARE ACTIVITIES, HOURS AND EXPENSES ADJUSTED FOR PRACTICE SIZE

[In dollars]

Specialty	Number of cases	Non-phys payroll per hour	Clerical payroll per hour	Office expense per hour	Supplies expense per hour	Equipment expense per hour	Other expense per hour	Total expenses per hour**
ALL PHYSICIANS	3910	0.5	0.3	0.4	0.3	0.2	0.3	1.1
GENERAL/FAMILY PRACTICE	409	1.3	0.6	1.2	0.5	0.7	0.6	3.0
GENERAL INTERNAL MEDICINE	430	1.2	0.6	1.0	0.6	0.3	0.6	2.6
CARDIOVASCULAR DISEASE	94	2.9	1.4	1.9	0.8	1.3	5.2	8.0
GASTROENTEROLOGY	84	1.6	1.1	1.9	0.3	0.3	2.2	4.1
ALLERGY/IMMUNOLOGY	31	7.9	3.8	3.8	4.2	1.5	2.9	11.2
PULMONARY DISEASE	49	1.6	1.4	2.2	0.6	0.5	0.9	3.5
ONCOLOGY	27	7.5	3.8	5.7	16.4	1.4	3.8	23.2
GENERAL SURGERY	257	1.4	0.9	0.9	0.3	0.3	0.8	2.5
OTOLARYNGOLOGY	103	3.0	2.3	3.5	0.9	1.1	2.1	6.8
ORTHOPEDIC SURGERY	203	1.7	1.2	2.1	0.8	0.4	2.0	4.7
OPHTHALMOLOGY	210	2.9	1.4	2.6	1.3	1.1	2.1	6.3
UROLOGICAL SURGERY	118	1.4	1.0	2.1	1.8	1.0	1.4	4.4
PLASTIC SURGERY	85	2.3	1.4	3.5	2.8	1.0	3.4	8.1
NEUROLOGICAL SURGERY	42	4.0	2.5	5.7	0.7	0.4	2.1	9.4
CARD/THOR/VASC SURGERY	44	4.2	2.0	2.9	0.3	1.7	2.2	8.0
PEDIATRICS	249	1.6	0.7	1.7	1.0	0.3	1.2	3.8
OBSTETRICS/GYNECOLOGY	266	1.7	0.9	1.3	0.7	0.3	1.0	3.3
RADIOLOGY	214	2.0	0.9	2.0	0.8	1.9	1.3	5.7
PSYCHIATRY	351	0.7	0.5	0.6	0.2	0.1	0.6	1.5
ANESTHESIOLOGY	232	1.8	0.6	0.8	0.1	0.1	0.7	2.4
PATHOLOGY	82	2.7	1.8	1.7	0.8	0.5	2.9	6.4
DERMATOLOGY	96	4.8	2.0	5.2	2.0	1.2	1.8	10.4
EMERGENCY MEDICINE	61	1.4	0.6	0.5	0.3	0.1	0.9	2.1
NEUROLOGY	61	3.1	3.1	1.4	1.5	1.1	2.2	6.4
PHYS MED/RHEUMATOLOGY	75	5.1	2.5	6.1	0.7	1.4	2.9	12.1
OTHER SPECIALTY	37	4.4	2.4	5.1	1.1	0.6	2.1	9.5

Source: American Medical Association, 1995–1997 Socioeconomic Monitoring System (SMS) surveys.

* Clerical payroll is included in total non-physician payroll.

** Total expenses exclude professional liability insurance premiums and employee physician payroll.

Notes:

(1) Only self-employed non-federal non-resident patient care physicians who responded to all relevant expense questions are included. Self-employed physician respondents with no practice expenses for the year are excluded.

(2) Physicians whose typical number of hours worked in patient care activities per week is missing, less than 20, or equal to 168 (3 cases) are excluded. Physicians whose number of weeks worked the previous year is missing or less than 26 are excluded.

(3) For each respondent, total practice expense and expense components per hour are calculated as (4)/(5) below.

(4) Expenses adjusted for practice size = self-employed respondent expenses * # physician owners.

(5) Hours adjusted for practice size = (respondent hours * # physician owners) + (employee physician hours (see (6) below) * # employee physicians).

(6) The typical number of hours worked in patient care activities for the employee physician(s) of a self-employed physician's practice is not known. Mean hours worked in patient care activities for employee physicians of each specialty are used as an estimate of employee physician hours.

12. Other Methodological Issues

a. Professional and Technical Component Services. Using the methodology described above, the professional and technical components of the resource-based practice expense relative value units do not necessarily sum to the global resource-based practice expense relative value units since specialties with different practice expenses per hour provide the components of these services in different proportions. For example, emergency medicine physicians have proportionately more professional component chest x-ray billings than global billings relative to radiologists. We used the following methodologies so that the professional and technical component resource-based practice expense relative value units for a service sum to the global resource-based relative value units.

For codes with professional and technical components excluding HCPCS codes 70010 through 79440, G0030 through G0047, G0050, G0062, G0063, G0106, G0120, G0122, G0125, and G0126, we used the following methodology:

After we determined the practice expense RVUs using the practice expense per hour methodology, we budget neutrally distributed the total (global, professional, and technical) practice expense payments for each code between the global, professional, and technical components as follows:

Step 1: Calculate a weighted average resource-based practice expense RVU across the facility and nonfacility settings using the allowed utilization from the Medicare claims data.

Step 2: Using the RVUs calculated in Step 1 for the global, professional, and

technical components of each code and the Medicare utilization data, calculate the total new resource-based practice expense payments for each code.

Step 3: Set the global resource-based practice expense RVUs for each code equal to the sum of the resource-based practice expense RVUs for the professional and technical components calculated in Step 2.

Step 4: Using the global RVUs calculated in Step 3, the professional and technical component RVUs calculated in Step 1, and the Medicare utilization data, calculate practice expense payments for each code.

Step 5: Multiply the global relative value units calculated in Step 3 and the professional and technical component RVUs calculated in Step 1 by the ratio of the practice expense payments for each code calculated in Step 2 to the practice expense payments for each code calculated in Step 4.

For HCPCS codes 70010 through 79440, G0030 through G0047, G0050, G0062, G0063, G0106, G0120, G0122, G0125, and G0126, we used the following methodology:

We used the current 1998 practice expense RVUs for this set of codes, which are based primarily on the original radiology fee schedule, to determine the relatives between the new resource-based practice expense relative value units as follows:

Step 1: Using the current 1998 practice expense RVUs, calculate the current aggregate practice expense payments for this set of codes.

Step 2: Using the resource-based practice expense RVUs determined from the methodology described above, calculate the aggregate practice expense payments for this set of codes.

Step 3: Uniformly multiply the current practice expense RVUs by the ratio of the aggregate resource-based practice expense payments calculated in Step 2 to the aggregate practice expense payments calculated in Step 1.

For HCPCS codes Q0092, R0070, and R0075, we used the following methodology:

The practice expense RVUs for HCPCS code Q0092 was determined by applying the ratio described in Step 3 above to the existing practice expense RVUs. The practice expense RVUs for HCPCS codes R0070 and R0075 were determined by applying the ratio described above to practice expense RVUs for these codes calculated from the average allowed charge in the Medicare claims data.

b. Practice Expenses per Hour Adjustments and Specialty Crosswalks. We have one general comment on our use of the SMS practice expense per hour data. Some practices employ midlevel providers such as nurse practitioners and optometrists. The practice expenses per hour from the SMS survey are calculated in terms of hours spent in patient care activities by physicians in a practice. These practice expenses per hour are greater than practice expenses per hour spent in patient care activities by the physicians and midlevel providers in a practice. As a result, the practice expense per hour methodology is potentially biased in favor of specialties who use more, relative to other specialties, midlevel providers as physician extenders to create billable services under the Medicare fee schedule. Although we made no adjustment to the practice expenses per hour for this due to a lack of data, we believe the issue should be examined as part of the refinement of the resource-based practice expense RVUs.

Below are the adjustments we made to the practice expense per hour data and the crosswalks we used to assign the specialties reflected in our claims data to those found in the practice expense tables from the SMS survey data.

- We set the medical materials and supplies practice expenses per hour for the specialties of ''Oncology'' and ''Allergy and Immunology'' equal to the medical materials and supplies practice expenses per hour for ''All Physicians'' since we make separate payment for the drugs furnished by these specialties.

With regard to oncology, while Medicare does not have an expansive outpatient drug benefit, it does cover outpatient drugs that are furnished by a physician, oral cancer drugs, and certain other specific drugs. In addition to paying for the costs of these drugs (outside the physician fee schedule), Medicare also makes a separate payment to physicians for the ''administration'' of cancer drugs (under the physician fee schedule). This separate payment for chemotherapy administration recognizes the expenses involved with ordering, storing and handling, and performing other tasks associated with administering such drugs. These expenses are practice expenses and are treated as part of resource-based practice expenses; they are not part of the costs of the drug and are not included in Medicare payments for chemotherapy drugs.

We believe that physicians' expenses for the administration of cancer drugs, as well as the costs of the drugs themselves, are included in their responses to the AMA survey. Therefore, to avoid a duplicate payment (that is, paying for the drug separately and also including the costs of the drug in practice expenses), we need to separate the costs of the drug from the practice expenses for the administration of the chemotherapy drugs.

We are proposing to use the ''All Physician'' practice expenses per hour for medical materials and supplies to reflect, in a relative sense, all the practice expenses for administration of chemotherapy. The difference between the practice expense per hour for medical material and supplies for oncologists and for all physicians would be the costs of the drugs themselves. We invite comments about our approach or alternative ways to separate the costs of the drugs from the costs of their administration.

- We based the administrative payroll, office, and other practice expenses per hour for the specialties of ''Physical Therapy'' and ''Occupational Therapy'' on data used to develop the salary equivalency guidelines for these specialties. (Since speech and language pathologists are not identified as Medicare specialties in our claims data, we could not explicitly use their salary equivalency guideline data.) The data used to calculate the salary equivalency practice expenses per hour for these categories of expenses includes an allowance for 250 square feet of space per therapist, and the utilities and other overhead to run the practice, including administrative costs. We set the remaining practice expense per hour categories equal to the ''All Physicians'' practice expenses per hour from the SMS survey data. We used the clinical payroll expenses for ''All Physicians'' instead of the salary equivalency data for physical therapy assistants and aides since we are concerned that there may be an overlap between the cost of therapy assistants and aides reflected in the practice expenses and the amount of work allocated to services provided by occupational and physical therapists.

- The following are the crosswalks we used to assign the specialties reflected in our claims data to those found in the practice expense tables from the SMS survey data. Note that we refer to the difference between the nonphysician payroll expenses per hour and the clerical payroll expenses per hour as the clinical payroll expenses per hour.

TABLE 3.—PRACTICE EXPENSE PER HOUR CROSSWALKS

HCFA specialty code and description	AMA specialty	Clinical labor PE/Hr	Medical supplies PE/Hr	Medical equipment PE/Hr	Cler., office, and other PE/Hr
01—General Practice	General/Family Practice	$15.10	$8.10	$3.60	$41.90
02—General Surgery	General Surgery	6.80	3.10	2.00	42.30
03—Allergy/Immunology	Allergy And Immunology*	39.20	7.20	3.30	76.70
04—Otology, Laryn., Rhino	Otolaryngology	17.50	7.70	5.80	79.00
05—Anesthesiology	Anesthesiology	10.70	0.30	0.40	15.30
06—Cardiology	Cardiovascular Disease	15.30	5.80	6.40	55.50
07—Dermatology	Dermatology	22.80	12.50	4.80	75.00
08—Family Practice	General/Family Practice	15.10	8.10	3.60	41.90
10—Gastroenterology	Gastroenterology	7.80	2.70	1.80	44.30
11—Internal Medicine	General Internal Medicine	9.10	6.40	2.10	36.50
12—Manip. Therapy	All Physicians	12.00	7.20	3.20	45.10
13—Neurology	Neurology	4.60	5.00	4.20	45.10
14—Neurosurgery	Neurological Surgery	9.20	1.80	1.10	71.70
16—OB–GYN	Obstetrics/Gynecology	15.40	7.30	3.40	49.80
18—Ophthalmology	Ophthalmology	25.10	11.30	9.00	86.40
19—Oral Surgery	All Physicians	12.00	7.20	3.20	45.10
20—Orthopedic Surgery	Orthopedic Surgery	16.90	10.30	3.60	74.90
22—Pathology	Pathology	8.30	4.00	1.60	32.80
24—Plastic Surgery	Plastic Surgery	10.30	16.30	4.60	71.80
25—Physical Medicine	Physical Medicine/Rheumatology	15.40	4.90	3.90	63.70
26—Psychiatry	Psychiatry	2.00	0.40	0.30	22.90
28—Colorectal Surgery	General Surgery	6.80	3.10	2.00	42.30
29—Pulmonary Disease	Pulmonary Disease	7.80	2.80	1.60	33.60
30—Radiology	Radiology	9.40	4.80	8.30	35.70
33—Thoracic Surgery	Cardiac/Thoracic/Vascular Surgery	13.90	1.40	3.10	45.50
34—Urology	Urological Surgery	11.00	24.50	6.00	53.00
35—Chiropractor, Licensed	General Internal Medicine	9.10	6.40	2.10	36.50
36—Nuclear Medicine	Radiology	9.40	4.80	8.30	35.70
37—Pediatrics	Pediatrics	12.80	10.80	1.60	41.70
38—Geriatrics	General Internal Medicine	9.10	6.40	2.10	36.50
39—Nephrology	General Internal Medicine	9.10	6.40	2.10	36.50
40—Hand Surgery	Orthopedic Surgery	16.90	10.30	3.60	74.90
41—Optometrist	All Physicians	12.00	7.20	3.20	45.10
43—CRNA/AA	Anesthesiology	10.70	0.30	0.40	15.30
44—Infectious Disease	General Internal Medicine	9.10	6.40	2.10	36.50
46—Endocrinology	General Internal Medicine	9.10	6.40	2.10	36.50
48—Podiatry	General Surgery	6.80	3.10	2.00	42.30
50—Nurse Practitioners	General Internal Medicine	9.10	6.40	2.10	36.50
62—Psychologist (Billing Independently)	Psychiatry	2.00	0.40	0.30	22.90
65—Physical Therapist (Indep. Practice)	All Physicians*	12.00	7.20	3.20	10.90
66—Rheumatology	Physical Medicine/Rheumatology	15.40	4.90	3.90	63.70
67—Occupational Therapist	All Physicians*	12.00	7.20	3.20	10.90
68—Clinical Psychologist	Psychiatry	2.00	0.40	0.30	22.90
69—Independent Laboratory	All Physicians	12.00	7.20	3.20	45.10
70—Clinic Or Other Group	All Physicians	12.00	7.20	3.20	45.10
76—Periperal Vascular Disease	All Physicians	12.00	7.20	3.20	45.10
77—Vascular Surgery	Cardiac/Thoracic/Vascular Surgery	13.90	1.40	3.10	45.50
78—Cardiac Surgery	Cardiac/Thoracic/Vascular Surgery	13.90	1.40	3.10	45.50
79—Addiction Medicine	Psychiatry	2.00	0.40	0.30	22.90
80—Clinical Social Worker	Psychiatry	2.00	0.40	0.30	22.90
81—Critical Care (Intensivists)	All Physicians	12.00	7.20	3.20	45.10
82—Hematology	General Internal Medicine	9.10	6.40	2.10	36.50
83—Hematology/Oncology	Oncology*	22.00	7.20	5.50	58.70
84—Preventive Medicine	General Internal Medicine	9.10	6.40	2.10	36.50
85—Maxillofacial Surgery	All Physicians	12.00	7.20	3.20	45.10
86—Neuropsychiatry	Psychiatry	2.00	0.40	0.30	22.90
89—Clinical Nurse Practitioner	General Internal Medicine	9.10	6.40	2.10	36.50
90—Medical Oncology	Oncology	22.00	7.20	5.50	58.70
91—Surgical Oncology	All Physicians	12.00	7.20	3.20	45.10
92—Radiation Oncology	Radiology	9.40	4.80	8.30	35.70
93—Emergency Medicine	Emergency Medicine	3.40	0.50	0.10	9.00
94—Interventional Radiology	Radiology	9.40	4.80	8.30	35.70
95—Indep. Physiological Lab	All Physicians	12.00	7.20	3.20	45.10
97—Physician Assistants	General/Family Practice	15.10	8.10	3.60	41.90
98—Gynecology/Oncology	Obstetrics/Gynecology	15.40	7.30	3.40	49.80

*Practice expense per hour were adjusted as follows:
(1) Allergy & Immunology and Oncology use supplies for All Physicians.
(2) Physical Therapy and Occupational Therapy use salary equivalency data for clerical, office and other practice expenses per hour.

• Due to uncertainty concerning the appropriate crosswalk and time data for the nonphysician specialty ''Audiologist'' and the fact that the relatively few codes performed by audiologists are also performed by other specialties, we did not crosswalk this specialty. Until we can obtain more data, we derived the resource-based practice expense RVUs for codes performed by audiologists from the practice expenses per hour of the other specialties which perform these codes.

• Because we have no reason to assume that the distribution of radiologists by equipment ownership reflected in the SMS survey data differs from the distribution found in our claims data, we did not attempt to differentiate the practice expenses per hour for radiologists by equipment ownership. The use of the average practice expenses per hour should create the appropriate practice expense pool for radiology. We invite comments on this issue. We realize that practice expenses vary by equipment ownership; however, the appropriate recognition of this is through the differential allocation of the practice expense pool to the professional, technical, and global services performed by radiologists.

c. Time Associated with the Work Relative Value Units. As a general comment on the time data, we are concerned that any imprecision in the time estimates for high volume services which have relatively little time associated with them may potentially bias the practice expense methodology in favor of the specialties which perform these services. For example, if a high volume procedure which typically takes four minutes to perform has a surveyed time of 5 minutes, this procedure's contribution to the practice expense pool for that specialty is inflated by 25 percent. In contrast, if a procedure which typically takes 100 minutes to perform has a surveyed time of 101 minutes, its contribution is only inflated by 1 percent. We believe this issue should be examined as part of the refinement of the resource-based practice expense RVUs.

• The time data from the Harvard study performed for the initial establishment of the work relative value units were collected over a number of years using primarily surveys of practicing physicians. The time data submitted to the RUC for the refinement of the work relative value units were also collected over a number of years using primarily physician surveys. The time data resulting from the refinement of the work relative value units have been systematically greater than the time data obtained by the Harvard study for the same services. On average, this difference is approximately 25 percent. We increased the Harvard time data in order to ensure consistency between these data sources.

• We calculated the total physician time for CPT codes 70010 through 79440 using the work RVUs and the work per unit time for CPT 99213, except for codes in the range of CPT codes 78000 through 78891 for which we had Harvard survey data and codes for which we had data from surveys done for the AMA RUC.

• Based on the judgment of our clinical staff, we calculated the total physician time for CPT codes 90918 through 90921 using the work RVUs and the work per unit time for CPT code 99213.

• Based on the judgment of our clinical staff, we set the total time associated with the work RVUs for CPT 97001 through 97770 as follows:

HCPCS	Time (min)
97001	30
97002	20
97003	45
97004	30
97010	5
97012	15
97014	13
97016	18
97018	13
97020	14
97022	15
97024	15
97026	10
97028	9
97032	18
97033	14
97034	16
97035	12
97036	15
97039	10
97110	15
97112	15
97113	15
97116	15
97122	15
97124	15
97139	15
97150	15
97250	15
97260	15
97261	15
97265	15
97504	15
97520	15
97530	15
97535	15
97537	15
97542	15
97703	15
97750	15
97770	15

• A high percentage of codes performed by the nonphysician specialties of Independent Physiological Lab, Clinical Psychologist, and Psychologist (Independent Billing) do not have work RVUs and, therefore, time data. Because the practice expenses per hour for these specialties were crosswalked from SMS specialties, when calculating their practice expense pools we used the maximum clinical staff time from the CPEP data for the codes that lack work RVUs.

• We calculated the time for CPT codes 00100 through 01996 using the base and time units from the anesthesia fee schedule and the Medicare allowed claims data.

13. Other Practice Expense Policies

a. Site-of-Service Payment Differential. Under the physician fee schedule, if a physician service of the type routinely furnished in physician offices is furnished in facility settings, our current policy is that the fee schedule amount for the service is determined by reducing the practice expense RVUs for the service by 50 percent. Certain services are excluded from the regulation including rural health clinic services, surgical services not on the ambulatory surgical center covered list that are furnished in an ambulatory surgical center, anesthesia services, and diagnostic and therapeutic radiology services (see § 414.32 (Determining payments for certain physician services furnished in facility settings)).

The site-of-service payment differential is a long established policy to avoid duplicate payments for practice costs while, at the same time, recognizing that some office practice cost is incurred when physicians perform procedures outside the office setting. The site-of-service policy applies to both inpatient and outpatient hospital settings.

Since the implementation of the physician fee schedule, we have compiled a list of services furnished outside physician offices that are subject to the site-of-service payment differential. The current list includes approximately 700 services.

As part of the resource-based practice expense initiative, we are proposing to replace the current policy that systematically reduces the practice expense RVU by 50 percent for certain procedures with a policy that would generally identify two different levels (facility and nonfacility) of practice expense RVUs for each procedure code depending on the site-of-service. In general, we would furnish two levels of practice expense RVUs per code; one when the procedure is performed in the office or other site (or nonfacility) if no additional facility fee is paid and

another when the procedure is performed out of the office (for example, in a hospital or an ambulatory surgical center in which the costs of resources, such as labor, medical supplies, and medical equipment are paid outside the physician fee schedule and only to the hospital or ambulatory surgical center).

Some services, by the nature of their codes, are performed only in certain settings and would have only one level of practice expense RVU per code. Many of these are evaluation and management codes with code descriptions specific as to the site of service. Examples of these codes are the following:

- Inpatient hospital care for new or established patients (CPT codes 99221 through 99223).
- Subsequent hospital care (CPT codes 99231 through 99239).
- Emergency department services for new or established patients (CPT codes 99281 through 99285).
- Critical care services (CPT codes 99291 through 99297).
- Nursing facility services (CPT codes 99301 through 99303).
- Subsequent nursing facility care (CPT codes 99311 through 99313).
- Domiciliary, rest home (CPT codes 99321 through 99333).
- Home services (CPT codes 99341 through 99350.

We note that office or outpatient evaluation and management services (CPT codes 99201 through 99215) are used to report services furnished in the physician office or in a hospital outpatient department; therefore, these procedure codes will have different levels of practice expense RVUs. Other services, such as most major surgical services with a 90-day global period, are performed entirely or almost entirely in the hospital, and we are generally providing a practice expense RVU only for the out-of-office or facility setting.

In the majority of cases, however, we would provide both facility and nonfacility practice expense RVUs. The higher nonfacility practice expense RVUs are generally used to calculate payments for services performed in a physician office and for services furnished to a patient in the patient's home, or facility or institution other than a hospital, skilled nursing facility, or ambulatory surgical center. For these services, the physician typically bears the cost of resources, such as labor, medical supplies, and medical equipment associated with the physician service.

The lower facility practice expense RVUs generally are used to calculate payments for services furnished to hospital, SNF, and ambulatory surgical center patients. The costs for nonphysician services and other items, including medical equipment and supplies, are typically borne by the hospital, by the SNF, or the ambulatory surgical center.

b. Additional Relative Value Units for Additional Office-Based Expenses for Certain Procedure Codes. Usually office medical supplies or surgical services in the physician office are included in the practice expense portion of the payment for the medical or surgical service to which they are incidental. The November 1991 final rule (56 FR 59522) included a policy that allowed a practice expense RVU of 1.0 to pay for the supplies that are used incident to a physician service but generally are not the type of routine supplies included in the practice expense RVUs for specific services. For example, if the physician performed a cystourethroscopy with a biopsy (CPT code 52204) in the office and billed for a surgical tray (HCFA Common Procedure Coding System (HCPCS) code A4550) in addition to the procedure, the physician would receive approximately $34.86 (an RVU of .95) for the surgical tray in addition to the payment for the cystourethroscopy with biopsy. The November 1991 final rule (56 FR 59811) listed 44 procedure codes that qualified for additional RVUs if furnished in the physician office. This list was expanded in the December 1993 final rule (58 FR 63854) to include several cystoscopy codes. Included in this list of procedures for which an additional amount for supplies may be paid if performed in a physician office are closing a tear duct (CPT code 68671) and billing for a permanent lacrimal duct implant (HCPCS A4263) and inserting an access port (CPT code 36533) and billing for an implantable vascular access portal/catheter (A4300). These supplies were given the same RVU as HCPCS code A4550.

We are proposing to revise this policy under the resource-based practice expense system. We believe the supply costs that this policy is designed to cover were included in the supply inputs identified by the CPEPs and the AMA's SMS survey. Thus, they were included in the practice expense RVUs for each related procedure code. Therefore, we are proposing to discontinue separate payment for supply codes A4263, A4300 and A4550.

c. Anesthesia Services. Although physician anesthesia services are paid under the physician fee schedule, these services do not have practice expense RVUs. Rather, payment for physician anesthesia services is determined based on the sum of allowable base and time units multiplied by a locality-specific anesthesia CF.

Since the beginning of the physician fee schedule, overall budget neutrality and work adjustments have been made to the anesthesia CF and not to the base and time units. We are proposing to follow the same process and make an adjustment to the anesthesia CF to move anesthesia services under the resource-based practice expense system. The adjustment to the anesthesia CF is 3.5 percent.

14. Refinement

Section 4505(d)(1)(C) of the BBA requires the Secretary to develop a refinement process to be used during each of the 4 years of the transition period. In this section, we will describe those aspects of this proposed rule that we believe are subject to refinement as well as our proposed process for refinement during the coming year. In light of the complexity of the issues associated with establishing the initial proposed practice expense RVUs, we believe it is premature to propose, in this proposed rule, the refinement process for subsequent years of the transition period. We also believe it would be premature to finalize the practice expense RVUs before the fall of 1999. Therefore, we will keep the practice expense RVUs as interim RVUs until at least the fall of 1999. We also are open to extending the period during which the practice expense RVUs are interim beyond 1999 if we believe that more time is needed to identify and correct errors.

We are particularly interested in receiving comments on our proposed refinement process for this year, and we are soliciting recommendations for the process in subsequent years. Based on our analysis of comments we receive, we hope to describe our plans for the entire refinement process in the final rule.

a. Issues Involved in Refinement. We believe the refinement process for practice expense RVUs will enable us to:

- Review and refine practice expense/hour data.
- Obtain and review practice expense/hour data for specialties or practitioners not included in the SMS survey.
- Address anomalies, if any, in the code-specific Harvard/RUC physician time data.
- Address anomalies, if any, in the code-specific CPEP data on clinical staff types and times, quantity and cost of medical supplies, and quantity and cost of medical equipment.
- Refine, as needed, our process of developing practice expense RVUs for codes that were not addressed by the

CPEP process, for example, codes that were new in 1996, 1997, and 1998.

• Develop practice expense RVUs for codes that will be new in 1999 and beyond.

Our plans for each of these six points are as follows:

• Refinement of the practice expense/hour data. The practice expense/hour data are based on the SMS survey. (These data can be found in Table 1). Although the SMS survey was not designed to support the development of practice expense RVUs, we believe it is the best available source of data on actual practice costs that allows us to recognize all staff, equipment, supplies, and expenses, not just those that can be tied to specific procedures. In fact, we believe one advantage of the SMS data is that they were collected before this proposed rule.

The SMS survey data used in this proposed rule do not include the practice expense information on all specialties recognized by Medicare. However, for certain larger specialties, for example, family practice and general surgery, the sample of physicians surveyed is of sufficient size to serve as the basis of the practice expense/hour calculation in the short term. For those larger specialties, we are unlikely to make any changes in the practice expense/hour calculation in the final rule to be published this fall. In the long term, specifically, 1999 and beyond, we are prepared to refine the practice expense/hour data of the larger specialties if we receive compelling evidence that the SMS data are incorrect. Any arguments that the practice expense/hour for a given specialty should be changed would be strengthened by the submission of survey data comparable to the SMS that include data for a range of specialties expected to gain and lose Medicare revenue.

We are concerned that the validity of future SMS surveys could be affected if we decided to explicitly link the data collected to future revisions of the Medicare fee schedule. Also, SMS is a physician level survey, and physicians in groups are asked for their share of expenses rather than the practices' expenses. Practice level data may provide a better basis for constructing practice expense RVUs. We invite comments on potential revisions to the SMS survey or alternative sources of data that could be used for long term refinement. Finally, because the calculation of the practice expense/hour is so critical to our methodology, we also invite comment on the need to confirm, through audit or other means, the survey data that would be used for long term refinement.

• Refinement of the crosswalk for the practice expense/hour data. The SMS data we used for this proposed rule do not include data for all specialties that are recognized by Medicare, and they do not include data on nonphysician practitioners who are paid under the physician fee schedule. To develop this proposal, it was necessary to crosswalk certain specialties and nonphysician practitioners to the practice expense/hour data we developed for the specialties included in the SMS. We invite comments on the appropriateness of our crosswalks. Any arguments that the practice expense/hour data should be changed would be strengthened by the submission of survey data comparable to the SMS data.

• Refinement of the physician time data. The number of practice expense RVUs assigned to the services performed by a given specialty is determined by the practice expense/hour data from the SMS and the physician time data for each of the codes. The physician time data are based on the Harvard resource-based RVS study and RUC survey data that were developed as part of the refinement of the work RVUs. We are confident that these data are accurate although there may be some codes for which the final work RVUs we have assigned may be inconsistent with the time data. We will accept comments on the code-specific physician time data but must point out that any proposed revisions to the time data have implications for the work RVUs assigned to those codes. We do not intend to revisit work RVU issues that have been already addressed as part of the 5-year review. (Total physician time data can be found in the ''Total Physician Time'' file located on the HCFA Homepage. Specific instructions for accessing this and other Internet files referred to in this proposed rule can be found at the end of this refinement section.)

• Refinement of the CPEP data. The identification and correction of errors, if any, in the code-specific CPEP data on clinical staff types and times, quantity and cost of medical supplies, and quantity and cost of medical equipment has its principal effect on the relative relationship of the practice expense RVUs assigned to services performed by a given specialty.

It is important to understand that the allocation of practice expense RVUs at the code level is based on CPEP data that have not been revised or edited in any fashion. We have not made any revisions or edits for two main reasons. First, we received many comments in response to last year's proposed rule that objected to the data reasonableness edits and caps that were part of our proposal. Second, we received many comments in response to June 1997 proposed rule that objected to our decision to exclude from the CPEP data the direct inputs for medical equipment, medical supplies, and clinical staff recorded for hospital patients. In addition, we found this decision to be quite controversial in subsequent meetings with representatives of various specialty societies. Under our proposed methodology that begins with the total practice expense costs, the question as to the appropriateness of including the direct inputs for medical equipment, medical supplies, and clinical staff in the inputs for hospital patients is much less important because the inclusion of the data impacts the distribution of practice expense RVUs across the entire fee schedule only to the extent codes are performed by more than one specialty.

For example, if a given specialty performs cardiovascular procedures, including time for nursing staff in the hospital for these procedures allocates more of the fixed practice expense pool of dollars for that specialty to these procedures, leaving fewer dollars for the other codes performed by that specialty. We believe the most appropriate method for determining the relative relationship of the RVUs assigned to cardiovascular procedures in this proposed rule is to rely on the CPEP that developed the inputs for those procedures. Therefore, the direct inputs for medical equipment, medical supplies, and clinical staff recorded for hospital patients have not been removed from the CPEP data.

In deciding not to modify the CPEP data, we recognize the possibility that the RVUs assigned to some codes will appear to be incorrect or anomalous. Any apparent errors will be identified and corrected in response to the comments we receive on this proposed rule and through our refinement process. We received comments in response to last year's proposed rule that pointed out apparent errors in the RVUs, and many of the CPEP inputs were revised during the validation panels we conducted in October 1997. We have not incorporated any of those revisions to the data primarily because our methodology for developing RVUs has been revised, and we were not convinced that all the revisions that occurred during the validation panels were correct. To the extent that commenters believe that previously submitted comments are still valid or that data revisions that occurred during the validation panels are still

appropriate, we request that they again be brought to our attention in response to this proposed rule.

While we will accept comments on any code-specific data, we recommend that commenters focus their attention during this comment period on high-volume services with large aggregate expenditures under Medicare. We will review the comments with the assistance of our carrier medical directors. Time constraints preclude convening multiple specialty panels to assist us in our review of the comments. However, as noted above, the practice expense RVUs would be interim values for at least 1999, including those we change as a result of our review of the comments.

Because all of the practice expense RVUs will be interim during 1999, commenters will have another opportunity to identify errors in the code-specific CPEP data during the comment period of the final rule with comment period to be published in the fall of 1998. We believe that the codes identified as possible errors during the comment periods of the proposed rule and the final rule will constitute the universe of codes whose code-specific CPEP data should be reviewed. In other words, although we may keep all the practice expense RVUs interim beyond 1999 as we refine other aspects of the physician fee schedule, it is not our intention to continually review the inputs for all the codes on the fee schedule on an annual basis.

We do believe it is important to have the advice of practicing physicians on the appropriateness of recommended changes to the CPEP inputs. We have two principal options for obtaining that advice. The first option would be for us to convene multiple specialty panels to review the recommended changes. The second option would be to ask the RUC, or a new organization like the RUC that includes broad representation across all specialties and includes nonphysician practitioners, to do this. We believe that under either option, the panel or panels should include individuals other than physicians, for example, practice managers or nurses, who could bring additional experience and expertise to the discussion. The panels would need to meet no later than the summer of 1999 to consider the comments we received on both the proposed rule and the final rule. We invite comments on these options and would welcome any other recommendations.

- Refinement of the crosswalk for 1996, 1997, and 1998 codes. Because the CPEP process was based on 1995 CPT codes, it was necessary for us to develop practice expense RVUs for new codes that were developed for the 1996, 1997, and 1998 CPT books. The process we used was based on comparing the new codes to other comparable codes for which we had actual CPEP data. Files containing information about the crosswalks used for codes that were new in 1996, 1997, and 1998 are available on the HCFA homepage under the heading ''CPEP Data Crosswalked to 1998 CPT Codes.'' Since this crosswalk was based on our judgment rather than actual data, we invite comments on the appropriateness of our crosswalks. Also, we will accept new code specific-data on clinical staff types and times, quantity and cost of medical supplies, and quantity and cost of medical equipment. Any comments we receive on these codes will be reviewed as part of the process of review described above.
- Development of practice expense RVUs for codes that will be new in 1999 and beyond. There will be new codes included in CPT 1999 for which we will not have practice expense data in time for publication in the 1998 final rule. We plan to develop interim practice expense RVUs for these codes by preparing a crosswalk of CPEP data from existing codes. The crosswalk we use will be available with the final rule, and the practice expense values for the codes will be subject to comment. However, the interim values will serve as the basis of payment during 1999.

We do not believe that preparing a crosswalk of new codes is the most appropriate method of developing practice expense RVUs for new codes. However, for 1999, time constraints do not permit any other approach. Beyond 1999, we would like to develop a process whereby we receive recommended practice expense RVUs or recommended inputs for clinical staff types and times, quantity and cost of medical supplies, and quantity and cost of medical equipment.

For the assignment of work RVUs to new and revised codes, we first look to the RUC for recommended RVUs. Under that process, codes that will be new or revised in the next year's CPT are referred from the CPT editorial panel to the RUC. Specialty societies are informed of these codes and furnished an opportunity to survey a sample of physicians in their specialty for the development of recommended RVUs. The entire RUC then reviews the survey results and forwards the recommended work RVUs to us.

We then review the RUC's recommended work RVUs with the assistance of our Medicare carrier medical directors and publish our decisions as interim RVUs in the final rule for the upcoming year. For example, work RVUs for codes that were new or revised in CPT 1998 were published as interim RVUs in the October 1997 final rule.

Publishing RVUs as interim allows the public the opportunity to furnish comments on the appropriateness of our interim work RVUs. During the following year, we review any comments we have received with the assistance of multiple-specialty panels we have convened. We consider our analysis of any comments on the interim work RVUs and the advice we receive from the multiple specialty panels in the assignment of the final work RVUs that are announced in the final rule for the next year's physician fee schedule.

For practice expense RVUs, we believe there are two principal options. First, we could continue to crosswalk new codes to existing codes, publish the results of that crosswalk as interim practice expense RVUs in the final rule, and review comments we receive with the assistance of our multiple specialty panels. Second, we could request the RUC or a RUC-like organization to provide recommended practice expense RVUs or recommended inputs before publication of the proposed rule as we do with work RVUs. This approach would allow us to publish interim RVUs based on the advice of practicing physicians. As with the work RVUs, any comments we received on the interim RVUs could then be reviewed with the assistance of HCFA multiple specialty panels. We invite comments on these options and would welcome any other recommendations.

b. Example of the Process for Reviewing and Commenting on Practice Expense Relative Value Units. To facilitate the development of responses to this proposed rule, to illustrate the issues involved in refining the RVUs for practice expense, and to furnish further guidance on the use of the data files that are available on the Internet, we are furnishing the following analysis of an apparent anomaly in a family of codes. This analysis is intended to serve as an example of the process for reviewing and commenting on the practice expense RVUs. We have not concluded that revisions to the RVUs proposed for this family of codes are warranted. In the event that no comments are received on the RVUs for these codes, it is unlikely that we will make any revisions.

In the ophthalmology section of the CPT, there are four codes for the reporting of eye exams. The codes, brief descriptors, and the proposed practice expense RVUs follow:

Code	Descriptor	Practice expense RVUs
92002	Eye exam, new patient, intermediate	0.96
92004	Eye exam, new patient, comprehensive	1.58
92012	Eye exam, established patient, intermediate	1.26
92014	Eye exam, established patient, comprehensive	1.25

We believe there is a rank order anomaly in this family. We expected that the practice expense RVUs for new patients would be higher than the practice expense RVUs for established patients and that the practice expense RVUs for comprehensive visits would be higher than practice expense RVUs for intermediate visits. For example, we expected that CPT code 92014 would have higher practice expenses than CPT code 92012, which is not the case.

To analyze this apparent anomaly, we first reviewed the data on which specialties furnish the services. These data are located on the HCFA Homepage under the file name ''Procedure Code Utilization by Specialty.'' This analysis is important because one potential cause of an anomaly is that codes in a given family of codes are performed by physicians in different specialties whose practice expenses per hour are different. In this case, the dominant specialty performing the codes is ophthalmology. Optometrists also perform these services but with less frequency than ophthalmologists. In Table 2, the sum of the practice expenses per hour for ophthalmology is $131.80, and the sum of the practice expenses per hour for optometry is $67.50. Although the practice expense per hour differs for ophthalmology and optometry because ophthalmology is by far the dominant specialty, this anomaly cannot be attributed to differences in practice expense per hour.

We next reviewed the code-specific data for in-office services on clinical labor, equipment, and supplies that are included in the file ''CPEP Data Converted Into 1998 Dollar Amounts,'' located on the HCFA Homepage. This file is based on the raw CPEP data that have been converted to monetary amounts. It is considerably easier to review than the raw CPEP data because it includes fewer data points per code. (The file containing raw CPEP data, ''Raw CPEP Data'', can also be found in the HCFA Homepage. Both of these files also contain CPEP data for supplies and equipment.)

Code	Descriptor	Clin	Eqp	Sup	Total services	% Ophthalmology	% Optometry
92002	Eye exam, new patient, intermediate.	15.44	11.76	3.41	354,000	48	50
92004	Eye exam, new patient, comprehensive.	16.87	12.85	3.41	1,866,000	72	27
92012	Eye exam, est. patient, intermediate.	11.15	8.49	27.60	6,022,000	85	13
92014	Eye exam, est. patient, comprehensive.	14.01	10.67	3.41	6,980,000	79	20

These data show that the relative relationship within the family of codes appears to be appropriate for clinical staff and equipment. However, for supplies there is a large discrepancy in that the supply costs for code 92012 are eight times greater than the supply costs for the other three codes. To determine whether the supply costs for code 92012 are too high or the supply costs for the other three codes are too low, it is necessary to review the actual supply inputs assigned to the codes by the CPEP. These data may be found as a subdirectory of the file, ''CPEP Data Converted to 1998 Dollars.'' We reviewed the inputs but have made no judgments about them. We believe the inputs should be reviewed by the specialties providing the service.

As can be seen in the table, 85 percent of the code 92012 services are furnished by ophthalmologists, and 13 percent are furnished by optometrists. The table also shows that this is a high volume family of codes and that errors in the CPEP data could cause distortions in the relative relationships of the RVUs assigned to services furnished by ophthalmologists and optometrists. Under our proposed methodology for developing RVUs, any revisions to the CPEP data will primarily impact only those specialties that furnish the service. Thus, if we determine that the supply inputs for code 92012 include items that are not typically furnished and are recommended for removal, that will ''free up'' RVUs that can be redistributed across the other services furnished by the two specialties.

Conversely, if it is determined that the supply inputs for the other three codes are missing items that are typically furnished and are recommended for inclusion, that will require RVUs to be taken from the other services furnished by the two specialties, not from other services on the physician fee schedule. We view this as a significant advantage of our proposed methodology in that the highly contentious atmosphere of refinement under our earlier methodology is greatly reduced because, except when multiple specialties perform the same service, agreement or disagreement with the CPEP inputs of one specialty does not directly impact the RVUs assigned to services furnished by other specialties.

c. Information on Accessing Data Files on HCFA's Homepage. The aforementioned files can be obtained on the HCFA Homepage at ''www.hcfa.gov.'' Following is the step by step process by which the data files can be accessed.

Step 1: After accessing the HCFA Homepage go to Stats and Data.

Step 2: Go to 1999 Resource-Based Practice Expense.

Step 3: Under Resource-Based Practice Expense, you will have the option of accessing one of six files related to resource-based practice expense:

Raw CPEP Data

This file includes the original CPEP data. There are four subgroups within this file:

Clinical Work
Medical Supplies
Procedure Specific Medical Equipment

Overhead Medical Equipment

1998 Code Crosswalks

Since the CPEP data were based upon 1995 data, we performed crosswalks for codes which were new codes in 1996, 1997, and 1998. This file shows the crosswalks that were used for all codes that were new after 1995. In addition, this file also contains those codes gap-filled based on analogous procedures due to an absence of data from the CPEP process.

CPEP Data Crosswalked to 1998 Codes

This file crosswalks all CPEP data to 1998 codes.

CPEP Data Converted to 1998 Codes Converted Into Dollars

This file converts the CPEP data, crosswalked to 1998 codes, into dollars.

Procedure Code Utilization by Specialty

This file shows the Medicare allowed services for each procedure code performed by each specialty.

Time Associated With the Work Relative Value Units

This file contains the time associated with the work RVUs for each procedure.

15. Reductions in Practice Expense Relative Value Units for Multiple Procedures

In the June 1997 proposed rule (62 FR 33171), we had recommended reducing the practice expense RVUs for multiple nonsurgical services performed at the same time as an evaluation and management service. We had proposed this as a way to reflect the lower practice costs that would result when more than one service is performed during a single patient encounter. Many commenters, as well as the Medicare Payment Advisory Commission (MEDPAC), recommended that we not implement a multiple procedure reduction, at least until this issue has been further studied.

We have decided not to propose this reduction at this time but will consider it in the future. We invite comments on this specific issue. The current multiple surgical procedure reduction policy with regard to physician work is not affected by the practice expense proposal.

16. Transition

Under the transition enacted under BBA 1997, practice expense RVUs in 1999 are to be based 75 percent on the old method and 25 percent on the resource-based method. In 2000, the shares are 50 percent old method and 50 percent resource-based. In 2001, the shares are 25 percent old method and 75 percent resource-based. Beginning in 2002, practice expense RVUs are entirely resource-based.

In our October 1997 final rule (62 FR 59052), we indicated that the old method to be used in the formula constitutes the 1998 practice expense RVUs actually used for payment. We received a comment that suggested that we consider an alternative interpretation of the law for purposes of the transition starting point that would eliminate the 1998 changes in practice expenses enacted by BBA 1997. This comment was based on the theory that the 1998 changes were for 1 year only and not intended to be included in the base practice expense used for the transition. This alternative would result in higher payments for certain specialty procedures and lower payments for medical visits during 1999, 2000, and 2001. Beginning in 2002, the starting point for the transition does not matter as practice expenses are entirely resource-based.

We have considered this suggestion. We do not believe that we can, as suggested by the commenter, utilize 1997 practice expense RVUs actually used for payment because we do not believe that we could treat the reductions enacted in BBA 1997 for 1998 differently from the similar reductions enacted in OBRA 1993 on practice expenses for 1994, 1995, and 1996. That is, the effects of both amendments should be included in the base or excluded. We believe that the appropriate option, other than using 1998 practice expense RVUs, is to exclude the effects of both the OBRA 1993 and BBA 1997 provisions and revert to practice expense RVUs as they existed before any amendments. We do not believe that this is the better alternative. In addition to creating practical problems of requiring imputation of practice expense RVUs for the many new codes that have been established between 1991 and 1998, it would seem contrary to the statute's plain intent of moving toward a resource-based payment system. This alternative could also potentially result in a ''yo-yoing'' of practice expense RVUs between 1998 and future years. Practice expense RVUs for certain procedures explicitly increased by the Congress in 1998 could be reduced in 1999 only to be increased again when the practice expense is fully resource-based. If we were to use 1997 RVUs as the base for the transitions, payments for office visit procedure codes, for example, would likely decrease noticeably during 1999, reversing the clear policy the Congress enacted in BBA 1997 by raising them. To adopt such a construction of the law would not gradually ''transition'' payments to the new resource-based system, but instead would represent an abrupt change in direction, a result at odds with the purpose of having a transition period and with transitions previously established for payment changes in Medicare. We find nothing in the legislative history to suggest that the Congress intended such an atypical transition. Therefore, we propose to use the 1998 practice expense RVUs for purposes of the blend during the transition years of 1999, 2000, and 2001.

17. Proposed Regulation Revisions

We are proposing to revise § 414.22 (Relative value units (RVUs)), paragraph (b), (Practice expense RVUs), to state that for services beginning January 1, 1999, the practice expense RVUs would be based on a blend of 75 percent of the 1998 code-specific practice expense RVUs and 25 percent of the relative practice expense resources involved in furnishing the service. For services beginning January 1, 2000, the practice expense RVUs would be based on a blend of 50 percent of the 1998 code-specific practice expense RVUs and 50 percent of the relative practice expense resources involved in furnishing the service. For services beginning January 1, 2001, the practice expense RVUs would be based on a blend of 25 percent of the 1998 code-specific practice expense RVUs and 75 percent of the relative practice expense resources involved in furnishing the service. For services beginning January 1, 2002, the practice expense RVUs would be based on 100 percent of the relative practice expense resources involved in furnishing the service.

There would be only one level of practice expense RVUs per code for the following categories of services: those that have only the technical component of the practice expense RVUs; only the professional component practice expense RVUs; certain evaluation and management services, such as hospital or nursing facility visits that are furnished exclusively in one setting; and major surgical services. For other services, there would be two different levels of practice expense RVUs per code. The lower practice expense RVUs would apply to services furnished to hospital or ambulatory surgical center patients. The higher practice expense RVUs would apply to services furnished in a physician office or services other than visits but performed in a patient's home and services furnished to patients in a nursing facility, skilled nursing

facility, or an institution other than a hospital or ambulatory surgical center.

18. Response to GAO Recommendations

As previously discussed, the GAO report to Congress on practice expense made five recommendations for further action; two of these are short term recommendations that are addressed by this proposed rule and three are longer term recommendations that will be addressed during the refinement process. The GAO recommendations are as follows:

• Short Term Recommendations.

+ Use sensitivity analyses to test the effects of the limits we placed on the panels' estimates of clinical and administrative labor and our assumptions about equipment utilization.

We believe that our proposed methodology answers the concerns that prompted this recommendation. Our current proposal has eliminated the limits previously placed on the CPEP panels' estimates of clinical and administrative staff times. In addition, because the proposed methodology is based on specialty-specific RVU pools, changes in assumptions about equipment utilization rates would impact redistributions between specialties only to the extent that codes are performed by more than one specialty.

+ Evaluate the classification of the administrative labor associated with billing and other administrative expenses as indirect expenses, alternative methods for assigning indirect expenses, and alternative specifications of the regression model used to link the panels' estimates.

We again believe that our proposed methodology is responsive to this recommendation. Under our proposal, administrative expenses are treated as indirect costs, and we have developed a method of assigning indirect expenses that we believe most closely reflects the various specialties' actual costs. The third part of the recommendation is now moot as the current proposed methodology no longer utilizes the linking algorithm.

• Longer Term Recommendations.

+ Determine whether changes in hospital staffing patterns and physicians' use of their clinical staff in hospital settings warrant adjustments between Medicare reimbursements to hospitals and physicians. Similarly, we should determine whether physicians have shifted tasks to nonphysician clinical staff in a way that warrants reexamining the physician work RVUs.

+ Work with physician groups and the AMA to develop a process for collecting data from physician practices as a cross-check on the calculated practice expense RVUs and periodically refine and update the RVUs.

+ Monitor indicators of beneficiary access to care, focusing on those services with the greatest cumulative reductions in physician fee schedule allowances, and consider any access problems when making refinements to the practice expense RVUs.

We agree with all of these recommendations. One of the major tasks of any proposed refinement process will be determining when any additional data are need, whether it be on physician practice patterns or actual practice expenses. We welcome comments and suggestions on how best to carry out these recommendations to aid us in developing a strategy for data gathering in our final rule. We plan to monitor access to care.

B. Medical Direction for Anesthesia Services

The conditions for payment of medical direction were discussed in the March 2, 1983 final rule (48 FR 8902) that implemented section 108 of the Tax Equity and Fiscal Responsibility Act (TEFRA) of 1982, effective October 1, 1983.

TEFRA added section 1887 to the Act and required that we distinguish between services furnished by physicians to patients that are now payable under the physician fee schedule and services furnished by physicians to hospitals that are reimbursed to the hospital on a prospective payment basis for inpatients or on a reasonable cost basis for outpatients.

Section 1887 of the Act did not, however, include a reference to ''medical direction.'' This is a term we adopted from the medical profession that refers to the necessary level of direct involvement of the anesthesiologist in each of two to four concurrent anesthesia procedures so that the service meets the definition of physician services as required by section 1887 of the Act.

Our definition of medical direction closely followed the standards of anesthesia care team practice promulgated by the American Society of Anesthesiologists (ASA).

The conditions for payment of medical direction are included in § 415.110 (Conditions for payment: Medically directed anesthesia services). For each patient, the physician must furnish seven kinds of services, and the physician may not perform any other services while he or she is directing the concurrent procedures unless they meet the exception as noted. The medical direction activities in § 415.110(a) (Services furnished directly or concurrently) are as follows:

• Performs a pre-anesthesia examination and evaluation.

• Prescribes the anesthesia plan.

• Personally participates in the most demanding procedures in the anesthesia plan, including induction and emergence.

• Ensures that any procedures in the anesthesia plan that he or she does not perform are performed by a qualified individual as defined in program operating instructions.

• Monitors the course of anesthesia at frequent intervals.

• Remains physically present and available for immediate diagnosis and treatment of emergencies.

• Provides indicated post-anesthesia care.

The regulations currently refer to these conditions as applying to services furnished directly or concurrently. The reference to services furnished directly is not correct. It suggests that the physician personally performing the anesthesia services only has to provide the same kind of services as the physician medically directing the anesthesia service. In fact, the physician personally performing the anesthesia service must perform the entire anesthesia service alone. This policy is included in § 414.46(c)(1)(i) (Additional rules for payment of anesthesia services, Physician personally performs the anesthesia procedure). Therefore, we are proposing to delete the reference in the regulations to services furnished directly.

The December 1995 final rule (60 FR 63152) included the policy to allow the physician's medical direction of a certified registered nurse anesthetist (CRNA) performing a single anesthesia service. However, this provision did not take effect until January 1, 1998. This policy was incorporated in § 414.46(d)(iii) (Additional rules for payment of anesthesia services, Anesthesia services medically directed by a physician). A program memorandum explaining this policy was issued to the Medicare carriers in January 1998.

We are revising § 415.110 (Conditions for payment: Medically directed anesthesia services) so that it is consistent with § 414.46(d)(iii) by stating that medical direction can apply to the single anesthesia service furnished by a CRNA.

The Omnibus Budget Reconciliation Act of 1993 (OBRA 1993) added section 1848(a)(4)(Special Rule For Medical Direction) to the Act. This section of the

Act specified the calculation of the payment allowances for medical direction services on or after January 1, 1994. Thus, the specific payment policy is specified in the law. The law provides that the medical direction of the performance of an anesthesia service furnished on or after January 1, 1998, is 50 percent of the fee schedule amount that would have been paid if the anesthesia service was furnished by the physician alone.

Both the ASA and the American Association of Nurse Anesthetists (AANA) have pointed out that the current requirements are outdated and too restrictive. The current requirements are oriented to the administration of a general anesthetic, which was the predominate mode of practice when the regulations were originally implemented. There are other types of anesthesia, such as regional, spinal or epidural anesthesia, and monitored anesthesia care, which are becoming more common and for which the current requirements are not completely appropriate. For example, in monitored anesthesia care, there is no definable emergence as there is for general anesthesia.

Also, the AANA has advised us that requiring the presence of the anesthesiologist for induction for all cases may not be appropriate and may delay the start of surgery and result in the inefficient use of operating room time. In addition, the ASA has advised us that neither the regulations nor the operating instructions explain the level of documentation required by the anesthesiologist to support the payment for the medical direction service. The ASA believes that the lack of instructions for medical documentation and the concerns about payment audits have reportedly prompted anesthesiologists to overly document anesthesia records.

The ASA and the AANA have reached consensus on a revised recommended set of medical direction requirements. We have reviewed their recommendations and are proposing to revise our regulations in § 415.110 (Conditions for payment: Anesthesia services) to reflect current anesthesia practice arrangements. Namely, we would:

- Provide that the physician either perform the pre-anesthesia examination and evaluation or review one performed by another qualified individual.
- No longer require the physician to be present during induction and emergence.
- Require that the physician monitor the course of anesthesia at intervals medically indicated by the nature of the procedure and the patient's condition.

C. Separate Payment for Physician Interpretation of an Abnormal Papanicolaou Smear

With the exception of hospital inpatients, we currently do not allow separate payment for the physician's interpretation of an abnormal Papanicolaou (Pap) smear.

About 10 percent of Pap smears are abnormal and are interpreted by a physician, usually a pathologist. If a physician interprets an abnormal Pap smear for a patient, other than a hospital inpatient, payment for the physician interpretation (and the underlying test) is made under the clinical laboratory fee schedule payment for the Pap smear test. The physician negotiates with the laboratory for payment for the physician service.

The clinical laboratory fee schedule allowances were initially derived from the 1984 prevailing charges made by independent laboratories for the Pap smear test. Historically, independent laboratories did not bill separately for the physician interpretation of the abnormal Pap smear; thus, no separate allowance was established. Therefore, the initial clinical laboratory fee schedule allowances reflect payment for both the test and any associated interpretation.

The 1998 clinical fee schedule national allowance for the Pap smear test is $7.15. The 1998 physician fee schedule national allowance for the physician interpretation of the abnormal Pap smear for a hospital inpatient is $28.62.

The College of American Pathologists requested we recognize separate payment for the physician interpretation of the abnormal Pap smear in all settings. We believe this proposal would establish an understandable and uniform definition of physician services across sites. Therefore, we are proposing to recognize, under the physician fee schedule, separate payment for the physician interpretation of an abnormal Pap smear in all settings.

The Pap smear test may be furnished by a hospital or an independent laboratory. The independent laboratory could bill for the complete service: the technical component (the performance of the test) and the professional component (the interpretation of the test) furnished by the independent laboratory's pathologist. For services to hospital patients, the Pap smear interpretation usually is furnished by the hospital pathologist who can bill for the professional component of the service.

D. Rebasing and Revising the Medicare Economic Index

1. Background

a. History. In the 1972 Amendments to the Act (Public Law 92–603) enacted on October 30, 1972, the Congress mandated the use of an economic index in determining payment for physician services under Medicare Part B. Although the 1972 Amendments did not specify the particular type of index to be used, we established the Medicare Economic Index (MEI). The MEI follows the recommendations outlined by the Senate Finance Committee in its report accompanying the legislation in that it attempts to present an equitable measure for changes in the costs of physician time and operating expenses.

The current MEI represents a weighted sum of annual price changes for various inputs needed to produce physician services. Since its inception, the MEI has consisted of two principal components or expense categories—physician net income and physician practice expenses. Physician net income is further delineated into wages and salaries and benefits. The physician practice expense portion is delineated into six major categories: (1) Nonphysician employee compensation, which includes the wages and salaries and benefits of nonphysician employees in physician offices; (2) office expenses; (3) medical materials and supplies; (4) professional liability insurance; (5) medical equipment; and (6) other professional expenses. These broad expense categories are still the major expense shares in the proposed MEI and are discussed in greater detail in the following sections.

b. Use of Current Data. The MEI was last rebased and revised in the November 25, 1992 final rule (57 FR 55896). The current base year for the MEI is 1989. We believe that it is desirable to rebase and revise the index periodically so that the expense shares and proxies will reflect current conditions. For this reason, we are proposing to rebase the MEI to reflect 1996 physician expenses and review the proxies we currently use to ensure using the most appropriate proxy for each expense category. We will continue to adjust the physician and nonphysician employee compensation for economy-wide labor productivity to avoid accounting for both physician productivity and economy-wide productivity in the physician update framework.

The proposed MEI expense categories were derived primarily from the 1997 AMA SMS, which measured physician earnings and practice expenses for 1996.

The AMA data were used to set expenditure weights for physician earnings and the six major physician practice expense categories. To further disaggregate into subcategories reflecting more specific physician expenses, we used data from the 1992 Asset and Expenditure Survey, the 1996 Bureau of the Census Current Population Survey, the 1997 Bureau of Labor Statistics Employment Cost Index, and the *Medical Economics* Continuing Survey data for 1996.

2. Rebasing and Revising Expense Categories

Developing a rebased and revised MEI requires selecting a base year and determining the number and composition of expense categories. As mentioned earlier, we are proposing to rebase the MEI to 1996. We chose 1996 as the base year for two main reasons: (1) The 1996 data were the most recent available data for most of the data sources we are proposing to use; and (2) the 1996 data were representative of the changing distribution of physician earnings and practice expenses over time.

We determined the number and composition of expense categories based on the criteria used to develop the current MEI expenditure weights and our other input price index expenditure weights (for more information on these criteria see the November 25, 1992, proposed rule (57 FR 55900)). Using these criteria of mutually exclusiveness and exhaustiveness, we developed the rebased and revised MEI presented in Table 4.

TABLE 4.—REVISED MEDICARE ECONOMIC INDEX EXPENDITURE CATEGORIES, WEIGHTS, AND PRICE PROXIES

Expense category	Weights 1989 (1)	Weights 1996 (1 2)	Proposed price proxies
Total	100.000	100.000	
Physician Earnings (4)	54.155	54.460	
Wages and Salaries	45.342	44.197	AHE—Private (3).
Benefits (5)	8.813	10.263	ECI—Ben: Private (3).
Physician Practice Expenses	45.845	45.540	
Non-Physician Employee Compensation	16.296	16.812	
Employee Wages and Salaries	13.786	12.424	
Prof/Tech Wages	3.790	5.662	ECI—W/S: Private P&T (3).
Managers Wages	2.620	2.410	ECI—W/S: Private Admin (3).
Clerical Wages	5.074	3.830	ECI—W/S: Private Clerical (3).
Services Wages	2.233	0.522	ECI—W/S: Private Service (3).
Craft Wages	0.069		
Employee Benefits (5)	2.510	4.388	ECI—Ben: Priv. White Collar (3).
Office Expenses	10.280	11.581	CPI(U)—Housing.
Medical Materials and Supplies	5.251	4.516	PPI Drugs/PPI Surg. Appl/CPI(U) Med Sup.
Professional Liability Insurance	4.780	3.152	HCFA—Prof. Liab. Phys. Prem. Survey.
Medical Equipment	2.348	1.878	PPI—Medical Instruments and Equip.
Other Professional Expense	6.890	7.601	
Automobile	1.400	1.300	CPI(U)—Private Transportation.
All Other	5.490	6.301	CPI(U)—All Items less Food and Energy.

Footnotes:
(1) Due to rounding, weights may not sum to 100.000%.
(2) Sources: Socioeconomic Monitoring System 1997 Survey of Physicians, Center for Health Policy Research, American Medical Association; Anne L. Finger, ''What it costs to run a practice,'' Medical Economics, October 27, 1997; U.S. Department of Labor, Bureau of Labor Statistics; and U.S. Department of Commerce, Bureau of the Census, 1992 Asset and Expenditure Survey, and 1997 Current Population Survey.
(3) Net of change in the 10-year moving average of output per man-hour for the non-farm business sector.
(4) Includes employee physician payroll.
(5) Includes paid leave.

To determine the expenditure weights, we used currently available and statistically valid data sources on physician earnings and practice expenses. While we consulted numerous data sources, we used five sources to determine the rebased and revised MEI expenditure weights: (1) The 1997 AMA SMS survey (1996 data); (2) the March 1997 Bureau of Labor Statistics (BLS) Employment Cost Index; (3) the 1992 Bureau of the Census Asset and Expenditure Survey (the latest available); (4) the 1996 Bureau of the Census Current Population Survey; and (5) the *Medical Economics* continuing survey published October 1997 (1996 data). No one data source provided all of the information needed to determine expenditure weights according to our criteria. The use of each of these data sources is described in detail below.

a. American Medical Association Socioeconomic Monitoring System Survey. Like the current MEI, the proposed MEI will use AMA data on mean physician net income (physician earnings) and professional expenses for self-employed physicians for the major expenditure categories. The seven major expenditure categories taken from the AMA data, as shown in Table 1, are physician earnings, nonphysician employee compensation, office expenses, medical materials and supplies, professional liability insurance, medical equipment, and other professional expenses. The weights represent each expenditure category's proportion of total expenses in 1996. While many of the category weights have changed since 1989, the effect on the percent change in the MEI has been minimal, as explained later.

The physician earnings expenditure category in the rebased MEI is defined differently from the one in the current MEI as it includes employee physician compensation. Until recently, employee physician compensation was not available through the AMA survey and was not included in any AMA expenditure categories. AMA reported these data separately in 1996. We believe it is appropriate, for our purposes, to include employee physician compensation in the MEI category of physician earnings. The physician income (earnings) and overhead expenses generated by employee physicians are currently included in the AMA expenditure

categories. We propose including employee physician payroll in physician earnings to be consistent with the current methodologies used in payment under the physician fee schedule. Under the physician fee schedule, the work RVU is paid based on the service provided and not on who provides the service. Since employee physicians do the same services as self-employed physicians, employee physician time would be included in the work RVU. By including employee physician compensation in the physician earnings category for the MEI, we have achieved two goals: (1) Appropriately categorizing these expenses to be consistent with the physician fee schedule; and (2) adjusting these expenses by the appropriate price proxies for a physician's own time. A detailed discussion of the price proxies is presented below.

b. Employment Cost Index Survey. The Employment Cost Index (ECI) survey has shares of total compensation for wages and salaries and benefits by private industry health services occupational category that can be used to allocate the wage and fringe benefit shares for nonphysician employees. The data on these shares are produced for March of every year. We determined that March 1997 would be most representative of the shares in 1996 because the March 1996 data would miss any changes that occurred during the last three quarters of that year. The shares are determined from employer costs per hour worked. Paid leave is defined as a benefit under this survey. Unfortunately, this survey does not have data for offices of physicians. However, data are available on wage and fringe benefit shares for total health services that include hospitals, nursing homes, offices of physicians, and offices of dentists. While not a direct measure of employee wage and fringe benefit shares in offices of physicians, the shares for health services from the ECI survey do provide a normative estimate of the split between wages and fringes.

In the ECI survey for total health services, the wage and fringe benefit split of compensation was 73.9 percent and 26.1 percent, respectively. For comparison purposes, when we included paid leave as part of wages, these shares were very similar to nonphysician employee wage and fringe benefit share data from two physician group practice studies. Based on this analysis, we are proposing to use the wage and fringe benefit shares for total health services from the ECI survey, with paid leave as a benefit, in the rebased and revised MEI for nonphysician employee compensation. The wage and fringe benefit shares for physicians and nonphysician compensation in the current MEI were developed from a special study conducted by our Office of the Actuary. These current and revised shares are presented in Table 1.

c. Asset and Expenditure Survey. We are proposing to use the 1992 Bureau of the Census Asset and Expenditure survey to derive an estimate of the wage and fringe benefit share for physicians under the MEI. The wage and fringe benefit share for all persons employed in physician offices is available from the 1992 Asset and Expenditure survey. This share includes both physicians and nonphysician employees in the physician office. By aging this share to 1996 using the ECI for wages and fringe benefits for total health services and moving paid leave from wages to fringe benefits based on analysis of ECI data on health services, we were able to develop a wage and fringe benefit share for physician offices for 1996. The wage share for physician offices was 79.4 percent, and the fringe benefit share 20.6 percent. Using this wage and fringe benefit share, the wage and fringe benefit share for nonphysician employees developed from the ECI survey, and the share for physician and nonphysician compensation developed from the AMA survey, we were able to impute a wage and fringe benefit share for physicians. The wage share was 81.2 percent, and the benefit share 18.8 percent for physicians. We compared these shares to physician group data on physician wage and fringe benefit shares and found them to be very consistent. Therefore, we are proposing to use these wage and fringe benefit shares for physicians in the rebased and revised MEI, as shown in Table 1.

d. Current Population Survey. We are proposing to use the 1996 Current Population Survey (CPS) from the Bureau of the Census to determine the distribution of nonphysician employee wages in the rebased and revised MEI. The 1989 CPS was used to determine the distribution for the current MEI. The new distribution is presented in Table 5. Craft and kindred workers are no longer included in the distribution because their share is not significant.

TABLE 5.—PERCENT DISTRIBUTION OF NON-PHYSICIAN PAYROLL EXPENSE BY OCCUPATIONAL GROUP: 1996

BLS occupational group	Expenditure shares (1)
Total	100.000
Professional and Technical Workers	45.570
Managers	19.399
Clerical Workers	30.831
Service Workers	4.199

(1) These weights were derived from the 1996 Current Population Survey, U.S. Bureau of the Census.

e. Medical Economics Continuing Survey. Consistent with the current MEI, we are proposing to use the *Medical Economics* Continuing Survey to determine the weight for automobile (professional car) expenses. We used the 1996 Continuing Survey published in the October 27, 1997, *Medical Economics* (Finger, 1997) to determine a weight of 1.3 percent in the proposed MEI for automobile expenses, which is nearly identical to the 1.4 percent share in the current MEI.

3. Selection of Price Proxies

a. Background. After the 1996 cost weights for the revised MEI were developed, we reviewed the current set of price proxies to determine whether they were still the most appropriate to monitor the rate of price change for each expenditure category. As was the case in 1992 (57 FR 55901), most of the indicators we considered are based on BLS data and are grouped into one of the following five categories:

- Producer Price Indices (PPIs). PPIs measure price changes for goods sold in other than retail markets. They are the preferred proxies for physician purchases at the wholesale level. These fixed-weight indexes are a measure of price change at the producer or at the intermediate stage of production.
- Consumer Price Indices (CPIs). CPIs measure change in the prices of final goods and services bought by consumers. Similar to the PPIs, they are fixed-weight. CPIs may not represent the price changes faced by producers. For this reason, CPIs were used absent an appropriate PPI or if the expenditure was similar to that of retail consumers in general, rather than to a purchase at the wholesale level.
- Average Hourly Earnings (AHEs). AHEs permit the measurement of changes in hourly earnings for production and nonsupervisory workers for specific industries as well as the nonfarm business economy. AHEs are calculated by dividing gross payrolls for wages and salaries by total hours. The

series reflects shifts in employment mix and, thus, is representative of actual changes in hourly earnings for industries or for the nonfarm business economy.

- ECIs for wages and salaries. These ECIs measure the rate of change in employee wage rates per hour worked. These fixed-weight indices are not affected by shifts in industry or occupation employment levels.
- ECIs for employee benefits. These ECIs measure the rate of change in employer costs of employee benefits such as the employer's share of Social Security taxes, pension and other retirement plans, insurance benefits (life, health, disability, and accident), and paid leave. Like ECIs for wages and salaries, they are not affected by changes in industry output or occupational shifts.

As with choosing the expenditure categories, choosing appropriate wage and price proxies for each expense category necessarily involves making tradeoffs and using judgment. The strengths and weaknesses of each proxy variable need to be evaluated using several criteria that can potentially conflict.

The first criterion is relevance. The price variable should appropriately represent price changes for specific goods or services within the expense category. Relevance may encompass judgments about relative efficiency of the market generating the price and wage increases and may include normative factors relating to fairness.

The second criterion is reliability or low sampling variability. If the proxy wage-price variable has a high sampling variability or inexplicable erratic patterns over time, its value is greatly diminished since it is unlikely to reflect accurately price changes in its associated expenditure category. Low sampling variability can conflict with relevance since the more specifically a price variable is defined in terms of service, commodity, or geographic area the higher the sampling variability in some cases.

Timeliness of actual published data is the third criterion. For this reason, monthly and quarterly data take priority over annual data.

The fourth criterion is the length of time the time-series data has been in use. A well-established time series is needed to assess the reasonableness of the series and to provide a solid base from which to forecast future price changes in the series. Forecasting the MEI is required to make Federal budget and Trustee's report estimates.

The BLS price proxy categories previously described meet the criteria of relevance, reliability, timeliness, and time-series length. The price-wage proxies for the rebased and revised MEI (shown in Table 1) are the same as those chosen for the current MEI.

b. Expense Categories. (1) Physician Time

Because the revenue associated with physician time is the single largest cost component in the MEI (54.5 percent), the selection of the price proxy for wages and salaries cost category is a major determinant of the rate of change in the MEI. For that reason, we are furnishing an extensive discussion of the selection of the price proxy for the wages and salaries component as we did in the November 1992 final rule (57 FR 55903). We have found no compelling reason to change the wage proxy for this expense category and offer the same rationale that we used in the November 1992 final rule.

The legislative history of the MEI reveals Congressional concern that increases in physician charges are a cause, rather than a result, of inflation. The following language from the Senate Finance Committee report accompanying the 1972 Social Security Amendments makes that point clearly:

> The committee * * * believes that it is necessary to move in the direction of an approach to reasonable charge reimbursement that ties recognition of fee increases to appropriate economic indexes so that the program will not merely recognize whatever increases in charges are established in a locality but would limit recognition of charge increases to rates that economic data indicate would be *fair to all concerned* (emphasis added) and follow rather than lead inflationary trends. * * * Initially, the Secretary would be expected to base the proposed economic indexes on presently available information on changes in expenses of practice and general earnings levels. * * * S. Rep. No. 1230, 92d Cong., 2d Sess. 190–191 (1972).

There is obvious circularity if increases in prevailing charges are linked to increases in physician charges, which are then tied to increases in physician income. The committee's expectation that the rate of price inflation assigned to the physician time portion of the MEI be permitted to increase by an amount consistent with increases in general earnings levels seems to reflect the Congress' preference for an equitable external price proxy; that is, a compensation proxy based on compensation outside or external to the physician services industry. We examined the following three principal alternatives for the wages and salary component of the physician time cost category:

- The use of AHEs for production and nonsupervisory workers in the private nonfarm economy.

This option suggests a standard of payment that implies that price increases for the physician labor component should be the same as for workers in the overall economy, that is, general earnings. This option presumes that the price increase for the physician time category (excluding fringe benefits) should reflect the changing mix of industry output and employment. This alternative appears to reflect most closely the Senate Finance Committee's reference to general earnings levels. Since earnings are per hour, a constant quantity of labor input per unit of time is reflected. In addition, the use of the AHEs data is consistent with the BLS labor productivity measures. The revised MEI as well as the current MEI incorporates an adjustment for economy-wide labor productivity to preclude a double-counting of productivity. Economy-wide wage increases reflect economy-wide productivity increases. In addition, physician practice productivity increases associated with the fee-for-service Medicare payment system automatically result in revenue increases for the individual physician practices. Economy-wide productivity increases are adjusted out of the compensation portion of the MEI so that individual physician practices get all of their own productivity increases, but not economy-wide productivity increases as well. The adjustment will continue to be for the 10-year moving average change in productivity.

- The use of ECIs for wages and salaries of the total private nonfarm economy.

This option suggests a standard of payment that implies that price increases for the physician labor component should be the same as that for workers in a hypothetical, overall economy in which there are no shifts in the employment patterns of workers. The overall ECI weighs nine broad occupational categories and permits measurement of the change in the hourly straight time wage rate for private industry workers (Nathan, 1987 and Schwenk, 1985). ECIs are unaffected by changes in occupational employment shifts or industry output shifts. Therefore, this alternative would not recognize changes in the composition of the work force over time as intended by the Senate Finance Committee.

- The use of an ECI for wages and salaries for private professional and technical workers.

This proxy implies that price changes in the physician time component, excluding fringe benefits, should correspond to those for private sector professional and technical workers. The professional and technical workers category is one of the nine categories that comprise the overall ECI. Physicians are a tiny subset of this occupational group. The supply, demand, and opportunity cost characteristics of this broad category, however, may be different from the supply, demand, and opportunity cost characteristics of an efficient market for physician services. Most professional and technical workers are in labor markets where firms compete for employees. Most office-based physicians are self-employed. Some occupations within the professional and technical group are in short supply leading to upward pressure on compensation levels. Use of this price series would take the MEI away from the general earnings specified in the enacting legislation.

Each of the above options implies a different standard of equity. In Table 6, we compare the annual rates of change in the MEI using three different price variables for physician earnings suggested as options.

TABLE 6.—COMPARISON OF ANNUAL PERCENT CHANGES IN THE MEI WITH ALTERNATIVE PHYSICIAN WAGE PRICE PROXIES

Year ending June 30	Revised MEI with alternative proxies for physicians' own time		
	AHE: total private nonfarm	ECI: wages/salaries for total private	ECI: wages/salaries for professional and technical
1992	2.8	3.1	3.4
1993	2.2	2.3	2.7
1994	2.1	2.3	2.3
1995	2.0	2.1	2.0
1996	1.9	1.9	1.8
1997	2.3	2.2	2.0
Average: 1992–1997	2.2	2.3	2.4

The proposed MEI uses AHEs for the private nonfarm economy as the proxy of choice for the physician wages and salaries component of the input price index and is the same price measure used in the 1989-based MEI. In our judgment, this alternative remains the one that most closely comports with Congressional intent as expressed in the Senate Finance Committee's 1972 report referenced above. AHEs change in accordance with market forces associated with changes in the type and mix of workers. This is not the case with ECIs, since ECIs reflect a fixed composition of the work force at a given time. Therefore, the rate of change in an ECI may differ substantially from an actual AHE measure.

The current MEI uses the ECI for fringe benefits for total private industry as the price proxy for fringe benefits. We propose using the same proxy for the 1996-based MEI. This means that both the wage and fringe benefit proxies for physician time are derived from the nonfarm private sector and are both computed on a per-hour basis.

(2) Nonphysician Employee Compensation. As in the 1989-based MEI, we are proposing to use the 1996 Current Population Survey data on earnings and employment by occupation to develop labor cost shares for the nonphysician occupational groups shown in Table 5. BLS maintains an ECI for each of these occupational groups and we are proposing to use these as price proxies for nonphysician employee wages in the same manner they are used in the current MEI. We multiplied each of the occupational cost shares by the changes in the occupational ECI for that category. These values were summed to yield an overall rate of price change.

The skill mix shift in physician offices has been substantial in the last few years as work formerly done in the hospital increasingly is done in ambulatory settings. These skill mix shifts appropriately are held constant in this Laspeyres index of nonphysician employees' wages and salaries. Skill mix shifts that reflect rising intensity of outputs in physician offices are automatically paid for by higher charge structures for the more complex mix of service inputs. Physicians performing more complex services may hire more skilled employees, and, thus, may tend to charge more for their services.

The current MEI uses the ECI for fringe benefits for white collar employees in the private sector. Most nonphysician employees in physician offices are white collar employees. We are proposing to use the ECI for benefits for white collar employees in the rebased and revised MEI. Note that we will continue to adjust the nonphysician employee compensation portion of the MEI by the 10-year moving average change in economy-wide productivity since physician practice productivity is being recognized.

(3) Office Expense. Office expenses include rent or mortgage for office space, furnishings, insurance, utilities, and telephone. We are proposing the continued use of the CPI–U for housing because it is a comprehensive measure of the cost of housing including rent, owner's equivalent rent, insurance, maintenance and repair services, fuels, utilities, telephones, furnishings, and housekeeping services. This proxy covers about 80 percent of the population.

(4) Medical Materials and Supplies. This cost category includes drugs, outside laboratory work, x-ray films, and other related services. There is no price proxy that includes this mix of materials and supplies. In the absence of one index, in the 1989-based MEI we equally weighted the following three price proxies associated with the medical materials and supplies listed above:

- The PPI for ethical drugs.
- The PPI for surgical appliances and supplies.
- The CPI–U for medical equipment and supplies.

We propose using the same blended proxy for the 1996-based MEI.

(5) Professional Liability Insurance. This cost category includes costs for professional medical liability or malpractice insurance premiums including costs associated with self-insurance. Changes in the cost of medical liability insurance premiums currently are measured based on our survey of the rate of change in average liability premiums for $100,000/$300,000 coverage (that is, $100,000 for per-case limitation and $300,000 for total coverage or the minimum furnished) among major insurers. We measured change with historical data each January 1 and interpolated quarterly changes for March, June, and September.

We improved the professional medical liability index in two major ways. First, we used actual rates for $1 million/$3 million premiums in the index for the most current historical period and estimated them for earlier years. Starting with 1996 levels and 1997 percentage changes, rates for $1 million/$3 million premiums will be computed; in future periods we will use premiums for $1 million/$3 million of coverage.

Second, the revised index uses data on a quarterly basis that is calculated into a four-quarter moving average percent change like all our other price proxies. We achieve this by tracking the premium changes that occur during each quarter. We gathered historical premium data back to 1992 and established average premium levels based on the mix of physicians by specialty in 1996. We calculated four-

quarter moving averages and percent changes from 1992 through 1997 to more accurately forecast changes in premium levels for future budget and Trustees' report estimates. The previous method obtained the premium change only for January 1 of each year.

We are proposing the changes described above because we believe they will improve the quality of measuring change in physician professional medical liability premiums. Far more physicians have $1 million/$3 million coverage rather than $100,000/$300,000 coverage. Taking quarterly measurements and computing a four-quarter moving average percent change is the same methodology used for all the other price proxies. The resulting series better captures the changes through the year.

(6) Medical Equipment. Medical equipment includes depreciation, leases, and rent on medical equipment. We propose to use the PPI for medical instruments and equipment as the price proxy for this category, consistent with the price proxy used in the 1989-based MEI.

(7) Other Professional Expenses. This category has two subcomponents: professional car and ''other.'' The professional car category includes depreciation and upkeep for the practice-related use of a professional car. We are proposing the continued use of the CPI–U for private transportation for this cost category, consistent with the price proxy used in the 1989-based MEI. This excludes airline fares, inter-city bus and train transportation, and intra-city bus and train transportation.

This category also includes the residual subcategory of other expenses. This residual category includes professional expenses such as accounting services, legal services, office management services, continuing education, professional association memberships, journals, and other professional expenses. In the absence of one price proxy or even a group of price proxies that might reflect this heterogeneous mix of goods and services, we use the CPI-U for all items less food and energy, consistent with the price proxy used in the 1989-based MEI.

4. Summary of Changes

Updating the MEI to the 1996 base year resulted in small changes in expense category weights. Physician earnings increased slightly from 54.2 percent of the index in 1989 to 54.5 percent in 1996. Physician practice expenses dropped slightly due to declines in the expense shares for medical materials and supplies, professional liability insurance, and medical equipment. These declines were mostly offset by increases in the expense shares for nonphysician employee compensation, office expenses, and other professional expenses.

TABLE 7.—ANNUAL PERCENT CHANGE IN THE CURRENT AND REVISED MEDICARE ECONOMIC INDEX

Years ending June 30	Current MEI 89-base % change	Revised MEI 96-base % change	Difference
1985	3.3	3.2	−0.1
1986	3.3	3.0	−0.3
1987	3.0	2.7	−0.3
1988	3.6	3.4	−0.2
1989	3.4	3.5	0.1
1990	3.0	3.4	0.4
1991	3.2	3.4	0.2
1992	2.8	2.8	0.0
1993	2.1	2.2	0.1
1994	2.1	2.1	0.0
1995	2.0	2.0	0.0
1996	2.1	1.9	−0.2
1997	2.2	2.3	0.1
Average 1985—1997	2.8	2.8	0.0

The rebased and revised MEI is very similar to the current MEI. Using the new expense category weights and new proxy for professional medical liability premiums, the difference in the annual percent change in the index is within two-tenths of one percent in most years from 1985 through 1997. The average annual percent change from 1985 to 1997 was identical. Thus, this revision and rebasing, while making the expense shares more timely, has little impact on the percent changes in the MEI as a whole.

III. Implementation of the Balanced Budget Act of 1997 (BBA 1997)

In addition to the resource-based practice expense relative value units, BBA 1997 provides for revisions to the payment policy for drugs and biologicals, a provision allowing private contracting with Medicare beneficiaries, payment for outpatient rehabilitation services based on the physician fee schedule, and revisions to our policy for nonphysician practitioners.

A. Payment for Drugs and Biologicals

Before January 1, 1998, drugs and biologicals not paid on a cost or prospective payment basis were paid based on the lower of the estimated acquisition cost (EAC) or the national average wholesale price (AWP) as reflected in sources such as the *Red Book, Blue Book,* or *Medispan.* For purposes of this discussion, we will use the term ''drugs'' to refer to drugs and biologicals. Examples of drugs that are paid on this basis are drugs furnished incident to a physician service, drugs furnished by pharmacies under the durable medical equipment (DME) benefit, and drugs furnished by independent dialysis facilities that are not included in the end-stage renal disease (ESRD) composite rate payment.

Section 4556 of BBA 1997 established payment for drugs not paid on a cost or prospective payment basis at the lower of the actual billed amount or 95 percent of the AWP, effective January 1, 1998. In this proposed rule, we are revising the current regulations at § 405.517 to conform to this statutory change. This regulation would remove the EAC and provide for payment at the lower of the actual charge on the Medicare claim or 95 percent of the AWP.

Also, we are proposing to revise the method of calculating the AWP. Our current regulations provide that, for multiple-source drugs, the AWP equals the median AWP of the generic forms of the drug. The AWP of the brand name products is ignored on the presumption the brand AWP is always higher than the generic AWPs. While this may have been true when the policy was first promulgated, it is not always true now. Therefore, we are proposing that the AWP for multiple-source drugs would equal the lower of the median price of the generic AWPs or the lowest brand name AWP.

B. Private Contracting With Medicare Beneficiaries

Section 4507 of BBA 1997 amended section 1802 of the Act to permit certain physicians and practitioners to opt-out of Medicare and to provide through private contracts services that would otherwise be covered by Medicare. Under such contracts the mandatory claims submission and limiting charge rules of section 1848(g) of the Act would not apply. This section, which was effective on January 1, 1998, and was implemented through operating instructions, counters the effect of certain provisions of Medicare law that, absent section 4507 of BBA 1997, preclude physicians and practitioners from contracting privately with Medicare beneficiaries to pay without regard to Medicare limits.

Specifically, section 1848(g) of the Act restricts the amounts that can be collected from beneficiaries by nonparticipating physicians who do not take assignment on the Medicare claim (physicians who take assignment

voluntarily agree to accept the Medicare payment amount as payment in full and collect only deductible and coinsurance amounts from the beneficiary). Moreover, section 1842(b)(18) requires certain practitioners to take assignment when they furnish covered services to Medicare beneficiaries and restricts what they can collect from beneficiaries to deductible and coinsurance amounts. The statute not only imposes these rules (without an exception before passage of section 4507 of BBA 1997), but it also provides strong sanctions for violation of them. Hence, Medicare law absent section 4507 effectively precludes a physician or practitioner from privately contracting with a Medicare beneficiary for the delivery of Medicare-covered items and services, except in compliance with these rules (for example, to pay more than the limits set by law). Section 4507 of BBA 1997 permits such private contracting, provided the requirements of BBA 1997 are met.

The private contracting provision was effective for private contracts entered into, on, or after January 1, 1998. We implemented it through a series of operating instructions for Medicare carriers and information that carriers were instructed to provide to physicians and practitioners. Specifically, in November 1998, we issued Program Memorandum No. B–97–9 (change request number 294) that transmitted the Medicare fee schedule for physician services and contained the fact sheet that carriers were instructed to send to physicians and practitioners with the 1998 fee schedule information. This document, which is commonly called the ''Dear Doctor letter,'' advised physicians and practitioners of the fee schedule amounts for 1998, the changes to regulations, and also the important changes that BBA 1997 made to coverage and payment for physician services, including the private contracting changes.

Due to the private contracting provisions, we extended the participating enrollment period to February 2, 1998, to give physicians sufficient time to consider the changes made by BBA 1997 before making a participation decision. In January 1998, we issued Program Memorandum No. B 97–17 (change request number 193), that was devoted in its entirety to private contracting and not only laid out the processes that would apply but also answered the most frequently asked questions about private contracting. Carriers were instructed to share this information with physicians and practitioners through carrier bulletins.

Lastly, in April 1998, we issued Program Memorandum No. B 98–12 (change request number 468), which amended the process to be followed when the carriers receive a claim from a physician or practitioner who has opted-out of Medicare under the private contracting provision and thus should not bill Medicare.

We are using this proposed rule to place in regulations the requirements that section 4507 of BBA 1997 added to sections 1802(b) and 1862(a)(19) of the Act. In addition to placing the statutory requirements in regulations, this proposed rule also proposes ancillary policies that we believe are necessary to clarify what it means when a physician or practitioner exercises his or her ability to ''opt out'' of Medicare.

There has been a lot of confusion and misinformation about when private contracts are needed. Before we discuss our proposed rules governing private contracting, we want to address some of the most common questions about Medicare claims submission rules and private contracting.

• Do the private contracting rules apply to Part A?

No. The Medicare claims submission and private contracting rules apply only when a physician or practitioner furnishes Medicare-covered services to a beneficiary who is enrolled in Medicare Part B. They do not apply to individuals who have only Medicare Part A or to individuals who are age 65 or over but who do not have Medicare. Therefore, if the patient is not enrolled in Medicare Part B, a private contract is not needed for the physician or practitioner to continue to bill the patient and to charge without regard to the Medicare mandatory claims submission and limiting charge rules.

The private contracting provision of the statute defines ''beneficiary'' (for purposes of that section only) as a person who is eligible for Part A or who is enrolled in Part B. However, the private contracting provisions of the law set aside the mandatory claims and limiting charge rules that apply only to Part B. Therefore, notwithstanding the statutory definition of the term ''beneficiary'' to mean, in part, an individual who is eligible for Part A, as a practical matter section 4507 applies only to services furnished to an individual who is enrolled in Part B.

• Must a physician or practitioner who provides services that are not covered by Medicare sign a private contract with the beneficiary and opt-out of Medicare to be paid for noncovered services?

No. Since Medicare rules do not apply to services that Medicare does not cover, a section 4507 private contract is not needed to bill for them, and neither the Medicare claims submission nor the Medicare limiting charges rules apply to these services. A private contract is needed only for Medicare-covered services and then only if the physician or practitioner is opting-out or has opted-out.

A physician or practitioner may furnish a service that Medicare covers under some or many circumstances but that would likely be deemed as not reasonable and necessary by Medicare in a particular case (for example, multiple nursing home visits, some concurrent care services). In that particular case, the physician or practitioner should give the beneficiary an advance beneficiary notice (ABN) that states the service may not be covered by Medicare and that the beneficiary will be liable to pay for the service if it is denied. If the claim is denied by Medicare, a private contract is not necessary to permit the physician or practitioner to bill the beneficiary for the service.

• What are the rules governing claims submission to Medicare?

There are situations where a physician or practitioner who has not opted-out of Medicare is not authorized to submit a claim for a covered item or service provided to a Medicare beneficiary. A beneficiary, for reasons of his or her own, may decline to authorize the physician or practitioner to submit a claim or to furnish confidential medical information that is needed to submit a proper claim to Medicare. For example, the beneficiary may not want information about the beneficiary's mental illness or HIV/AIDS status to be disclosed to anyone. If the beneficiary does not sign the claim or otherwise authorize the claim submission, the physician or practitioner should not submit the claim to Medicare. However, the limiting charge would apply to the service. Moreover, if the beneficiary or his or her legal representative later decides to authorize the submission of a claim for the service and asks the physician or practitioner to submit the claim, the physician or practitioner must do so.

Where the beneficiary authorizes the claim submission, physicians and practitioners must submit claims for services furnished to an individual enrolled in Medicare Part B unless they have opted-out of Medicare under the private contracting provisions of the law.

Physicians and practitioners who furnish services to a Medicare beneficiary need not submit claims to Medicare in the following cases:

- The beneficiary is not enrolled in Medicare Part B; Medicare limiting charge does not apply.
- The beneficiary refuses to authorize the physician or practitioner to submit a claim for a covered service to Medicare; Medicare limiting charge does apply.
- The service is categorically noncovered (for example, hearing aids and meals on wheels for diabetics); Medicare limiting charge does not apply.
- The service is not covered because the beneficiary is enrolled in a Medicare risk HMO and the HMO will not pay for the service because the physician or practitioner is outside of the HMO's network; Medicare limiting charge does not apply.

Provisions of the proposed rule relating to private contracting.

Definitions

In § 405.400, we define certain terms. We are proposing to define ''beneficiary'' to mean an individual who is enrolled in Part B of Medicare. As we discussed above, the statute's definition of the term has created considerable confusion about whether physicians must opt-out of Medicare to charge individuals who are over age 65 and eligible for Part A of Medicare but who are not enrolled in Part B of Medicare. We believe it is necessary to define the term ''beneficiary'' as being limited to an individual who is enrolled in Part B of Medicare in order to avoid continued confusion on this issue. We believe that having a definition that differs from the statute's definition is justified because the context in which the definition is used is that of Part B claims submission rules, Part B limiting charges, and coverage of Part B services. None of these policies is applicable to individuals who are not enrolled in Part B of Medicare.

We propose to define ''emergency care services'' as being services furnished to an individual who has an ''emergency medical condition'' as that term is defined in § 489.24. Reliance on the longstanding definition of emergency medical condition is, we believe, an appropriate and useful way to define emergency care services.

We are proposing to define ''legal representative'' to mean an individual who has been appointed as the Medicare beneficiary's legal guardian under State law, or who has been granted a power of attorney from the beneficiary, which power of attorney is sufficient to permit the individual to enter into private contracts on the Medicare beneficiary's behalf. This is necessary to clarify that, if a beneficiary has a legal representative, that party can act on the beneficiary's behalf when signing a private contract. We recognize that this is a strict standard and we invite comments on it. However, our concern is that we ensure that only parties who were authorized to make legal and financial commitments on behalf of the beneficiary be permitted to sign private contracts on a beneficiary's behalf since signing such a contract may incur a significant debt for a beneficiary.

We are defining the term ''opt-out'' to mean the status of meeting the conditions specified in § 405.410. When the physician or practitioner meets these conditions, he or she ceases to be bound by Medicare's mandatory claims submission rule and, in the case of a physician, the limiting charge rule or, in the case of a practitioner, the mandatory assignment rule.

We are defining ''participating physician'' to mean a physician as defined in this section who has signed an agreement to participate in Part B.

We are defining ''physician'' to mean a doctor of medicine or a doctor of osteopathy (who is legally authorized to practice as such in the State in which he or she practices). This is the statutory definition of the term for purposes of this section as specified in section 1802(b)(5)(B) of the Act.

We are defining ''practitioner'' to mean any of the following to the extent that the individual is legally authorized to practice as such by the State where he or she furnishes services: a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, clinical psychologist, and clinical social worker. These practitioners are those included in the statutory definition of practitioner for this purpose in section 1802(b)(5)(C) of the Act, that incorporates by reference those practitioner types listed in section 1842(b)(18)(C) of the Act.

We are defining ''private contract'' to mean a document that meets the criteria in § 405.415.

We propose to define ''properly opt-out'' to mean to fully complete the requirements in § 405.410, each of which must be met for the physician or practitioner to opt-out of Medicare and furnish items or services under a private contract.

We propose to define ''properly terminate opt-out'' to mean to fully complete the requirements in § 405.445, each of which must be met for the physician or practitioner who has opted-out of Medicare to terminate his or her opt-out.

We are proposing to define ''urgent care services'' as services that are provided to an individual who requires services to be furnished within 12 hours in order to avoid the likely onset of an emergency medical condition.

We also adopted the concept of ''emergency medical condition'' as defined in § 489.24 to help define urgent care services because the former term has a longstanding history of use in Medicare with respect to when a hospital must furnish emergency care to an individual who appears at its door (specifically, the ''anti-dumping'' rules). We have no standardized definition of ''urgent care services.'' We have been unable to find a definition of an ''urgent care service'' in standard usage. However, we think that an urgent care service would appropriately be any service that needs to be furnished without significant delay so as to avoid the onset of an emergency medical condition. Therefore, we are proposing that an ''urgent care service'' is one that needs to be furnished within 12 hours of the determination of need in order to avoid the individual's condition from becoming an emergency medical condition. The chief distinction between urgent care services and emergency care services is that urgent care services do not have to be furnished ''immediately'' as do ''emergency care services.''

General Rules

In § 405.405, we specify the general rules that apply to private contracting. Specifically, in § 405.405(a), we state that a physician or practitioner may enter into one or more private contracts with Medicare beneficiaries for the purpose of furnishing items or services that would otherwise be covered by Medicare when the requirements of these rules are met. This is required by section 1802(b)(1)of the Act.

In § 405.405(b), we specify that a physician or practitioner who enters into at least one private contract with a Medicare beneficiary under this provision, and who submits one or more affidavits in accordance with these rules, opts out of Medicare for a 2-year period. This is required by section 1802(b)(3)(B)(ii) of the Act. We also specify that the physician's or practitioner's opt-out may be renewed for subsequent 2-year periods. Since the statute specifies that the physician or practitioner who meets the criteria for private contracting cannot be paid by Medicare for a 2-year period and does not address continuance of this period, we have chosen to make the opt-out period 2 years but to permit subsequent opt-out periods. There is no limit on the number of subsequent periods for which a physician or practitioner may opt-out.

In § 405.405(c), we specify that both the private contracts described in paragraph (a) and the physician's or practitioner's opt-out described in paragraph (b) are null and void if the physician or practitioner fails to complete opt-out in accordance with these rules or fails to remain in compliance with the conditions for opting-out. We specify the results of failure to properly opt-out or to maintain the conditions for opting-out in § 405.430 and § 405.435. Sections 1802(b)(2) and (b)(3)(A) of the Act, the criteria that governs the private contract and the affidavit, must be met by physicians and practitioners that want to opt-out and to privately contract with Medicare beneficiaries.

In § 405.405(d), we specify that services furnished under private contracts meeting the requirements of this Subpart are not covered services under Medicare and that no Medicare payment will be made for such services either directly or indirectly. This implements section 1862(a)(19) of the Act, which causes services furnished under private contracts by physicians and practitioners who opt-out to be excluded from coverage under Medicare.

Conditions for Opting-Out of Medicare

In § 405.410, we specify the conditions that must be met for a physician or practitioner to opt-out of Medicare and to furnish services under private contracts with Medicare beneficiaries. Specifically, in § 405.410(a), we specify that each private contract between a physician or a practitioner and a Medicare beneficiary must meet the specifications of § 405.415. In § 405.410(b), we specify that the physician or practitioner who wants to privately contract with Medicare beneficiaries must submit to Medicare one or more affidavits that meet the specifications of § 405.420. The physician or practitioner must submit an affidavit to each Medicare carrier to which the physician or practitioner submits claims for Medicare payment.

In § 405.410(c), we specify that a nonparticipating physician or a practitioner may opt-out of Medicare at any time. We also specify that the 2-year opt-out period begins the date the affidavit meeting the requirements of § 405.420 is signed, as long as the affidavit is timely filed (that is, within 10 days after the first private contract is entered into). In addition, we specify that if any required affidavit is not timely filed, the 2-year opt-out period begins when the last of the affidavits is filed. In this event, the private contracts signed by the parties before the last required affidavit is properly filed become effective upon the filing of the last required affidavit, and the furnishing of any items or services to Medicare beneficiaries under contracts before the last required affidavit is properly filed are subject to standard Medicare rules. Section 1802(b)(3)(B)(ii) provides that the opt-out period begins when the affidavit is signed, and section 1802(b)(3)(B)(iii) of the Act specifies that the affidavit must be filed within 10 days of the date the first private contract is signed.

In § 405.410(d), we specify that a participating physician may opt-out of Medicare at the beginning of any calendar quarter, provided the affidavit described in § 405.420 is submitted to Medicare at least 30 days before the beginning of such quarter. Private contracts signed by the parties before the beginning of the calendar quarter become effective at the beginning of such calendar quarter, and the furnishing of any items or services to Medicare beneficiaries under these contracts before the beginning of that calendar quarter is subject to standard Medicare rules.

It is necessary to treat participating physicians differently from nonparticipating physicians because each participating physician has entered into a contract with Medicare to be paid at the full fee schedule for the services they furnish to Medicare beneficiaries (rather than at 95 percent of the payment amount for nonparticipating physicians). When a participating physician opts-out of Medicare, he or she, in effect, terminates his or her participation agreement with Medicare since he or she no longer agrees to accept assignment on all services furnished to Medicare beneficiaries. When a participating physician opts-out of Medicare, the carrier (that is, each applicable carrier) must make systems changes to ensure the system pays the physician at the higher participating-physician rate for the period before the effective date of the opt-out, pays the physician as a nonparticipating-physician for emergency and urgent care services effective the date of the opt-out, and does not pay at all for all other items and services effective the date of the opt-out. Therefore, carriers need at least 30 days advance notice when a participating physician opts-out to ensure that the systems changes are made correctly. Moreover, carriers generally make systems changes no less frequently than at the beginning of each calendar quarter. Therefore, participating physicians must provide 30 days notice that they intend to opt-out at the beginning of the next calendar quarter for the changes to be made properly. We do not anticipate that this requirement will cause significant hardship on participating physicians who choose to opt-out or on beneficiaries who choose to privately contract with them.

Requirements of Private Contracts

In § 405.415, we are specifying criteria for a physician or practitioner to opt-out of Medicare. To opt-out of Medicare, the physician or practitioner must meet all of the criteria in this section.

In § 405.415, we specify the requirements for a private contract. In § 405.415(a) we specify that it must be in writing, in accordance with section 1802(b)(2)(A)(i) of the Act. In addition, we are proposing requiring that the contract be printed in sufficiently large type to ensure that beneficiaries are able to read the contract.

In § 405.415(b), we specify that, as required by 1802(b)(2)(B) of the Act, it must state whether the physician or practitioner has been excluded from Medicare under section 1128 of the Act.

In § 405.415(c), we specify that, as required by 1802(b)(2)(B)(ii) of the Act, it must state that the beneficiary or legal representative accepts full responsibility for payment of the physician's or practitioner's charge for the services furnished.

In § 405.415(d), as required by section 1802(b)(2)(B)(iii) of the Act, it must state that the beneficiary or legal representative understands that there are no limits on what the physician or practitioner may charge for items or services furnished by the physician or practitioner.

In § 405.415(e), we specify that, as required by 1802(b)(2)(B)(i) of the Act, it must state that the beneficiary or legal representative agrees not to submit a claim to Medicare nor to ask the physician or practitioner to submit a claim to Medicare.

In § 405.415(f), we specify that, as required by section 1802(b)(2)(B)(ii) of the Act, it must state that the beneficiary or legal representative understands that no Medicare payment will be made for any services furnished by the physician or practitioner, although such Medicare-covered services would likely be covered and paid by Medicare if they were provided by a physician or practitioner who had not opted-out of Medicare.

In § 405.415(g), we specify that, in accordance with section 1802(b)(2)(B)(v) of the Act, it must state that the beneficiary or legal representative enters into this contract with the knowledge that he or she has the right to obtain Medicare-covered items and services

from physicians and practitioners who have not opted-out of Medicare.

In § 405.415(h), we propose that the private contract contain the beginning effective date and expiration date of the opt-out period. The private contract must expire on the expiration date of the opt-out period since, after the expiration of the opt-out period, the physician or practitioner is no longer authorized to privately contract unless he or she enters into a new opt-out period.

In § 405.415(i), we specify, in accord with section 1802(b)(2)(B)(iv) of the Act, that the private contract must state that the beneficiary understands that Medigap plans do not, and that other supplemental insurance plans may elect not to, make payments for such items and services because payment is not made by Medicare.

In § 405.415(j), we specify that the contract must be signed by the beneficiary or by the beneficiary's legal representative and by the physician or practitioner. Section 1802(b)(2)(A)(i) of the Act expressly requires that the contract must be signed by the beneficiary. Although there is no parallel express requirement for the physician or practitioner, we believe that such a requirement is implicit in the statute, and we are, therefore, proposing that the physician or practitioner also sign the contract.

In § 405.415(k), in accordance with 1802(b)(2)(A)(iii), we specify that the contract must not have been entered into during a time when the beneficiary requires emergency care services or urgent care services.

405.415(l), we propose that the beneficiary or legal representative must receive a copy of the contract before items or services are furnished under the contract. This is standard practice when parties sign binding contracts, and we believe it is important in this case so that the beneficiary or family members have the contract available if questions about charges for the services furnished arise.

In § 405.415(m), we propose that the physician or practitioner must retain a copy of each private contract for the duration of the opt-out period to which the contract applies. Physicians and practitioners may want to retain the private contracts for a longer period of time in case a beneficiary disputes whether a valid contract was signed.

In § 405.415(n), we propose that the physician or practitioner must permit us to inspect each such contract upon request. We propose these requirements to ensure that the contracts will be available if there are allegations that the physician or practitioner has failed properly opt-out or maintain opt-out or if there is need to review them to process an appeal under § 405.450.

In § 405.415(o), we propose that a private contract must be entered into for each opt-out period.

We have been requested to create a standard form for the private contract. We have decided that such a form is not necessary. While the minimal content of the contract is controlled by Federal law and regulation, the contracts are otherwise private agreements. Moreover, such contracts will not generally be provided to nor inspected by the Government.

Requirements for Opt-Out Affidavits

In § 405.420, we specify the required elements of the affidavit that the physician or practitioner must file with Medicare to opt-out. In § 405.420(a), as required by section 1802(b)(3)(B)(i) of the Act, we specify that the affidavit must be in writing and be signed by the physician or practitioner.

In § 405.420(b), we specify that the affidavit must contain the physician or practitioner's full name, address, telephone number, national provider identifier (NPI) or billing number if one has been assigned, uniform provider identification number (UPIN) if one has been assigned, or, if neither a NPI, billing number nor a UPIN has been assigned, the physician or practitioner's tax identification number (TIN). This information is necessary to enable the Medicare carrier to positively and uniquely identify the opt-out physician or practitioner, as required by section 1802(b)(3)(B)(i), and to ensure that no Medicare payment is made to the physician or practitioner or to any party for the services of the physician or practitioner (except for emergency and urgent care services), as required by section 1802(b)(1)(B)of the Act. Medicare carriers will provide the identifying information to Medicare+Choice (M+C) plans to ensure that they do not pay opt-out physicians or practitioners or enable them to be paid by Medicare funds for services they furnish to Medicare beneficiaries.

The TIN is necessary for physicians and practitioners that do not have a NPI, billing number, or UPIN so that the carrier can establish a means of tracking them without forcing them to complete the full Medicare enrollment process in order to opt-out of Medicare.

Recent data indicate that approximately 4 percent of physicians in the nation do not provide services to Medicare beneficiaries. We believe that some of these physicians (and some practitioners who are currently not enrolled in Medicare) are likely to choose to privately contract with Medicare beneficiaries under section 1802(b) of the Act, since doing so will open a market to them. It is also likely that many of these physicians and practitioners do not have Medicare billing numbers or UPINs because they have not been providing care to Medicare beneficiaries. Now, however, if such physicians and practitioners wish to privately contract with Medicare beneficiaries under section 1802 of the Act, they will need to be enumerated, for purposes of monitoring compliance with the law and particularly in case they furnish emergency or urgent care services for which they must bill and be paid by Medicare, notwithstanding that they have opted-out. Since we expect the provision of emergency or urgent care services by opt-out physicians to be very infrequent, and since we intend to monitor for potential abuse, we believe that the burden associated with collecting this information is very slight, is far outweighed by the benefit to beneficiaries of having these physicians available to provide emergency or urgent care services if they need such care, and is necessary to monitor compliance.

In § 405.420(c), we specify, pursuant to sections 1802(b)(3)(A), 1802(b)(3)(B), and 1802(b)(3)(C) of the Act, that the affidavit must state that the physician or practitioner will provide items and services to Medicare beneficiaries only through private contracts that meet the criteria of § 405.415.

In § 405.420(d), we specify that, in accordance with section 1802(b)(3)(B)(ii) of the Act, the affidavit must state that the physician or practitioner will not submit a claim to Medicare for any item or service furnished to a Medicare beneficiary, nor will the physician or practitioner permit any entity acting on his or her behalf to submit a claim to Medicare for any item or service furnished to a Medicare beneficiary. The extension of the requirement to include any ''entity'' reflects our belief that very few physicians and practitioners themselves submit claims for services. Rather, we believe that most physicians and practitioners use a billing service or reassign benefits to organizations that bill and are paid for the physician's or practitioner's services.

In § 405.420(e), we specify that, in accordance with section 1802(b)(3)(B)(ii) of the Act, the affidavit must state that the physician or practitioner understands that he or she may receive no direct or indirect payment from Medicare for services to Medicare beneficiaries who have signed

private contracts, whether as an employee of an organization, a partner in a partnership, under a reassignment of benefits, or as payment for a service furnished to a Medicare beneficiary under a M+C plan. As with the prohibition on billing, this provision reflects the reality that most physician and practitioner services are billed by and paid to organizations to whom the physician or practitioner reassigns benefits.

When a physician or practitioner opts-out of Medicare, no payment may be made for the services of the physician or practitioner, regardless of whether another entity bills and is paid for those services. In our experience, physicians and practitioners frequently fail to understand that organizations to which they have reassigned benefits are not, under Medicare law, considered to be the entity that furnishes the service. Therefore, where a physician reassigns benefits to an organization and subsequently decides to opt-out of Medicare, he or she no longer has any Medicare benefits to reassign and that organization can no longer bill and be paid by Medicare for the services of the physician or practitioner. This has been a source of confusion for physicians and practitioners since the implementation of the private contracting provisions on January 1, 1998, and has resulted in some physicians being terminated by organizations that can no longer bill and be paid by Medicare for their services. Hence, we believe that this important information should be placed in a document that the physician or practitioner must sign before opting-out.

Moreover, we believe that it is important the physicians and practitioners understand that opting-out of Medicare means that they cannot be paid by a Medicare risk or cost contractor or, after June 1, 1998, a M+C organization (for example, an HMO, provider service organizations, M+C fee for service plans, etc.), since payment by these organizations for services to Medicare beneficiaries would constitute payment by Medicare and would be a violation of the private contracting rules.

In § 405.420(f), as required by section 1802(b)(3)(B)(ii) of the Act, the affidavit must state that the physician or practitioner acknowledges that the services provided by the physician or practitioner who opts-out of Medicare are not covered by Medicare and that no Medicare payment may be made to any entity for those services, directly or on a capitated basis. This is important to note since, when Medicare does not cover a service, it neither pays for the item or service as primary payer nor makes secondary payment when other insurers are primary. (Also, many other insurers will not make any payment because the service is not covered by Medicare.)

In § 405.420(g), we specify that the affidavit must bind the physician or practitioner to the terms of both the affidavit and the private contracts for the 2-year opt-out period. Section 1802(b)(3)(B)(ii) of the Act requires that the physician or practitioner may opt-out for a period of not less than 2 years. Accordingly, we have defined the opt-out period to be 2 years and have tied the duration of the private contract to the opt-out period.

In § 405.420(h), we propose that the affidavit must acknowledge that the physician or practitioner recognizes that the terms of the affidavit apply to all Medicare-covered items and services furnished by the physician or practitioner to Medicare beneficiaries, regardless of any payment arrangement in which the physician or practitioner participates. It is not unusual for physicians and practitioners to have multiple sources of income and to reassign benefits to multiple entities (for example, multiple HMOs, preferred provider organizations, private practice, and part time employment by a facility). When a physician or practitioner opts-out, we want to ensure that he or she understands that he or she opts-out for all Medicare-covered items and services, regardless of where or on whose behalf they are provided. For example, a physician who is employed by a facility and who also has a private practice cannot opt-out of Medicare with respect to only the private practice and not opt-out for services he furnishes on behalf of a facility or other organization for which such services are billed to a carrier and paid under Part B. If the physician opts-out, no Medicare payment can be made either to the private practice or to the facility or other organization for the services of the physician. However, if the physician is paid by the facility for administrative functions which are not billable to individual beneficiaries as physician services, such as direction of a department of a hospital or administrative oversight of a teaching program, the payment by the facility to the physician is not affected.

In § 405.420(i), we propose that the affidavit must acknowledge that the physician or practitioner who has previously signed a Part B participation agreement understands that he or she terminates that agreement as of the effective date of the affidavit. We believe that this is necessary to ensure that the physician or practitioner understands that he or she is no longer a Medicare-participating physician or practitioner. This is important with regard to post opt-out billing for emergency and urgent care services. The physician or practitioner who provides such care (for which Medicare will pay) will be paid as a nonparticipating physician if he or she submits those claims for payment, notwithstanding that he or she had a Part B participation agreement before he or she opted-out.

In § 405.420(j), we specify that the affidavit must acknowledge that the physician or practitioner understands that a beneficiary who has not signed a private contract and who requires emergency or urgent care services may not be asked to sign a private contract with respect to receiving those services. If a physician or practitioner who opts out of Medicare provides emergency or urgent care services to a beneficiary who has not previously signed a private contract, the physician or practitioner must submit a claim to Medicare for those services and may not charge the beneficiary more than the limiting charge for those services.

In § 405.420(k), we propose that the affidavit must be filed with each Medicare carrier to which the physician or practitioner has submitted claims in the previous 2 years. This is necessary to ensure that each Medicare claims payment system that needs to know of the opt-out is advised promptly so that no Medicare payment is made for the services of the opt-out physician or practitioner. This is based on sections 1802(b)(1)(B) and 1802(b)(3)(B)(iii) of the Act.

In § 405.420(l), we specify that in the case of a nonparticipating physician or a practitioner, all required affidavits must be filed within 10 days after the physician or practitioner signs his or her first private contract with a Medicare beneficiary. In the case of a participating physician, we specify that all required affidavits must be filed in accordance with § 405.410(d), which requires that the affidavits be filed no later than 30 days before the beginning of a calender quarter and must be effective on the first day of the calender quarter. Section 1802(b)(3)(B)(iii) of the Act requires that the physician or practitioner file the affidavit within 10 days after the physician or practitioner signs his or her first private contract with a Medicare beneficiary. As discussed previously in this preamble, participating physicians are permitted to opt-out only on a quarterly basis because of the systems changes that must be made to reverse the effect of the participation agreements they previously entered into.

Various members of the public have requested we create a standard affidavit for submission to the Medicare carrier. We do not see a reason to do this. The criteria of a legally sufficient affidavit will be clearly specified in regulations, and we are confident that physicians and practitioners and their counsel can produce an affidavit without needing a Government form to sign.

Effect of Opting-Out of Medicare

In section § 405.425, we specify the effects of opting-out of Medicare. Specifically, we state that, a physician's or practitioner's opt-out of Medicare, for the 2-year period for which the opt-out is effective, has the following effects:

• In § 405.425(a), we state that (except as provided in § 405.440), in accordance with section 1802(b)(1)(B) of the Act, no payment may be made directly by Medicare or by any M+C plan to the physician or practitioner or to any entity to which the physician or practitioner reassigns his or her right to receive payment for services.

• In § 405.425(b), we state that, in accord with section 1802(b)(3)(B)(ii) of the Act, the physician or practitioner may not furnish any item or service that would otherwise be covered by Medicare (except for emergency or urgent care services) to any Medicare beneficiary except through a private contract that meets the requirements of these rules.

• In § 405.425(c), we state that the physician or practitioner is not subject to the requirement to submit a claim for items or services furnished to a Medicare beneficiary (as specified in § 424.5(a)(6)), except as provided in § 405.440 with respect to emergency and urgent care services.

• In § 405.425(d), in accordance with section 1802(b)(3)(B)(ii) of the Act, we state that the physician or practitioner is prohibited from submitting a claim to Medicare for items or services furnished to a Medicare beneficiary, except as provided in § 405.440 in the case of emergency or urgent care services.

• In § 405.425(e), we state that, in accordance with 1802(b)(4) of the Act, the physician who has properly opted-out is not subject to the limiting charge provisions of § 414.48.

• In § 405.425(f), we state that a physician or practitioner who has properly opted-out is not subject to the prohibition-on-reassignment provisions of § 414.80. These are the rules that restrict when physicians and practitioners can reassign Medicare benefits to organizations with which they have financial arrangements.

• In § 405.425(g), we propose that in the case of a practitioner, he or she is not prohibited from billing or collecting amounts from beneficiaries in excess of those provided in section 1842(b)(18)(B) of the Act. This is not specifically provided for by section 4507 of BBA 1997; however, we believe that this provision is consistent with sections 1802(b)(1) and (2)(B) of the Act, that, when read together, permit practitioners to collect more than the deductible and coinsurance to which they are limited under section 1842(b)(18)(B) of the Act when they provide covered services to Medicare beneficiaries under standard Medicare rules. Section 1842(b)(18)(B) of the Act specifies that practitioners must take assignment on all claims and may not collect more than Medicare deductibles and coinsurance from Medicare beneficiaries. We believe that the private contracting provisions exempt practitioners from these restrictions.

• In § 405.425(h), we propose that the death of a beneficiary who (or whose legal representative) has entered into a private contract does not invoke § 424.62 or § 424.64 with respect to the physician or practitioner with whom the beneficiary (or legal representative) has privately contracted. These sections of the regulations permit claims to be filed and payment to be made for services furnished to a beneficiary who has died. We propose to include this section to ensure that it is clear that the terms of a private contract are not superseded by the provisions of § 424.62 or § 424.64.

• In § 405.425(i), we specify that the opt-out physician or practitioner may make referrals and may order or certify the need for Medicare-covered items and services provided the physician or practitioner is not paid directly or indirectly by Medicare for those services. A physician or practitioner who has properly opted-out may continue to act as a physician or practitioner for purposes of ordering Medicare-covered services (for example, laboratory tests), making necessary certifications (for example, home health plan of care), attestations (for example, hospital inpatient), etc., as long as he or she is not being paid directly or indirectly by Medicare for these services.

Failure to Properly Opt-Out

In § 405.430(a), we specify that a physician or practitioner fails to properly opt-out if any private contract between the physician or practitioner and a Medicare beneficiary does not meet the standards of § 405.415 or if the physician or practitioner fails to submit affidavit(s) in accordance with § 405.420. Sections 1802(b)(2) and 1802(b)(3) of the Act specify the criteria that private contracts and affidavits must meet in order for the physician or practitioner to successfully opt-out of Medicare.

In section § 405.430(b), we specify that if a physician or practitioner fails to properly opt-out as specified in § 405.430(a), the following result:

• All of the private contracts between the physician or practitioner and Medicare beneficiaries are deemed null and void.

• The physician's or practitioner's attempt to opt-out of Medicare is nullified.

• The physician or practitioner must submit claims to Medicare for all Medicare-covered items and services furnished to Medicare beneficiaries. Section 1802(b)(4) of the Act, which would excuse the physician and practitioner from the mandatory claims submission requirements of section 1848(g)(4) of the Act, is not effective when the opt-out rules are not met.

• The physician is subject to the limiting charge provisions of § 414.48. Sections 1802(b)(1) and 1802(b)(2)(B)(iii), which excuse the physician from the limiting charge rules, do not apply and he or she continues to be subject to the limiting charge rules of section 1848(g) of the Act.

• The physician or practitioner may not reassign any claim except as provided in § 424.80. Medicare payment may be made only to the beneficiary, to the physician or practitioner under an assignment of benefits or to another party for the services of a physician or practitioner only when the requirements of the reassignment of benefits provision of § 424.80 are met.

• The practitioner may neither bill nor collect an amount from the beneficiary except for applicable deductible and coinsurance amounts. Section 1842(b)(18)(B) of the Act explicitly prohibits practitioners from collecting more than the deductible or coinsurance from the beneficiary. While this requirement would not apply if the requirements to properly opt-out had been satisfied, it does apply when the criteria to properly opt-out have not been met.

• The physician or practitioner may attempt to properly opt-out at any time. The statute does not preclude a physician or practitioner who has not complied totally with the statute's criteria for opting-out of Medicare from subsequently meeting the criteria and thus at that time properly opting-out.

Failure to Maintain Opt-out

In § 405.435(a), we specify four circumstances, under any one of which

the physician or practitioner would be considered to have failed to maintain opt-out, that is, failed to remain in compliance with the requirements of these rules. Specifically, in § 405.435(a)(1), we state that a physician or practitioner would be considered to have failed to maintain the opt-out if he or she knowingly and willfully submits a claim for Medicare payment (except a claim for emergency care services or urgent care services) or receives Medicare payment directly or indirectly for services furnished to a Medicare beneficiary (except when the services are emergency care services or urgent care services). This implements section 1802(b)(3)(C) of the Act.

In § 405.435(a)(2), we state that the physician or practitioner would be considered to have violated the terms of the opt-out if he or she enters into private contracts with Medicare beneficiaries for the purpose of furnishing items and services that would otherwise be covered by Medicare when the contracts fail to meet the requirements of § 405.415. This implements section 1802(b)(2) of the Act that requires that the physician or practitioner must enter into private contracts that meet certain criteria for the opt-out to be valid. This provision is also consistent with the enforcement provisions of section 1802(b)(3)(C) of the Act.

In addition, in § 405.435(a)(3), we specify that the physician or practitioner would be considered to have failed to maintain the opt-out if he or she fails to comply with the provisions of § 405.440 regarding billing for emergency care services or urgent care services. In part, this provision implements section 1802(b)(2)(A)(iii) of the Act that prohibits a physician or practitioner from requesting that a beneficiary enter into a private contract when he or she is in need of emergency or urgent care services and is otherwise necessary to ensure access by Medicare beneficiaries to emergency and urgent care services.

In § 405.435(a)(4), we propose that the physician or practitioner would be considered to have failed to maintain opt-out if he or she fails to retain a copy of each private contract that he or she entered into for the duration of the opt-out period for which such contracts are applicable or fails to permit us to inspect such contracts upon request. The issue of retaining copies of private contracts is discussed in § 405.415, requirements of the private contract.

We intend to continue the administrative process currently in place for dealing with the submission of claims by physicians and practitioners who have opted-out of Medicare. Specifically, we have instructed carriers to pend claims they receive from physicians and practitioners who have filed an affidavit opting-out of Medicare and to send the physician or practitioner a letter asking him or her if the submission of the claim was intentional or accidental, and if the latter by what date the physician or practitioner can remedy the problem. We recognize that most physicians and practitioners may be somewhat distant from the billing of their claims and that the use of automation and billing services increases the chance that one or more claims may be accidentally submitted to Medicare for an opt-out physician or practitioner. We also recognize that if the problem is systematic, it may take some time to correct. Hence, under the current process, we give physicians and practitioners 45 days from the date of the postmark on the carrier's letter to respond to the carrier and to advise them of when they believe the problem can be fixed. Carrier notices to beneficiaries will advise them that no payment can be made for the services of the opt-out physician, and that there are no limits on what the physician or practitioner can charge the beneficiary, unless the physician or practitioner does not respond timely to the carrier's letter, does not timely correct the billing problem, or states that the submission of the claim was intentional. We do not believe that any of these scenarios will happen often since physicians and practitioner who opt-out of Medicare clearly have an incentive to ensure that they abide by the terms of the opt-out and that neither they nor any party on their behalf submit claims to Medicare.

In section § 405.435(b), we specify that the effects of a physician or practitioner failing to maintain opt-out as specified in paragraph (a) are as follows:

- All of the private contracts between the physician or practitioner and Medicare beneficiaries are deemed null and void.
- The physician's or practitioner's opt-out of Medicare is nullified.
- The physician or practitioner again becomes subject to the mandatory claims submission rule. Therefore, the physician or practitioner must submit claims to Medicare for all Medicare-covered items and services furnished to Medicare beneficiaries.
- The physician or practitioner will not receive Medicare payment on such claims for the remainder of the opt-out period. This is required by section 1802(b)(3)(C)(ii) of the Act.
- The physician is subject to the limiting charge provisions of § 414.48. This is required by section 1848(g) of the Act pursuant to section 1802(b)(3)(C)(i) of the Act.
- The practitioner may neither bill nor collect an amount from the beneficiary except for applicable deductible and coinsurance amounts. This is required by section 1842(b)(18)(B) of the Act pursuant to section 1802(b)(3)(C)(i) of the Act.
- The physician or practitioner may not opt-out until the now-nullified 2-year opt-out period expires. This is necessary to give meaning to the enforcement provisions specified in section 1802(b)(3)(C) of the Act.

Emergency and Urgent Care Services

In § 405.440, we specify the rules that apply to furnishing and billing for emergency and urgent care services. Specifically, in § 405.440(a), we specify that a private contract is not necessary for a physician or practitioner to furnish emergency care services or urgent care services to a Medicare beneficiary. Accordingly, a physician or practitioner will not be determined to have failed to maintain opt-out if he or she furnishes emergency care services or urgent care services to a Medicare beneficiary with whom the physician or practitioner has not entered into a private contract, provided the physician or practitioner complies with the Medicare billing requirements with respect to emergency care services or urgent care services.

In § 405.440(b), we specify that when a physician or practitioner furnishes emergency care services or urgent care services to a Medicare beneficiary with whom the physician or practitioner has not entered into a private contract, the physician or practitioner must submit a claim to Medicare in accordance with 42 CFR Part 424 and Medicare instructions issued pursuant to such regulations, including instructions on coding emergency or urgent care services. Also, we propose that the physician may collect no more than the Medicare limiting charge and that the practitioner may collect no more than the applicable deductible and coinsurance amounts. We specify these requirements because the physician or practitioner cannot ask a beneficiary to enter into a private contract when a beneficiary is in need of emergency or urgent care services. Therefore, when the beneficiary has not previously signed a private contract, the beneficiary has not agreed to give up Medicare coverage for the services of the physician or practitioner and the services are not excluded from coverage under Medicare, nor is the physician or

practitioner excluded from the mandatory claims submission and charge rules that would not apply had he or she been able to sign a private contract with the beneficiary.

In § 405.440(c), we specify that emergency care services or urgent care services furnished to a Medicare beneficiary with whom the physician or practitioner has previously entered into a private contract (that is, entered into before the onset of the emergency medical condition or urgent medical condition) are furnished under the terms of the private contract. Although section 1802(b)(2)(A)(iii) of the Act precludes the physician or practitioner from entering into a private contract with a beneficiary when the beneficiary needs emergency or urgent care services, the private contracting rules apply to a beneficiary who has previously entered into a private contract (at a time when the beneficiary was not in need of emergency or urgent care services).

In § 405.440(d), we specify that Medicare may make payment for the emergency care services or urgent care services furnished by a physician or practitioner who has properly opted-out, provided that no private contract has been entered into by the beneficiary to whom emergency care services or urgent care services were furnished. Although the statute does not explicitly address whether payment may be made in these cases, we believe that it is both permissible and desirable to do so since this provision will facilitate access to needed care in the circumstance when the beneficiary or their legal representative has not signed a private contract and the physician or practitioner who has opted-out cannot lawfully request that the beneficiary or their legal representative now do so.

Renewal and Early Termination of Opt-out

In § 405.445, we specify the terms of renewal and early termination of the opt-out. In § 405.445(a), we specify that a physician or practitioner may renew his or her opt-out by filing an affidavit with each carrier to which an affidavit was submitted for the first opt-out period (as specified in § 405.420) and to each carrier to which a claim was submitted under § 405.440 during the previous opt-out period, provided such affidavits are filed within 30 days after the current opt-out period expires. While section 1802(b)(3)(B)(ii) of the Act provides that the physician or practitioner opts-out for a period of 2 years, it does not address renewal of opt-out. Our proposal is to establish reasonable standards and procedures for the physician or practitioner to again opt-out of Medicare for subsequent opt-out periods.

In § 405.445(b), we propose that the physician or practitioner may terminate the opt-out for any reason within the 90 days following the effective date of the first affidavit filed with Medicare if he or she agrees to do the following:

- Notify all Medicare carriers with which he or she filed an affidavit to properly opt-out of the termination of the opt-out, no later than 90 days after the effective date of the opt-out period.
- Refund to beneficiaries all payment collected in excess of the Medicare limiting charge, in the case of physicians, or in excess of the deductible and coinsurance, in the case of practitioners.
- Notify all beneficiaries with whom the physician or practitioner signed private contracts of the physician's or practitioner's decision to terminate opt-out and of the beneficiaries' right to have the physician or practitioner file claims on their behalf, without charge, with Medicare for the services furnished during the period between the effective date of the opt-out and the effective date of the termination of the opt-out.

In § 405.445(c), we propose that when the physician or practitioner properly terminates opt-out in accordance with paragraph (b), he or she will be reinstated in Medicare as if there had been no opt-out and the provisions of ' 405.425 will not apply for the 2 years following the signing of the affidavit unless the physician or practitioner subsequently properly opts-out again.

We recognize that there may be cases when the physician or practitioner may not have understood the opt-out rules and may want to return to Medicare. We believe that it is advantageous to all parties to permit a first-time opt-out physician or practitioner to properly terminate opt-out. However, we are requiring that to properly terminate opt-out, the termination must be accomplished within 90 days following the effective date of the first opt-out, and we are permitting only one termination of opt-out by the physician or practitioner. We believe that it would be a mistake to permit repeated terminations of opt-out, since it could be abused to manipulate payment, could create a significant expense for Medicare systems, and would be confusing to beneficiaries.

Appeals

In § 405.450, we propose procedures for appeals by physicians or practitioners and beneficiaries who believe that they have been adversely affected by these rules.

In § 405.450(a), we address appeals of determinations by Medicare that a physician or practitioner has failed to properly opt-out, failed to maintain opt-out, failed to timely renew opt-out, failed to privately contract, or failed to properly terminate opt-out by proposing that a determination with respect to any such matter is an initial determination for purposes of § 405.803. The effect of this provision is that the appeals mechanism found in Part 405, Subpart H is made available to physicians or practitioners for the purpose of administrative review of Medicare determinations on matters addressed in this subpart. Although we believe that these procedures will rarely be needed for this purpose, we believe that it is important to provide this mechanism because of the potential adverse impact on the physician or practitioner of any such determination.

In § 405.450(b), we propose that a determination by Medicare that no payment can be made to the beneficiary as a result of the application of any provision of this subpart is a initial determination for the purposes of § 405.803. We believe that the beneficiary must have the right to appeal a denial of Medicare payment on a claim submitted by or on behalf of the beneficiary when the basis for that denial is the application of the provisions of this subpart. The effect of this provision is that the appeals mechanism of Part 405, Subpart H is made available to beneficiaries whose claims for Medicare payment are denied on the basis of the opt-out provisions of this rule.

Under the BBA 1997 requirements, the physician who opts out under these provisions must sign an affidavit agreeing for 2 years not to furnish services to any Medicare beneficiary without signing a private contract. We expect that the vast majority of opt-out physicians will fully comply with these terms. Although we expect that physicians will tell beneficiaries that they have opted-out, we are concerned that there may be cases when an opt-out physician delivers non-emergency or non-urgent services to a beneficiary without entering into a private contract. The beneficiary may be unaware that the physician has opted out. Nevertheless, the beneficiary would be billed for the physician's full charges for the service. If the beneficiary seeks reimbursement from Medicare, the claim would be denied and the beneficiary would be informed that the reason for denial is that the physician has opted-out of the Medicare program. We do not believe that the Congress intended that beneficiaries who have

not chosen to sign a private contract would be financially harmed because they unknowingly received services from an opt-out physician. While the statute does not provide a specific remedy for this situation and we expect the physician will tell beneficiaries that they have opted-out, we believe that we have authority to develop some beneficiary protections in this case in the limited cases when physicians do not do so. One possibility would be to indemnify the beneficiary for the amount that Medicare would have normally paid, ensuring that the beneficiary is informed that the physician is an opt-out physician. The program would then recoup this amount from the physician and the physician would refund to the beneficiary any balanced billing amounts above Medicare's limiting charge. The beneficiary would remain liable for any coinsurance and deductible amounts that would have been paid in the absence of a private contract. A means of informing beneficiaries enrolled in M+C organizations may be to require that such organizations disclose information on opt-out physicians upon request by the beneficiary. We would welcome comments on these and other approaches to providing protection for beneficiaries in these circumstances.

Medicare+Choice

In § 405.455, we propose to specify the requirements that are to be imposed on an organization that has a contract with us to provide one or more M+C plans to beneficiaries (Part 422 of this chapter). The location of this section may change to part 422 with the final rule, once the M+C interim rules are published. Part 422 will be the location of the regulations that govern Part C of Medicare, commonly known as M+C.

In § 405.455(a), we propose that the M+C organization must acquire and maintain information from Medicare carriers on physicians and practitioners who have opted-out of Medicare.

In § 405.455(b), we specify that the M+C organization must make no payment directly or indirectly for Medicare-covered services furnished to an enrolled Medicare beneficiary by a physician or practitioner who has opted-out of Medicare. The services of physicians and practitioners who properly opt-out are excluded from Medicare under section 1862(a)(19) of the Act. Therefore, no payment may be made for them as Medicare-covered services.

In § 405.455(c), we specify that M+C organizations may make payment to a physician or practitioner who has properly opted-out if he or she furnishes emergency or urgent care services to a beneficiary who has not previously entered into a private contract with the physician or practitioner. This is consistent with our policy in § 405.440 where Medicare payment is made by carriers rather than through M+C contracts.

C. Payment for Outpatient Rehabilitation Services

The term outpatient rehabilitation therapy encompasses outpatient physical therapy (including speech-language pathology) and outpatient occupational therapy.

1. Overview of Policies Before BBA 1997

a. Coverage. Section 1861(p) of the Act defines outpatient physical therapy services as physical therapy services furnished to a beneficiary as an outpatient who meets the following criteria:

- Is under the care of a physician.
- Has a plan of treatment or care established by either a physician or by a qualified physical therapist.
- Has the plan of treatment or care periodically reviewed by a physician.

The statute also incorporates speech language pathology services within the definition of outpatient physical therapy services.

Section 1861(g) of the Act states that the term ''outpatient occupational therapy services'' has the same meaning given the term ''outpatient physical therapy services'' in section 1861(p), except that the word ''occupational'' is substituted for the word ''physical'' each time it is used in section 1861(p).

b. Providers of Outpatient Rehabilitation Services. Outpatient physical therapy services (including speech-language pathology services) and outpatient occupational therapy services are furnished by providers of services, clinics, rehabilitation agencies, public health agencies, or by others under an arrangement with, and under the supervision of such entities. As defined in section 1861(w) of the Act, the term ''arrangements'' is limited to arrangements under which receipt of payment by the provider discharges the liability of the beneficiary to pay for services.

Providers that furnish outpatient physical and occupational therapy services include hospitals, skilled nursing facilities (SNFs), rehabilitation agencies, home health agencies (HHAs), hospices, and comprehensive outpatient rehabilitation facilities (CORFs) furnishing services to patients other than those who receive SNF or inpatient hospital benefits.

Hospital inpatients who have exhausted their hospital inpatient benefits and who are entitled to Part B, and SNF patients who have exhausted their SNF benefits and who are entitled to Part B may receive outpatient physical therapy services (including speech-language pathology services) and outpatient occupational therapy services even though they are inpatients of the provider. Section 1861(p) of the Act defines outpatient physical therapy services as those services that meet the requirements of the first sentence of 1861(p), yet that are furnished to a beneficiary as an inpatient of a hospital or extended care facility. Section 1861(p) of the Act must be read in conjunction with section 1833(d) of the Act. The latter section provides that Medicare Part B payments, such as payment for outpatient physical and occupational therapy services, may be made only when there is no eligibility for Medicare Part A payments for the service, such as payments for inpatient hospital or SNF care. Part B payment may be made for inpatients only when there is no eligibility for Medicare Part A payments; this means only a beneficiary who is not entitled to Medicare Part A benefits or who has exhausted his or her Part A benefits. Also see § 410.60(b) (Outpatient physical therapy services: Conditions, Outpatient physical therapy services to certain inpatients of a hospital or a CAH or SNF).

Outpatient physical therapy (including speech-language pathology) and occupational therapy services furnished by a home health agency may be covered as ''medical and other health services'' under section 1861(s) of the Act when the beneficiary is not entitled to receive home health benefits under section 1814(a)(2)(C) because he or she is not homebound. To qualify for home health benefits, the beneficiary must be homebound and need or have needed skilled nursing care on an intermittent basis or physical or speech therapy, or in the case of an individual who no longer has need for such care or therapy, continues to need occupational therapy. Thus, most rehabilitative services furnished by home health agencies under section 1861(s)(2)(D) provisions are furnished to beneficiaries who are not homebound.

Section 1861(cc)(1) of the Act defines the services that can be provided by a CORF. In addition to outpatient rehabilitation services, CORF services include: physician services; respiratory therapy; prosthetic and orthotic devices; social and psychological services; nursing care; drugs and biologicals that cannot be self-administered; supplies

and medical equipment; and, such other services as are medically necessary and are ordinarily furnished by CORFs.

Services furnished by either a qualified physical therapist or a qualified occupational therapist in his or her office or in the beneficiary's home, for example, services of a physical therapist in independent practice (PTIP) or occupational therapist in independent practice (OTIP), are included as outpatient physical therapy services and outpatient occupational therapy services. Medicare does not cover the services of a speech-language pathologist in independent practice.

c. Payment for Services. (1) Reasonable Cost-Based Payments Outpatient physical, occupational, and speech-language pathology services furnished by a provider of services, a clinic, a rehabilitation agency or public health agency are paid based on the lesser of the charges imposed for the services or the reasonable costs of providing the services.

The reasonable cost of services furnished under arrangements may not exceed an amount equivalent to the prevailing salary and additional costs that would reasonably have been incurred by such provider or other organization had the services been performed by an employee. See § 413.106 (Reasonable cost of physical and other therapy services furnished under arrangements).

The salary equivalency guideline amounts currently in effect were published as a final rule on January 30, 1998, (63 FR 5106). In that final rule, we updated the physical and respiratory therapy guideline amounts and introduced new salary equivalency guidelines for occupational therapy and speech-language pathology services furnished under an arrangement. These guideline amounts are effective for services furnished on or after April 10, 1998. The guidelines are used by fiscal intermediaries to determine the maximum allowable cost of those services. In general, the salary equivalency guideline amounts are comprised of a prevailing hourly salary rate based on the 75th percentile of the range of salaries paid to full-time employee therapists by providers in the geographic area, by type of therapy, and a fringe benefit and expense factor; a standard travel allowance and additional allowances for costs incurred for services furnished by an outside supplier.

(2) Fee Schedule Payments. Physical and occupational therapy services furnished by physicians and certain other recognized practitioners are payable by the carriers under the physician fee schedule. This includes services of PTIPs and OTIPs. The fee schedule also applies to nonphysician practitioners who furnish services that would be physician services if furnished by a physician. Nonphysician practitioners include physician assistants (section 1861(s)(2)(K)(i) of the Act); and nurse practitioners and clinical nurse specialists (sections 1861(s)(2)(K)(ii) and 1861(s)(2)(K)(iii) of the Act) operating within the scope of their State licenses and within certain settings. Physical and occupational therapy services provided incident to the services of physicians or incident to the services of the recognized nonphysician practitioners cited above are payable by the carriers under the physician fee schedule.

d. Financial Limitation. Outpatient physical therapy services provided by a PTIP and outpatient occupational therapy services furnished by an OTIP are subject to an annual financial limitation. This annual limitation or cap is $900 per beneficiary of incurred expenses for physical therapy services and $900 per beneficiary of incurred expenses for occupational therapy services. There is a beneficiary liability that is comprised of the Part B deductible amount and 20-percent coinsurance. If a beneficiary has already satisfied the Part B deductible, the maximum amount payable by the Medicare program under each of these benefits is $720, for example, 80 percent of $900. The limit on expenses applies only to items and services covered under the therapy benefit. When a beneficiary exceeds the annual limitation or cap, the beneficiary is financially liable for any additional therapy services that are furnished during the calendar year.

2. BBA 1997 Provisions Affecting Payment for Outpatient Rehabilitation Services

a. Reasonable Cost-Based Payments. Section 4541(a) of BBA 1997 added new section 1834(k) of the Act. Section 1834(k)(2) established a 10 percent reduction in the reasonable cost of therapy services furnished during 1998. The 10-percent reduction does not apply to outpatient therapy services furnished by hospitals or critical access hospitals. In accordance with this provision, we are proposing to make payment for outpatient rehabilitation services furnished during 1998 based upon the lesser of the charges imposed or the reasonable cost determined for such services, reduced by 10 percent. The 10-percent reduction shall not apply to outpatient physical therapy or occupational therapy services furnished by a hospital to an outpatient or to a hospital inpatient entitled to benefits under Part A but who has exhausted benefits or is otherwise not in a covered Part A stay.

The salary equivalency guidelines will continue to remain in effect until all BBA 1997 provisions regarding a prospective payment system for outpatient rehabilitation services are implemented. The prospective payment system will negate the need for salary equivalency guidelines because providers will no longer be paid on a reasonable cost basis for their therapy services. The salary equivalency guidelines were a tool used to determine the reasonable cost of therapy services provided by practitioners other than physicians.

b. Prospective Payment System for Outpatient Rehabilitation Services. (1) Overview. Section 4541 of BBA 1997 adds a new section 1834(k) to the Act that provides for a prospective payment system for outpatient rehabilitation services and all services provided by CORFs. The prospective payment system is effective for services furnished on or after January 1, 1999. Section 1834(k)(1)(B) of the Act provides for payment for those services to be made at 80 percent of the lesser of (1) the actual charge for the services, or (2) the applicable fee schedule. Section 1834(k)(3) defines the applicable fee schedule amount as the amount determined under the physician fee schedule, or, if there is no such fee schedule established for those services, the amount determined under the fee schedule established for comparable services as specified by the Secretary.

The physician fee schedule is currently applied to certain outpatient rehabilitation therapy services. It is now the basis of payment for outpatient rehabilitation services furnished by PTIPs and OTIPs, physicians, and certain nonphysician practitioners or incident to the services of such physicians or nonphysician practitioners. The physician fee schedule has been the method of payment for outpatient rehabilitation therapy services provided by such entities for several years. Fee schedule payment will now apply when outpatient physical therapy, occupational therapy, and speech language pathology services are furnished by rehabilitation agencies, public health agencies, clinics, SNFs, home health agencies for beneficiaries who are not eligible for home health benefits because they are not homebound, hospitals (when such services are provided to an outpatient or to a hospital inpatient who is entitled to

benefits under Part A but who has exhausted benefits or is not entitled), and CORFs. The fee schedule also applies to outpatient rehabilitation services furnished under an arrangement with any of the cited entities that are to be paid on the basis of the physician fee schedule. The fee schedule will not apply to outpatient rehabilitation services furnished by critical access hospitals. Under section 1833 of the Act as amended by Section 4541 of BBA 1997, these services will be paid on a reasonable cost basis.

(2) Services Furnished by Skilled Nursing Facilities. Section 4432(a) of BBA 1997 added a new subsection(e) to section 1888 of the Act to establish a prospective payment systems for SNFs. Under the statute, effective for cost reporting periods beginning on or after July 1, 1998, Medicare pays for covered Part A SNF stays on the basis of prospectively determined payment rates which encompass all costs of ''covered skilled nursing facility services'' furnished to a SNF resident. The statute defines covered SNF services to include (1) post-hospital extended care services paid for under Part A, as well as (2) certain services that may be paid under Part B and which are furnished to SNF residents receiving covered post-hospital extended care services. Section 1888(e)(2) provides for exclusion of specific services from the definition of covered SNF services, but the statute explicitly states that the exclusions do not encompass ''any physical, occupational or speech language therapy services regardless of whether or not the services are furnished by, or under the supervision of, a physician or other health care professional.'' Thus, if a SNF resident is in a covered Part A stay, therapy services furnished to the SNF resident are encompassed in the PPS payment and Medicare does not make a separate Part B payment.

Under the new payment system for SNF inpatient services, and consistent with current policy (which applied before enactment of BBA 1997, services furnished to SNF residents that are not covered under Part A may nevertheless be covered under Part B. Section 4432(b) of BBA 1997 amended section 1842(b)(6) of the Act to require that payment for most services furnished to an individual who is a resident of a SNF, including outpatient rehabilitation services, be made to the facility (without regard to whether the service was furnished by the facility, by others under arrangement with the facility, or under any other arrangement). When the services are not being furnished directly, the facility then pays the provider of therapy services. The consolidated billing provision is effective for services furnished on or after July 1, 1998.

Section 4432(b)(3) of BBA 1997 added a new paragraph (9) to section 1888(e) of the Act to provide that, with respect to a service covered under Part B that is furnished to a SNF resident, the amount of payment for the service shall be the amount provided under the fee schedule for such item or service. This provision must be read in conjunction with the provisions of section 4541 of BBA 1997. Section 4541 added a new section 1833(a)(8) to specify that the amounts payable for outpatient rehabilitation services furnished by a SNF will be the amounts determined under section 1834(k) of the Act. Section 1834(k) of the Act provides that payment in 1998 shall be based on adjusted reasonable costs and in 1999 and thereafter, the physician fee schedule. Thus, we are proposing that SNF Part B inpatient services remain payable on a reasonable cost basis until January 1, 1999. Effective January 1, 1999, the services will be paid under the physician fee schedule.

The physician fee schedule amount applicable to services furnished in a non-facility setting will apply to the Part B services to inpatients and other outpatient rehabilitation services furnished by the SNF. The non-facility amount applies because the consolidated billing provision requires that the SNF be directly paid for the entire therapy service (including facility costs) based on the physician fee schedule. This is in contrast to the amount applicable to physician services, excluding outpatient rehabilitation services, billed for SNF residents. In this case, the physician payment is not intended to cover the facility costs associated with the service and the fee schedule amount applicable to services furnished in a facility applies.

(3) Services Furnished by Home Health Agencies. Section 1833(a)(8)(A) requires that the physician fee schedule applies to outpatient rehabilitation services furnished by a HHA to an individual who is not homebound. The likelihood is great that most individuals who are homebound and are receiving physical therapy, speech-language pathology, or occupational therapy are entitled to home health benefits. Therefore, most outpatient rehabilitation services furnished by a HHA under section 1861(s)(2)(D) is to individuals who are not homebound. There may be, however, some individuals who are not homebound and have not required a qualifying service for home health benefits but who need occupational therapy services. If provided by a HHA, these services could be provided under section 1861(s)(2)(D) of the Act. Since section 4541 of BBA 1997 did not expressly address these services, they remain payable on a reasonable cost basis under section 1861(v)(1) of the Act. All other services furnished by the HHA will be paid under a prospective payment system (effective October 1, 1999 with respect to home health services). Section 1861(v)(1) provides that the reasonable cost of any service shall be the cost actually incurred, excluding any costs unnecessary to the efficient delivery of needed health services. Since all other outpatient rehabilitation services are to be paid under the physician fee schedule, we believe it would be unreasonable for the costs of the services furnished to homebound beneficiaries who are not entitled to home health benefits to exceed the amount payable under the physician fee schedule. Therefore, we are proposing to modify § 413.125 to provide that effective for services furnished on or after January 1, 1999, the reasonable cost of outpatient rehabilitation services furnished by a HHA to homebound patients who are not entitled to home health benefits may not exceed the amounts payable under the physician fee schedule.

(4) Services Furnished by Comprehensive Outpatient Rehabilitation Facilities. Section 4541(a)(1) adds a new section 1832(a)(2)(D)(9) of the Act to provide that all services furnished by a CORF, and not just outpatient rehabilitation services, will be paid the applicable fee schedule amount. In cases where there is no physician fee schedule amount for the services, section 1834(k) specifies that the applicable fee schedule amount will be the amount established for comparable services as specified by the Secretary. Therefore, we are proposing that the existing fee schedules for prosthetic and orthotic devices, durable medical equipment, and supplies, and drugs and biologicals apply when these services are furnished by a CORF. We believe that these fee schedules, together with the physician fee schedule, will encompass all CORF services other than nursing services. The physician fee schedule amount applicable to services furnished in a non-facility setting will apply to the services furnished by the CORF since no separate payment will be made for facility costs.

To establish a fee schedule amount for nursing services delivered within a CORF, we created a new HCPCS code, G0128. We are defining this code as

direct face-to-face skilled nursing services delivered to a CORF patient as part of a rehabilitative plan of care. It is a timed code and can be billed for 10-minute intervals (when the initial interval is longer than 5 minutes). G0128 is to be used for services that are not included in the work or practice expense of another therapy or physician service. An example might be a nurse who spends 33 minutes instructing a patient in the proper procedure of ''in and out'' urethral catheterization; in this situation, 3 units of G0128 would be billed. We are proposing to set the RVUs for this code at 0.26, based upon half the value of the lowest level physician follow-up visit, HCPCS code 99211, in the non-facility setting. This results in a payment for the time slightly more than the average wage reported by the Bureau of Labor Statistics (BLS) for RNs, inflated to reflect benefits and overhead (using the fringe benefit and expense factor used to establish the salary equivalency guideline).

(5) Site-of-Service Differential. Providers of outpatient rehabilitation services have suggested that we should consider making a site-of-service differential, specifically, a payment amount greater than that provided by the physician fee schedule for some of the types of providers or sites at which outpatient rehabilitation services are furnished. We are not proposing such a differential.

First, the law requires that these services be paid the amount determined ''under the fee schedule established under section 1848.'' Furthermore, we believe higher payment amounts for certain facilities, such as CORFs or rehabilitation agencies, would create payment incentives that favor one site or setting over another. We believe the statute establishes a ''level playing field'' for these services. We find no direction in the statutory language or legislative history that we recognize higher costs that some providers argue might be associated with furnishing services in a provider setting. To the extent that CORFs or rehabilitation facilities provide services to patients who need additional care, CORFs or rehabilitation facilities may bill for additional, medically necessary services. For these reasons, a site of service adjustment or higher payment amount for specific settings is not being proposed; however, we welcome any comments that you may present regarding differences in services furnished in the various settings that would justify a differential payment.

(6) Mandatory Assignment. Section 1834(k)(6) of the Act, as added by BBA 1997, establishes a restraint on billing for outpatient rehabilitation therapy services; that is, this provision requires that services paid under section 1834(k) of the Act are subject to mandatory assignment under the same terms applicable to practitioners under section 1842(b)(18) of the Act. We propose, therefore, in accordance with this provision to require mandatory assignment for services provided under the outpatient rehabilitation prospective payment system by hospitals, SNFs, HHAs, rehabilitation agencies, public health agencies, clinics, and CORFs. The mandatory assignment provision does not apply to therapy services furnished by a physician or ''incident to'' a physician's service or to services furnished by a physical therapist in private practice or an occupational therapist in private practice. However, when these services are not furnished on an assignment-related basis, the limiting charge applies.

3. Uniform Procedure Codes for Outpatient Rehabilitation Services

Section 4541(a)(2) of BBA 1997 added section 1834(k)(5) of the Act. This new statutory provision requires that claims submitted on or after April 1, 1998 for outpatient physical therapy services, including speech language pathology services and outpatient occupational therapy services, include a code under a uniform coding system that identifies the services furnished.

The uniform coding requirement is needed to assure proper payment under the physician fee schedule. Hospitals, SNFs, HHAs (for individuals who are not eligible for home health services), CORFs, and outpatient physical therapy providers must use HCPCS codes to report outpatient rehabilitation services when furnished to their outpatients. Hospitals and SNFs that provide outpatient rehabilitation services to their inpatients who are entitled to benefits under Part A but who have exhausted their benefits for inpatient services during a spell of illness or to their inpatients who are not entitled to benefits under Part A are also required to report HCPCS codes.

In March, 1998, we issued a program memorandum AB–98–8 which described the coding for outpatient rehabilitation services. This memorandum identifies the HCPCS codes that will be considered to be outpatient rehabilitation services and specifies how these codes will be reported on the UB–92. We assigned the various codes to revenue centers, that is, physical therapy, occupational therapy, and speech-language pathology, for purposes of applying the financial limitation described below. Assigning codes to revenue centers was not intended to limit the scope of practice or range of procedures that could be furnished by therapists in a particular discipline. We are in the process of revising AB–98–8 because we intend to implement the financial limitation by using modifiers, as described below, rather than assigning the HCPCS codes to revenue centers.

In the program memorandum, we also identify certain HCPCS codes available for billing by CORFs that are not generally rehabilitation services, including vaccinations and nursing services.

4. Financial Limitation

Outpatient rehabilitation therapy services are subject to annual financial limitations or caps commencing January 1, 1999. (The amount of the current cap is $900.) There will be a $1,500 per beneficiary annual limitation or cap on incurred expenses for outpatient physical therapy services including outpatient speech-language pathology services. A separate $1,500 per beneficiary limitation will apply on incurred expenses for outpatient occupational therapy services. The annual limitation does not apply to services furnished directly or under arrangements by a hospital or critical access hospital to an outpatient or to an inpatient who is not in a covered Part A stay. The limitation will apply to outpatient rehabilitation services furnished by a separately certified hospital-based provider, such as a hospital-based SNF. The limitation also applies to outpatient rehabilitation services furnished by a physician or nonphysician practitioner, or incident to a physician's professional services or to a nonphysician practitioner's professional services.

As stated above, there is a single $1,500 limitation for outpatient physical therapy services and outpatient speech-language pathology services. As amended, section 1833(g) of the Act applies a single $1,500 limitation to ''physical therapy services of the type described in section 1861(p).'' Section 1861(p) defines outpatient physical therapy services and includes speech-language pathology services within that definition.

Outpatient rehabilitation services are subject to a 20 percent coinsurance amount. Under the outpatient prospective payment system, the beneficiary will be responsible for 20 percent of the applicable fee schedule amounts. The $1,500 limitation is on incurred expenses. If a beneficiary has already satisfied the Part B deductible, the maximum amount payable by the

Medicare program is $1,200, that is, 80 percent of $1,500. Beginning January 1, 2002, the $1,500 annual limitations or caps will be increased by the percentage increase in the MEI.

In addition to outpatient physical therapy services and outpatient occupational therapy services (other than those provided by a hospital), the limitation applies to physical therapy services (including speech-language pathology services) and occupational therapy services ''of such type which are furnished by a physician or as incident to a physician service.'' As discussed elsewhere in this document, Medicare covers under certain conditions services performed by nurse practitioners, clinical nurse specialists, and physician assistants that would be physicians' services if furnished by a physician. We are proposing to apply the financial limitation to therapy services furnished by these nonphysician practitioners since such therapy services are by definition the same type as are furnished by physicians. Similarly, we propose to apply the financial limitation to therapy services furnished incident to these nonphysician practitioner's services. We have included in Addendum D a listing of the specific services that we propose would be subject to the limitation when furnished by a physician or practitioner directly or incident to their services. Such outpatient rehabilitation services included in Addendum D furnished either directly or incident to the services of a physician or practitioner are always subject to the financial limitation. Other services such as casting, splinting, and strapping may be used in the treatment of conditions (for example, fractures or sprains) or as part of the postsurgical treatment or medical treatment when no other rehabilitation services are delivered. If the services are delivered by a physical or occupational therapist, speech-language pathologist, therapy assistant or therapy aide, are part of a rehabilitation plan of care, or involve services included in the aforementioned Addendum D, then the services are subject to the cap. These outpatient rehabilitation services are delineated in Addendum E and must be identified with a discipline-specific modifier.

Addendum E contains a listing of outpatient rehabilitation therapy codes. Payment for certain HCPCS codes will be made on a basis other than the physician fee schedule in hospital outpatient departments. Other HCPCS codes are considered as CORF services. Further program instructions will be provided in a forthcoming program memorandum regarding the use of HCPCS codes for outpatient rehabilitation therapy services.

With regard to ''incident to'' services, we note that section 4541(b) of BBA 1997 amended section 1862(a) of the Act to require that outpatient physical therapy service (including speech-language pathology services) and outpatient occupational therapy services furnished ''incident to'' a physician's professional services meet the standards and conditions (other than any licensing requirement specified by the Secretary) that apply to therapy services furnished by a therapist. This provision was effective January 1, 1998 and was implemented through program instructions.

The financial limitations apply only to items and services furnished by non-hospital providers and therapists under the outpatient physical therapy (including speech-language pathology) and the outpatient occupational therapy benefit (section 1861(s)(2)(D) of the Act) and therapy services furnished by physicians and nonphysician practitioners or incident to their services. The limitations do not apply to diagnostic tests covered under section 1861(s)(3) of the Act.

To track the financial limitation or cap, we are proposing to use modifiers that will be discipline-specific. Many of the services, for example, physical modalities or therapeutic procedures as described by HCPCS codes, are commonly delivered by both physical and occupational therapists. Other services may be delivered by either occupational therapists or speech-language pathologists. For these services, we expect the claim to include a modifier which describes the type of therapist who delivered the service; if the service was not delivered by a therapist, then the type of therapy plan of care under which the service is delivered would be specified. If the type of therapy is not listed in the modifier field, the claim would be rejected and sent to the provider for resubmission.

As required by section 1833(g) of the Act, as amended by section 4541 of BBA, we propose to establish two annual per beneficiary limits of $1,500. There will be (1) an annual per beneficiary limit for all outpatient physical therapy services excluding hospital outpatient therapy services and (2) an annual per beneficiary limit for all outpatient occupational therapy services excluding hospital outpatient therapy services. As stated previously, outpatient physical therapy services include speech-language pathology services. A provider of outpatient rehabilitation services with a provider agreement under section 1866 of the Act as will as physicians, PTIPs and OTIPs will be allowed to collect payment from a beneficiary for therapy services after the $1,500 limit is reached. This is consistent with current policy allowing PTIPs and OTIPs to collect payment from a beneficiary for therapy services in excess of the current $900 limit.

We note that a report to the Congress is due from the Secretary no later than January 1, 2001. This report is to include recommendations on the establishment of a revised coverage policy of outpatient physical therapy services, including speech-language pathology services and outpatient occupational therapy services. The revised policy is to be based on a classification of individuals by diagnosis category and prior use of services in both inpatient and outpatient settings. The report should include recommendations on how such durational limits by diagnostic category could be implemented in a budget-neutral manner.

5. Qualified Therapists

Section 1861(p) includes services furnished an individual by a physical therapist who meets licensing and other standards prescribed by the Secretary if the services meet such conditions relating to health and safety as the Secretary may find necessary. The services must be furnished in the therapist's office or the individual's home. By regulation, we have defined therapists meeting the conditions for coverage of services under this provision as physical therapists in independent practice. The conditions for coverage are set forth in Part 486, Subpart D (Conditions for coverage: Outpatient Physical Therapy Services Furnished by Physical Therapists in Independent Practice) and require that the services be provided by a therapist in independent practice under § 410.60. Under § 410.60, a therapist in independent practice is one who:

- Engages in the practice of therapy on a regular basis.
- Furnishes services on his or her own responsibility without the administrative and professional control of an employer.
- Maintains at his or her own expense office space and equipment.
- Furnishes services only in the office or patient's home.
- Treats individuals who are his or her own patients and collects fees or other compensation for the services.

Under § 486.151 (Conditions for coverage: Supervision), all therapy services must be furnished under the direct supervision of a qualified therapist in independent practice. In

other words, the therapist in independent practice must be on the premises whenever services are provided to Medicare beneficiaries, including services provided by a licensed physical therapist. This long-standing requirement has been controversial with therapists in independent practice. For example, a therapist in independent practice cannot have more than one office open for services at the same time since he or she could not be on both premises at once.

We are proposing to replace the existing ''Conditions for Coverage: Outpatient Physical Therapy Services Furnished by Physical Therapists in Independent Practice'' (Part 486, Subpart D), which requires survey and certification, with a simplified criteria for physical therapists in private practice that would use a carrier enrollment process. The impetus for this change comes from congressional statements associated with the fiscal year 1997 appropriations process. Statements in both the House and Senate committee reports accompanying HCFA's fiscal year 1997 appropriations addressed the issue of requiring that the certified physical or occupational therapist in independent practice directly supervise all services performed by his or her employees, even if those employees are fully licensed therapists. The House committee report urged that we modify the regulations so that the certified therapist need not be on premises to supervise other licensed therapists. The Senate urged us to review this concern and recommend regulatory or instructional changes.

We are proposing to redefine those therapists who are qualified pursuant to section 1861(p) of the Act. That is, we would discontinue the focus of the regulation on their ''independent'' status (which is not statutory) and recognize therapists in private practice who are employed by others and therefore, do not meet our current ''independent'' criteria. This would be consistent with health and safety concerns and would conform to normal private sector practice standards. The following new requirements would replace the current ones for qualified therapists:

- The term ''independent'' would be dropped and the benefit would be for an individual physical therapist or occupational therapist in private practice.

Private practice would include an ''individual'' whose practice is in an unincorporated solo practice, unincorporated partnership, or unincorporated group practice. Private practice also would include an ''individual'' who is practicing therapy as an employee of one of the above or of a professional corporation or other incorporated therapy practice. However, private practice would not include individuals when they are working as employees of a provider. A provider as defined in § 400.202 includes a hospital, CAH, SNF, HHA, hospice, CORF, CMHC, or an organization qualified under Part 485, Subpart H (Conditions of Participation for Clinics, Rehabilitation Agencies, and Public Health Agencies as Providers of Outpatient Physical Therapy and Speech-Language Pathology Services), as a clinic, rehabilitation agency, or public health agency.

- In implementing the statutory requirement that services be furnished to an individual in the therapist's office, or in the individual's home, ''in his office'' would be defined as the location(s) where the practice is operated, in the State(s) where the therapist (and practice, if applicable) is legally authorized to furnish services, during the hours that the therapist engages in practice at that location.

A therapist in private practice would not be required to maintain a private office, if services always are furnished in patients' homes. However, when services are furnished in private practice office space, that space would have to be owned, leased, or rented by the practice and used for the exclusive purpose of operating the practice. For example, because of the statutory restriction on the site of services, a therapist in private practice cannot furnish covered services in a SNF. Therefore, if a therapist wished to locate his or her own private office on site at a nursing facility, special care would need to be taken. The private office space could not be part of the Medicare-participating SNF's space, and the therapist's services could be furnished only within that private office space. Neither the therapist nor any assistants or aides who help render services could be employed by the SNF during the same hours that they are working in the private practice. Another example where special attention would be needed is space that generally serves other purposes and is only used by a therapy practice during limited hours. For example, a therapist in private practice may furnish aquatic therapy in a community center pool on Wednesday mornings. The practice would have to rent or lease the pool for those hours, and the use of the pool during that time would have to be restricted to the therapist's patients, in order to recognize the pool as part of the therapist's own private office during those hours.

In describing other services that are specifically limited to the patient's home, the statute uses qualifying language. For example, the durable medical equipment definition in section 1861(n) refers to a patient's home as ''including an institution used as his home other than an institution that meets the requirements of subsection (e)(1) of this section or section 1819(a)(1).'' This definition of home is codified at § 410.38(b). The same definition always has been used in the Medicare Carriers Manual for purposes of covering therapists' services in a patient's home. We propose to continue the current practice and to adopt that definition formally in this regulation.

- Assistants and aides would have to be personally supervised by the therapist and employed directly by the therapist, by the partnership or group to which the therapist belongs, or by the same private practice that employs the therapist. Personal supervision requires that the therapist be in the room during the performance of the service. Levels of supervision are defined in § 410.32.
- The therapist must be licensed or otherwise legally authorized to engage in private practice. We understand that all States license or certify physical therapists, so no alternative personnel qualifications need to be specified.
- Each therapist would enroll ''as an individual'' with the carrier.

There would be no survey and no certification by HCFA. The Medicare carrier would verify that the qualifications proposed in § 410.59(c)(1) or § 410.60(c)(1) are met. All applicants for new enrollment would become subject to these new rules and procedures upon the effective date of the final rule. For transition purposes, we intend that independent therapists who are certified and enrolled at that time would be ''grandfathered'' temporarily and would become subject to the new enrollment rules and procedures at the time of their next regular periodic reenrollment.

These changes would address the concern that current rules require each independent therapist to personally supervise services performed by any other licensed therapists that he or she employs. Under our proposal, each individual therapist in a practice could qualify to separately enroll, and enrolled therapists would not be required for purposes of Medicare to be supervised by their employer. These changes also address the concern that current rules prohibit an independent therapist from being employed by any entity. Under our proposal, a variety of

employment situations would be permitted. The following examples illustrate how our proposals would apply:

- Three PTs operate an unincorporated group practice, which employs several physical therapy assistants and aides and maintains two offices in two towns. Each therapist could enroll as a physical therapist in private practice and could furnish services in either office, while personally supervising any of the assistants or aides who are helping to render therapy.
- A corporation operates a physical therapy practice which employs four physical therapists and several physical therapy assistants and aides. Each therapist could enroll as a physical therapist in private practice and could personally supervise any of the assistants or aides who help to render therapy. If two additional PTs are hired, each must enroll before their services could be covered without supervision by one of the enrolled physical therapists.

A physical therapist works for a hospital's rehabilitation department during the day. During evening hours, he operates his own incorporated professional practice and goes to patient's homes to furnish therapy. He could enroll as a physical therapist in private practice for the evening hours and would not need to maintain an office for furnishing therapy.

A physician's professional corporation employs three physical therapists and six physical therapy assistants in a private therapy practice associated with the physician's office. Each of the PTs could enroll as a therapist in private practice. The physician is not required to supervise any of the therapy. All physical therapy services for which Medicare payment is sought are supervised by one of the physical therapists.

These new requirements would be established in a revised § 410.60(c) for physical therapists. To date, the statutory requirements for coverage of outpatient occupational therapy services have not been codified. We are proposing to codify these requirements by establishing a new § 410.59 for outpatient occupational therapy services. The proposed regulations section for outpatient occupational therapy parallels the § 410.60 requirements for outpatient physical therapy, as revised in this proposed rule. We are also proposing to make conforming changes in § 410.61 to include occupational therapy.

Therapists in private practice do not participate in the Medicare program in the same way that ''providers of services'' do. Though they must be approved as meeting certain requirements, unlike ''providers of services,'' they do not execute a formal provider agreement with the Secretary as described in Part 489 (Provider Agreements and Supplier Approval) of the CFR. Like physicians, they do have the option of accepting a beneficiary's assignment of his or her claim for Medicare Part B benefits and of becoming a Medicare participating supplier who agrees to accept assignment in all cases.

6. Plan of Treatment

We are proposing to revise §§ 410.61(e), 424.24(c)(4)(i), and 485.711(b), which concern the plan of treatment review requirements for outpatient rehabilitation therapy services. Section 1861(p) of the Act defines these therapy services, in part, as services furnished to an individual who is under the care of a physician and for whom a plan, prescribing the type, amount, and duration of therapy services that are to be furnished, has been established by a physician or a qualified therapist and is periodically reviewed by a physician.

Currently, providers that furnish outpatient rehabilitation therapy services are required to have a physician review the plan of treatment and recertify the need for care at least every 30 days. We are proposing that the physician review and recertify the required plan of treatment within the first 62 days and at least every 31 days after the first review and recertification. The current requirement for the review of a plan of treatment for patients of physical therapists in independent practice is similar in that the physician must review the plan at least every 30 days. We are proposing to change this review requirement as well to require that the physician review and recertify the plan of treatment within the first 62 days and at least every 31 days thereafter.

We are recommending these changes because it is our understanding that an initial 2-month (62 day) review is consistent with usual therapy course of treatment. It is also consistent with our current therapy requirements in the home health setting. These changes would reduce the burden on providers, patients, and physicians by eliminating the current requirement for an initial review within the first 30 days. After the first 62 days, we believe that patients receiving outpatient rehabilitation services are likely to show significant progress that warrants subsequent reviews every 31 days. Changes in the patients' level of function and need for continued therapy can be expected to occur more frequently after the first 2 months of therapy. We believe this subsequent review schedule will help control potential over-utilization that results in excessive therapy to some Medicare patients.

Under our proposal, the therapists would be required to immediately notify the physician of any changes in the patient's condition, and physicians would retain the ability to review the care at closer intervals if necessary.

D. Payment for Services of Certain Nonphysician Practitioners and Services Furnished Incident to Their Professional Services

Nonphysician practitioner services have been covered by Medicare since the inception of the program; originally the law did not provide for separate payments for these services. Coverage and payment of nonphysician services was primarily within the context of section 1861(s)(2)(A) of the Act as implemented by section 2050 of the Medicare Carriers Manual, for the payment of services incident to a physician's professional services. In recent years, the Congress has expanded Medicare coverage of nonphysician practitioner services in certain settings to improve beneficiary access to medical services. Separate Part B coverage is specifically authorized for certain nonphysician practitioner services and for services and supplies furnished as incident to those services.

For purposes of this proposal as it applies to nonphysician practitioners, we define nonphysician practitioners as nurse practitioners, clinical nurse specialists, certified nurse-midwives, and physician assistants. With respect to services and supplies furnished as incident to a nonphysician practitioner's services, we are proposing that to be covered by Medicare, the services must meet the longstanding requirements in section 2050 of the Medicare Carriers Manual applicable to services furnished as incident to the professional services of a physician. Therefore, we would specify, in proposed new §§ 410.74(b), 410.75(d), 410.76(d), and 410.77(c) that Medicare Part B covers services and supplies (including drugs and biologicals that cannot be self-administered) furnished as incident to the nonphysician's services only if these services and supplies would be covered if furnished by a physician or furnished as incident to a physician's professional services. In addition, §§ 410.74(b), 410.75(d), 410.76(d), and 410.77(c) would specify

the various requirements for these incidental services and supplies.

1. Coverage and Payment for Nurse Practitioner Services Before BBA 1997

Effective for services furnished on or after April 1, 1990, section 6114 of the Omnibus Budget Reconciliation Act (OBRA) of 1989 (Pub. L. 101–239) authorized separate payment for the services of nurse practitioners when furnished to patients in SNFs and nursing facilities. The services of nurse practitioners are covered if they are furnished in collaboration with a physician, they are within the scope of services authorized by State law, and they are the type of services that would be covered when furnished by a physician. The term, collaboration is defined as a process in which a nurse practitioner works with a physician to deliver health care services within the scope of the practitioner's professional expertise, with medical direction and appropriate supervision as provided for in jointly developed guidelines, or other mechanisms as defined by State law, in the State in which the services are performed.

Section 6114 of OBRA 1989 limited routine visits by nurse practitioners who are serving as members of a team to 1.5 team visits per month per resident of a SNF or nursing facility. The team must include a physician and a physician assistant acting under the supervision of the physician, or a nurse practitioner or a clinical nurse specialist working in collaboration with a physician.

Section 6114 of OBRA 1989 requires that payment for nurse practitioner services furnished to patients in SNFs and nursing facilities be made on an assignment-related basis to the nurse practitioner's employer only. This provision also limited the prevailing charges for the services of nurse practitioners furnished before January 1, 1992, to 85 percent of the prevailing charge rate determined for these services when furnished by nonspecialist physicians. For services furnished on or after January 1, 1992, OBRA 1989 limits the payment to 85 percent of the physician fee schedule amount for those services furnished by physicians who are not specialists.

The qualifications for nurse practitioners require individuals to:

- Be a registered nurse who is currently licensed to practice in the State where he or she practices, be authorized to perform the services of a nurse practitioner in accordance with State law, and have a master's degree in nursing;
- Be certified as a nurse practitioner by a professional association recognized by HCFA that has, at a minimum, eligibility requirements that meet the standards in the paragraph above; or
- Meet the requirements for a nurse practitioner set forth in the first paragraph, except for the master's degree requirement, and have received before 3 years prior to the effective date of a final rule, a certificate of completion from a formal advanced practice program that prepares registered nurses to perform an expanded role in the delivery of primary care.

Section 4155 of OBRA 1990 (Pub. L. 101–508) extended coverage of nurse practitioner services that was previously restricted to SNFs and nursing facilities, to all settings in rural areas. Additionally, nurse practitioners were authorized to either receive direct payment or arrange for payment to be made directly to their employer for services furnished in collaboration with a physician in all settings in a rural area, with the exception of hospitals. This provision also allowed for coverage of services and supplies furnished as an incident to a nurse practitioner's services if the services would have been covered if furnished as an incident to a physician's professional services.

The term, ''rural area'' as defined at section 1886(d)(2)(D) of the Act means any area outside a Metropolitan Statistical Area or New England County Metropolitan Area, as defined by the Executive Office of Management and Budget, or outside any similar area the Secretary has recognized by regulation as an urban area.

Sections 4155(b) and (c) of OBRA 1990 imposes a civil monetary penalty not to exceed $2,000 on any person who knowingly and willfully presents a bill or request for payment to a Medicare beneficiary (except for coinsurance and deductible amounts) for nurse practitioner services furnished in a rural area, or for services and supplies furnished as an incident to those services, and for nurse practitioner services furnished in a SNF or nursing facility.

Section 147(e)(4) of the Social Security Act Amendments of 1994 (SSAA'94) (Pub. L. 103–432) unbundled payment for nurse practitioner services in SNFs and nursing facilities. It also added nurse practitioner services to the list of services that are excluded from the definition of inpatient hospital services. Accordingly, nurse practitioners or their employer or contractor were authorized to bill directly for services furnished to patients in SNFs or nursing facilities and hospitals located in rural areas.

2. Coverage and Payment for Nurse Practitioner Services Subsequent to BBA 1997

Effective for services furnished on or after January 1, 1998, section 4511 of BBA 1997 authorizes nurse practitioners to bill the program directly for services furnished in any setting, regardless of whether the settings are located in rural or urban areas, but only if the facility or other providers of services do not charge or are not paid any amounts with respect to the furnishing of nurse practitioner services. Accordingly, a new § 410.75 of this proposed rule specifies the qualifications for nurse practitioners, lists the requirements for the professional services of a nurse practitioner and the requirements for services furnished incident to the professional services of a nurse practitioner. This new section also proposes a definition for the collaboration process that is applicable to the provision of nurse practitioner services.

A new § 405.520(a), (b), and (c) of this proposed rule provides the general rule, requirements, and penalties for nurse practitioners. A new paragraph (15) is added to § 410.150(b) to authorize payment for nurse practitioner services when furnished in collaboration with a physician in all settings located in both rural and urban areas. A new paragraph (c) is added to § 414.56 of this rule to set forth the payment amount for nurse practitioner services.

3. Coverage and Payment for Clinical Nurse Specialist Services Before BBA 1997

In addition to authorizing Medicare coverage of nurse practitioner services furnished in rural areas, section 4155 of OBRA 1990 also authorized the coverage of services furnished by clinical nurse specialists in rural areas. The coverage provisions for clinical nurse specialist services furnished in a rural area parallel those established for nurse practitioner services furnished in rural areas. That is, clinical nurse specialist services must be furnished in collaboration with a physician and be the type of physician services that would otherwise be covered if furnished by a physician. Additionally, the services must be services that the clinical nurse specialist is authorized by State law to furnish in the State in which they are practicing. Furthermore, services furnished as an incident to the professional services of a clinical nurse specialist are covered if they are the type of services that would be covered if furnished incident to a physician's

professional services and all the incident to requirements are met.

A clinical nurse specialist is defined as an individual who is legally authorized to perform such services in accordance with State law, and who meets training, education, and experience requirements as the Secretary may prescribe in regulations.

Section 147(e)(4) of the SSAA'94 also unbundled payment for clinical nurse specialist services furnished in SNFs, nursing facilities, and hospitals. The services of clinical nurse specialists are now paid under a separate benefit.

Payment for clinical nurse specialist services is made to the clinical nurse specialist or to his or her employer. As is the case with nurse practitioners, the services of clinical nurse specialists furnished to patients in rural health clinics (RHCs), federally qualified health centers (FQHCs), and health maintenance organizations (HMOs) are not paid under the respective nurse practitioner or clinical nurse specialist benefits. Instead, the services that nonphysician practitioners furnish in RHCs, FQHCs, and HMOs education, and experience requirements as the Secretary may prescribe in regulations.

Section 147 (e)(4) of the SSAA'94 also unbundled payment for clinical nurse specialist services furnished in SNFs, nursing facilities, and hospitals. The services of clinical nurse specialists are now paid under a separate benefit.

Payment for clinical nurse specialist services is made to the clinical nurse specialist or to his or her employer. As is the case with nurse practitioners, the services of clinical nurse specialists furnished to patients in rural health clinics (RHCs), federally qualified health centers paid under the respective nurse practitioner or clinical nurse specialist benefits. Instead, the services that nonphysician practitioners furnish in RHCs, FQHCs, and HMOs are a part of the facilities' services and cannot be billed or paid separately.

The payment provisions for clinical nurse specialist services furnished in a rural area parallel those established for nurse practitioner services furnished in rural areas. Accordingly, payment for services is made on an assignment-related basis, the civil monetary penalty provision for violation of the assignment agreement applies, and the current Medicare-approved amount for covered clinical nurse specialist services furnished in rural areas (other than in hospitals) is limited to the lesser of the actual charge or 85 percent of the physician fee schedule amount for nonspecialist physician services. For covered services furnished in hospitals located in rural areas, the Medicare-approved amount is limited to the lesser of the actual charge or 75 percent of the physician fee schedule amount for nonspecialist physician services.

4. Coverage and Payment for Clinical Nurse Specialist Services Subsequent to BBA 1997

Effective for services furnished on or after January 1, 1998, Section 4511 of BBA 1997 authorizes clinical nurse specialists to bill the program directly for services furnished in any setting, regardless of whether the settings are located in rural or urban areas, but only if the facility or other providers of services does not charge or is not paid any amounts with respect to the furnishing of nurse practitioner services. A new § 410.76(e) of this proposed rule sets forth this provision.

The new § 410.76(b) sets forth new qualifications for clinical nurse specialists. Section 410.76(c) describes the conditions of coverage for clinical nurse specialists services, defines the collaboration process, and paragraph (d) lists the requirements for services furnished incident to the professional services of a clinical nurse specialist.

A new § 405.520(a), (b), and (c) of this proposed rule provides the general rule, requirements, and civil monetary penalties for clinical nurse specialists. A new paragraph (15) is added to section 410.150(b) to authorize payment for clinical nurse specialist services when furnished in collaboration with a physician in all settings located in both rural and urban areas. A new paragraph (c) is added to section 414.56 of this rule to set forth the payment amounts for clinical nurse specialist services.

5. Coverage and Payment for Certified Nurse-Midwife Services

Certified nurse-midwife services were only covered under the Medicare program when furnished incident to the professional services of a physician or under the supervision of a physician in RHCs prior to these individuals gaining statutory authorization to perform services as independent nonphysician practitioners.

Certified nurse-midwives were defined initially section 1861(gg)(2) of the Act and 42 CFR 405.2401 (b) as a registered professional nurse who:

- Is currently licensed to practice in the State as a registered professional nurse;
- Is legally authorized under State law or regulations to practice as a certified nurse-midwife;
- Has completed a program of study and clinical experience for certified nurse-midwives, as specified by the State, or, if the State does not specify a program—

+ Is currently certified as a nurse-midwife by the American College of Nurse-Midwives;

+ Has satisfactorily completed a formal education program (of at least 1 academic year) that, upon completion, qualifies the nurse to take the certification examination offered by the American College of Nurse-Midwives; or

+ Has successfully completed a formal educational program that prepares registered nurses to furnish gynecological and obstetrical care to women during pregnancy, delivery, and the postpartum period, and care to newborns, and practiced as a nurse-midwife for a total of 12 months during any 18-month period from August 8, 1976, to July 16, 1982.

Certified nurse-midwife services are defined at section 1861(gg)(1) of the Act as services furnished by a certified nurse-midwife, and services and supplies furnished as an incident to those services, that the certified nurse-midwife is legally authorized to furnished under State law and that would be covered by Medicare if furnished by a physician or as an incident to a physician's service.

Effective for services furnished on or after July 1, 1988, section 4073 of OBRA 1987 (Pub. L. 100–203) expanded Part B coverage of the services of certified nurse-midwives to include services furnished independently of the supervision of a physician. Subsequently, section 411(h)(4) of the Medicare Catastrophic Coverage Act (MCCA) of 1988 (Pub. L. 100–360) made several technical amendments to section 4073 of OBRA 1987 to categorize and cover certified nurse-midwife services as medical and other health services, specify that payment for the services of a certified nurse-midwife is 80 percent of the lesser of the actual charge or the amount determined by a fee schedule established by the Secretary, and limit the fee schedule to 65 percent of the prevailing charge that would be allowed for the same services furnished by a physician. Additionally, section 4073 of OBRA 1987 requires that payment for certified nurse-midwife services be paid on an assignment-related basis and that violators of the assignment requirements be subject to civil monetary penalties.

Section 6102(f)(7) of OBRA 1989 (Pub. L. 101–239) provided that for services furnished on or after January 1, 1992, payment is determined based on the lesser or the actual charge or 65 percent of the Medicare physician fee schedule.

In 1990, in section 4157 of OBRA 1990 (Pub. L. 101–508) the Congress

recognized certified nurse-midwife services as separate and distinct from hospital services. Accordingly, certified nurse-midwife services are unbundled from hospital services and are paid separately under the certified nurse-midwife benefit.

Ultimately, section 13554 of OBRA 1993 (Pub. L. 103–66) amended section 1861(gg)(2) of the Act to revise the definition of certified nurse-midwife. The revision eliminated the limitation on coverage to include services furnished by certified nurse-midwives outside the maternity cycle. This change was made effective for services furnished on or after January 1, 1994.

A new § 410.77 of this proposed rule lists the qualifications for certified nurse-midwives and provides for the conditions for coverage of certified nurse-midwife services. Paragraph (d) of § 410.77 lists the coverage requirements for the professional services of certified nurse-midwives, while paragraph (c) lists the requirements for services furnished incident to the professional services of a certified nurse-midwife.

6. Coverage and Payment for Physician Assistant Services Before BBA 1997

For physician assistant services furnished on or after January 1, 1987, section 9338(a) of the Omnibus Budget Reconciliation Act (OBRA) of 1986 (Pub. L. 99–509) authorized physician assistants to bill the Medicare program for the type of services that would be considered as physicians' services, provided that the physician assistant is legally authorized by the State to furnish such services. Services furnished incident to the physician assistant's professional services are also covered if these same services would have been covered when furnished incident to the professional services of a physician. Under this OBRA provision, physician assistants furnished their services under the general supervision of a physician in a hospital, SNF, nursing facility, or as an assistant at surgery in both rural and urban areas. In order to have furnished services under the physician assistant benefit, individuals must have met the qualifications as follows:

1. Be certified currently by the National Commission on Certification of Physician Assistants to assist primary care physicians;

2. Have completed satisfactorily a program for preparing physician assistants that—

- Was at least 1 academic year in length;
- Consisted of supervised clinical practice and at least 4 months (in the aggregate) of classroom instruction that prepared students to deliver health care; and
- Is accredited by the AMA's Committee on Allied Health Education and Accreditation; or

3. Have completed satisfactorily a formal educational program for preparing physician assistants (that does not meet the requirements listed above) and assisted primary care physicians for a total of 12 months during the 18-month period immediately preceding January 1, 1987. Additionally, effective January 1, 1989, section 4076 of OBRA 1987 (Pub. L. 100–203) authorized physician assistants to furnish their services under the supervision of a physician in all settings located in rural areas that were designated under section 332(a)(1)(A) of the Public Health Service Act as health professional shortage areas (HPSAs).

Payment for physician assistant services prior to January 1, 1998 was made only on an assignment-related basis to the actual employer of the physician assistant at 85 percent of the physician fee schedule for professional services. Payment for the services of a physician assistant performing as an assistant at surgery was made at 65 percent of the physician fee schedule. The employer of a physician assistant might have been a physician, medical group, professional corporation, hospital, SNF, or nursing facility.

7. Coverage and Payment for Physician Assistant Services Subsequent to BBA 1997

Effective for services furnished on or after January 1, 1998, the majority of the conditions for coverage of physician assistant services as indicated by new §§ 410.74(a) and (b) remain unchanged with the exception of the condition for coverage of physician assistant services furnished in certain areas and settings. Section 4512 of BBA 1997 removes the restrictions on the site of services in which physician assistants may furnish their professional services, regardless of whether the settings are located in rural or urban areas. Physician assistants are authorized to furnish their professional services as independent nonphysician practitioners to practically all providers of services and suppliers of services only if the facility or other provider of services does not charge or is not paid any amounts with respect to the furnishing of physician assistant professional services. Accordingly, separate payment may be made for physician assistant services in all settings with the exception of rural health clinics (RHCs) and Federally qualified health centers (FQHCs) because Medicare payment for their services is included in the all-inclusive payment rate that the program makes to these facilities.

Under new § 410.74(c), we are proposing to amend the qualifications for physician assistants to recognize certification of physician assistants by the National Board of Certification of Orthopedic Physician Assistants. These qualifications will also recognize academic programs for physician assistants that are accredited by either the Commission on Accreditation of Allied Health Education Programs or the American Society of Orthopedic Physician Assistants.

Additionally, effective January 1, 1998, physician assistants have the option of furnishing services under a different employment arrangement with a physician. They can furnish services as an employee of a physician under a W–2 form employment arrangement or they can furnish services as an employee of a physician under a 1099 form, independent contractor arrangement. Under either arrangement, the employer of the physician assistant must bill the program for physician assistant services as required under § 410.150(b)(14). However, when an individual furnishes services ''incident'' to the professional services of a physician assistant, these ancillary services must meet the requirements under § 410.74(a)(2)(vi)(B).

The Medicare payment amount for physician assistant professional services as of January 1, 1998, as stated under new paragraph (d) of § 414.52, remains at 80 percent of the lesser of either the actual charge or 85 percent of the physician fee schedule amount for professional services. However, payment for physician assistant at surgery services, as also described at new paragraph (d) of § 414.52, increased to allow Medicare payment at 80 percent of the lesser of either the actual charge or 85 percent of the physician fee schedule amount paid to a physician assistant serving as an assistant at surgery. Also, new § 405.520 provides the general rule, requirements, and civil monetary penalties for physician assistants who furnish services under the Medicare program.

IV. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995 (PRA), agencies are required to provide a 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information

collection should be approved by OMB, section 3506(c)(2)(A) of the PRA requires that we solicit comment on the following issues:

- Whether the information collection is necessary and useful to carry out the proper functions of the agency.
- The accuracy of the agency's estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

Therefore, we are soliciting public comment on each of these issues for the information collection requirements (ICRs) discussed below.

- New ICRs and Related Burden.

§ 405.410 (Conditions for opting-out of Medicare.)

Section 405.410(a) states that each private contract between a physician or a practitioner and a Medicare beneficiary must meet the specifications of § 405.415.

The burden associated with these requirements is the time to draft, and then read, sign, photocopy and retain the private contract. It is estimated that it will take 300 physicians and/or practitioners 2 hours each to create a contract for a total of 600 hours. It is estimated that it will take 10 minutes for each to read, sign, photocopy and retain the private contract for 25,000 beneficiaries for a total of 4,167 hours. The burden for these ICRs total 4,767 hours.

Section 405.410(b) states that the physician or practitioner must submit to each Medicare carrier with which he or she files claims an affidavit that meets the specifications of § 405.420.

The burden associated with these requirements is the burden to draft, sign and submit the affidavit to the Medicare carrier. It is estimated that it will take 300 physicians and/or practitioners approximately 2 hours each for a total of 600 burden hours.

§ 405.445 (Renewal and early termination of opt-out.)

Section 405.445(b)(2) states that a physician or practitioner must notify all Medicare carriers with which he or she filed an affidavit of the termination of the opt-out no later than 90 days after the effective date of the opt-out period.

The burden associated with this requirement is the time for the physician or practitioner to notify all Medicare carriers of the affidavit. It is estimated that it will take 30 physicians and/or practitioners 10 minutes each for a total of 5 hours.

Section 405.445(b)(4) states that a physician or practitioner must notify all beneficiaries with whom the physician or practitioner entered into private contracts of the physician's decision to terminate opt-out and of the beneficiaries' right to have claims filed on their behalf with Medicare for the services furnished during the period between the effective date of the opt-out and the effective date of the termination of the opt-out period.

The burden associated with this requirement is the time for the physician and/or practitioner to notify all beneficiaries of his or her decision to terminate opt-out and of the beneficiaries' right to have claims filed on their behalf with Medicare. It is estimated that it will take 30 physicians and/or practitioners each 2 hours to notify their beneficiaries via bulk mailings for a total of 60 hours.

§ 405.455 (Medicare+Choice.)

Section 405.455(a) states that an organization that has a contract with HCFA to provide one or more Medicare+Choice (M+C) plans to beneficiaries must acquire and maintain information from Medicare carriers on physicians and practitioners who have opted-out of Medicare.

The burden associated with these requirements is the time associated with acquiring and maintaining information provided by Medicare carriers on physicians and practitioners who have opted-out of Medicare. It is estimated that 500 organizations will spend 1 hour annually to acquire and maintain this information for a total of 500 hours. The total burden for these ICRs is 500 hours.

ESTIMATED ANNUAL BURDEN

CFR section	Responses	Average burden per response	Annual burden hours
405.410(a)			
—Draft document	300	2 hours	600
—Read, sign, photocopy, retain document	25,000	10 minutes	4,167
Sub-total			4,767
405.410(b)	300	2 hours	600
405.445(b)(2)	30	10 minutes	5
405.445(b)(4)	30	2 hours	60
405.455(a)	500	1 hour	500
Total			5,932

- *New ICRs Without Burden.*

The ICR below is subject to the Act. However, we believe the burden associated with this ICR is exempt since the burden is imposed by § 405.410 and meets the specifications in § 405.420.

§ 405.445 (Renewal and early termination of opt-out.)

Section 405.445(a) states that a physician or practitioner may renew opt-out by filing an affidavit with each carrier to which an affidavit was submitted for the first opt-out period (as specified in § 405.420), and to each carrier to which a claim was submitted under § 405.440 during the previous opt-out period, provided the affidavits are filed within 30 days after the current opt-out period expires.

The ICRs below are subject to the Act. However, we believe the burden associated with these ICRs are exempt, as defined by 5 CFR 1320.3(b)(2), because the time, effort, and financial resources necessary to comply with these requirements would be incurred by persons in the normal course of their activities. Physicians and practitioners routinely develop and update a plan of treatment so the patient understands how often and when he or she will require care. In addition, physicians and practitioners routinely maintain

documentation in the patient's medical record.

§ 410.61 (Plan of treatment requirements for outpatient physical therapy and speech language pathology services.)

Section 410.61(e) states that the physician review the plan as often as the individual's condition requires, but at least within the first 62 days and at least 31 days after each previous review.

§ 415.110 (Conditions for payment: Medically directed anesthesiology services.)

Section 415.110(b) states that the physician inclusively documents in the patient's medical record that the conditions set forth in paragraph (a)(1) of this section have been satisfied, specifically documenting personal participation in the most demanding aspects of the anesthesia plan.

The ICRs below are subject to the Act. However, we believe the burden associated with these ICRs are exempt, as defined by 5 CFR 1320.3(b)(2), because the time, effort, and financial resources necessary to comply with these requirements would be incurred by persons in the normal course of their activities. We believe the record keeping requirements described below are a reasonable and customary part of the plan of treatment described in section 410.61.

§ 424.24 (Requirements for medical and other health services furnished by providers under Medicare Part B.)

In summary *§ 424.24(c)(1)(iii) and (3)* requires that the services that were furnished under a plan of treatment that meets the requirements in § 410.61. If the plan of treatment is established by a physical therapist or speech-language pathologist, the certification must be signed by a physician who has knowledge of the case.

Section 424.24(c)(4) states that the first recertification is required by no later than the 62nd day and subsequent recertifications are required at least every 31 days. The recertification statement must indicate the continuing need for physical therapy or speech-language pathology services and an estimate of how much longer the services will be needed. Recertifications must be signed by the physician who reviews the plan of treatment.

- Currently Approved ICRs.

While the ICRs below are subject to the Act; the burden associated with this requirement is captured in the HCFA–1500, OMB Number 0938–0008, Medicare Common Claim Form, which expires on August 31, 1998.

§ 405.430 (Failure to perfect opt-out.)

Section 405.430(b)(3) states that the physician or practitioner must submit claims to Medicare for all Medicare-covered items and services furnished to Medicare beneficiaries.

§ 405.435 (Failure to maintain opt-out.)

Section 405.435(b)(3) states that the physician or practitioner must submit claims to Medicare for all Medicare-covered items and services furnished to Medicare beneficiaries.

§ 405.440 (Emergency and urgent care services.)

Section 405.440(b)(1) states that when a physician or practitioner furnishes emergency or urgent care services to a Medicare beneficiary with whom the physician or practitioner has not previously entered into a private contract, the physician or practitioner must submit a claim to Medicare in accordance with both 42 CFR Part 424 and Medicare instruction (including but not limited to complying with proper coding of emergency or urgent care services furnished by physicians and practitioners who have opted-out of Medicare).

We have submitted a copy of this proposed rule to OMB for its review of the ICRs described above. These requirements are not effective until they have been approved by OMB.

If you comment on any of these information collection and record keeping requirements, please mail copies directly to the following:

Health Care Financing Administration, office of Information Services, Information Technology Investment Management Group, Division of HCFA Enterprise Standards, Room C2–26–17, 7500 Security Boulevard, Baltimore, MD 21244–1850, Attn.: Louis Blank, HCFA–1006,

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, D.C. 20503, Attn.: Allison Herron Eydt, HCFA Desk Officer

V. Response to Comments

Because of the large number of items of correspondence we normally receive on **Federal Register** documents published for comment, 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, if we proceed with a subsequent document, we will respond to the comments in the preamble to that document.

VI. Regulatory Impact Analysis

We have examined the impacts of this proposed rule as required by Executive Order (EO) 12866, the Unfunded Mandates Act of 1995, and the Regulatory Flexibility Act (RFA) (Public Law 96–354). 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 effects, distributive impacts, and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more annually).

This proposed rule is expected to have varying effects on the distribution of Medicare physician payments and services. With few exceptions, we expect that the impact would be limited.

The Unfunded Mandates Reform Act of 1995 also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits before proposing any rule that may result in an annual expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of $100 million. This proposed rule will have no consequential effect on State, local, or tribal governments. We believe the private sector cost of this rule falls below these thresholds as well.

A. Regulatory Flexibility Act

Consistent with the provisions of the Regulatory Flexibility Act, we analyze options for regulatory relief for small businesses and other small entities. We prepare a Regulatory Flexibility Analysis (RFA) unless we certify that a rule would not have a significant economic impact on a substantial number of small entities. The RFA is to include a justification of why action is being taken, the kinds and number of small entities the proposed rule would affect, and an explanation of any considered meaningful options that achieve the objectives and would lessen any significant adverse economic impact on the small entities.

For purposes of the RFA, all physicians are considered to be small entities. There are about 700,000 physicians and other practitioners who receive Medicare payment under the physician fee schedule. Thus, we have prepared the following analysis, which, together with the rest of this preamble, meets all three assessment requirements. It explains the rationale for and purposes of the rule, details the costs and benefits of the rule, analyzes

alternatives, and presents the measures we propose to minimize the burden on small entities.

B. Resource-Based Practice Expense Relative Value Units

Our proposal uses a methodology for implementing resource-based practice expense RVUs for each physician service. The methodology considers the staff, equipment, and supplies used in the provision of various medical and surgical services in various settings, including those that cannot be attributed to specific procedures. We are required to begin the transition to the new practice expense relative value units on January 1, 1999.

By law, the conversion to a resource-based determination for the payment of physician practice expenses must be budget-neutral. In other words, the total Medicare expenditures for calendar year 1999 must be the same as the amount that would have been paid under the prior method of paying practice expenses.

Each year since the fee schedule has been implemented, our actuaries have determined any adjustments needed to meet this requirement. A key component of the actuarial determination of budget neutrality involves estimating the impact of changes in the volume-and-intensity of physician services provided to Medicare beneficiaries as a result of the proposed changes.

In estimating the impacts of proposed changes under the physician fee schedule on the volume-and-intensity of services, the actuaries have historically used a model that assumes that 50 percent of the change in net revenue for a practice would be recouped. This does not mean that payments are reduced by 50 percent. In fact, payments have typically been reduced only a few percent or less. The actuaries also assume that there is no offsetting reduction in volume-and-intensity for physicians whose Medicare revenue increases.

Our actuaries have reviewed the literature and conducted data analysis of the volume-and-intensity response. For the purpose of establishing budget neutrality for the physician practice expense determination, the actuaries plan to use a model that assumes a 30 percent volume-and-intensity response to price reductions but no reduction in volume-and-intensity in response to a price increase. We plan to make the actuary's analysis of the volume-and-intensity response available soon. We expect it to be available on our homepage (www.hcfa.gov).

Using the revised actuarial model, achieving budget neutrality for the practice expense per hour method would require lowering physician payments in calendar year 1999 by 0.33 percent (1.31 percent cumulative from 1999–2002). The 0.33 percent volume-and-intensity adjustment results in a reduction in the 1999 physician CF of $0.1223. (The corresponding figures for the modified June 1997 proposed rule method would be 0.61 percent in 1999, 2.43 percent cumulative, and a $0.2248 reduction in the 1999 CF. The adjustments are larger due to the greater payment redistributions under this method.) We do not believe that we can use the Sustainable Growth Rate (SGR) mechanism alone, without the adjustment for volume-and-intensity for 1999, because any SGR adjustment would be in the future and the actuaries would not determine us to be in compliance with the statutory budget-neutrality requirement for 1999. To the extent that the volume-and-intensity response does not occur, the SGR system enacted as part of the BBA 1997 will return the volume-and-intensity adjustment in the form of higher future updates to the Medicare physician fee schedule conversion factor.

Table 8, ''Impact on Total Allowed Charges by Specialty of the Resource-Based Practice Expense Relative Value Units under the Practice Expense per Hour and Modified June 97 NPRM Methods'' shows the change in Medicare physician fees resulting from the practice expense per hour and the modified proposed rule methodologies discussed earlier in this proposed rule. The impact of the changes on the total revenue (Medicare and non-Medicare) for a given specialty is less than the impact displayed in Table 8 since physicians furnish services to both Medicare and non-Medicare patients.

The magnitude of the Medicare impact depends generally on the mix of services the specialty provides and the sites in which the services are performed. In general, those specialties that furnish more office-based services are expected to experience larger increases in Medicare payments than specialties that provide fewer office-based services. Table 8 also includes the impact on the conversion factor of the volume and intensity adjustments discussed above, but not the impact of the volume response on revenues.

TABLE 8.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF THE RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS UNDER THE PRACTICE EXPENSE PER HOUR (TOP-DOWN) AND MODIFIED JUNE 97 NPRM (BOTTOM-UP) METHODS (PERCENT CHANGE)

Specialty	Impact per year		Cumulative four year	
	PE/HR	Modified June 97 NPRM	PE/HR	Modified June 97 NPRM
M.D./D.O. Physicians:				
Anesthesiology	0	2	2	9
Cardiac Surgery	−4	−11	−14	−37
Cardiology	−3	−6	−13	−21
Clinics	−1	−1	−3	−5
Dermatology	6	8	27	36
Emergency Medicine	−3	−2	−13	−6
Family Practice	1	2	6	7
Gastroenterology	−4	−7	−14	−24
General Practice	1	1	3	5
General Surgery	−1	−4	−6	−16
Hematology/Oncology	1	4	2	15
Internal Medicine	0	0	1	−2
Nephrology	−1	−5	−5	−17
Neurology	0	−2	0	−7
Neurosurgery	−3	−7	−10	−27

TABLE 8.—IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY OF THE RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS UNDER THE PRACTICE EXPENSE PER HOUR (TOP-DOWN) AND MODIFIED JUNE 97 NPRM (BOTTOM-UP) METHODS (PERCENT CHANGE)—Continued

Specialty	Impact per year		Cumulative four year	
	PE/HR	Modified June 97 NPRM	PE/HR	Modified June 97 NPRM
Obstetrics/Gynecology	1	0	5	0
Ophthalmology	3	−1	11	−3
Orthopedic Surgery	0	−4	−1	−14
Other Physician*	0	0	0	2
Otolaryngology	1	2	6	8
Pathology	−3	1	−10	5
Plastic Surgery	1	−2	5	−9
Psychiatry	1	4	4	19
Pulmonary	−1	−3	−3	−10
Radiation Oncology	−3	3	−13	15
Radiology	−4	−3	−13	−13
Rheumatology	4	3	15	11
Thoracic Surgery	−4	−10	−13	−33
Urology	2	0	7	2
Vascular Surgery	−3	−6	−12	−23
Others:				
Chiropractic	0	4	−2	19
Nonphysician Practitioner	0	6	−1	26
Optometry	8	7	36	30
Podiatry	1	9	5	44
Suppliers	−5	9	−18	39

*Other physician includes allergy/immunology, oral surgery, physical medicine and rehabilitation, pediatrics, critical care, and hematology.

For several reasons, it is difficult to compare the impacts between the impacts in last year's June 18, 1997, proposed rule and the impacts in this proposed rule since BBA 1997 made several changes in physician payment. Although BBA 1997 delayed the initial implementation of the resource-based practice expense system until 1999, it created a down payment for the new system by increasing the practice expense payments for office visits in 1998 funded through decreases in the 1998 practice expense payments for certain procedures. For comparison purposes, the cumulative 4-year impacts displayed in Table 8 are shown below alongside the impacts in last year's June 1997 proposed rule adjusted for the down payment.

TABLE 9.—COMPARISON OF RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS IMPACTS ON TOTAL ALLOWED CHARGES BY SPECIALTY WITH THE JUNE 97 NPRM NET OF THE DOWN PAYMENT (PERCENT CHANGE)

Specialty	June 97 NPRM	Impact of practice expense	June 97 NPRM	Modified June 97	PE/HR
M.D./D.O. Physicians:					
Anesthesiology	4.0	0.2	3.8	9	2
Cardiac Surgery	−32.0	−2.9	−30.0	−37	−14
Cardiology	−17.0	−1.1	−16.1	−21	−13
Clinics	−3.0	0.1	−3.1	−5	−3
Dermatology	18.0	0.6	17.2	36	27
Emergency Medicine	−2.0	−0.1	−1.9	−6	−13
Family Practice	12.0	2.0	9.8	7	6
Gastroenterology	−20.0	−0.9	−19.3	−24	−14
General Practice	9.0	1.5	7.4	5	3
General Surgery	−9.0	−0.2	−8.8	−16	−6
Hematology/Oncology	11.0	1.2	9.7	15	2
Internal Medicine	3.0	1.2	1.8	−2	1
Nephrology	−13.0	−0.7	−12.4	−17	−5
Neurology	−3.0	0.5	−3.4	−7	0
Neurosurgery	−21.0	−1.6	−19.7	−27	−10
Obstetrics/Gynecology	4.0	1.5	2.5	0	5
Ophthalmology	−11.0	−3.3	−8.0	−3	11
Orthopedic Surgery	−11.0	−0.9	−10.1	−14	−1
Other Physician*	4.0	0.2	3.8	2	0
Otolaryngology	7.0	0.5	6.5	8	6
Pathology	1.0	−0.6	1.6	5	−10
Plastic Surgery	−3.0	−0.3	−2.7	−9	5
Psychiatry	3.0	−0.1	3.1	19	4
Pulmonary	−6.0	0.1	−6.1	−10	−3

TABLE 9.—COMPARISON OF RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS IMPACTS ON TOTAL ALLOWED CHARGES BY SPECIALTY WITH THE JUNE 97 NPRM NET OF THE DOWN PAYMENT (PERCENT CHANGE)—Continued

Specialty	June 97 NPRM	Impact of practice expense	June 97 NPRM	Modified June 97	PE/HR
Radiation Oncology	10.0	−0.4	10.4	15	−13
Radiology	−9.0	−0.3	−8.7	−13	−13
Rheumatology	15.0	2.0	12.8	11	15
Thoracic Surgery	−28.0	−2.3	−26.3	−33	−13
Urology	1.0	0.1	0.9	2	7
Vascular Surgery	−17.0	0.3	−17.2	−23	−12
Others:					
Chiropractic	14.0	−0.3	14.3	−2	−2
Nonphysician Practitioner	4.0	−0.7	4.8	−1	−1
Optometry	15.0	0.7	14.2	36	36
Podiatry	24.0	0.6	23.3	5	5
Suppliers	14.0	−0.8	14.9	−18	−18

*Other physician includes allergy/immunology, oral surgery, physical medicine and rehabilitation, pediatrics, critical care, and hematology.

Note: Columns do not add because figures are multiplicative. For example, the −30 June 97 NPRM net of the downpayment for cardiac surgery is derived from (1−(32/100))/(1−(2.9/100)).

In addition to the downpayment, other 1998 changes that significantly impacted Medicare physician fee schedule payments were the BBA 1997 move to a single CF and changes to the work RVUs contained in the October 31, 1997 final rule for the 1998 Medicare physician fee schedule. To provide a context for the current proposal, we are again publishing the impacts of these changes published in the October 1997 final notice (62 FR 59262). We are also expanding that table to separate the total change due to relative value units into change due to the downpayment and change due to work RVU revisions.

TABLE 10.—IMPACT ON 1998 ALLOWED CHARGES BY SPECIALTY OF THE SINGLE CONVERSION FACTOR, PRACTICE EXPENSE DOWN PAYMENT, AND WORK RVU CHANGES

[Percent change]

Specialty	Impact of the move to a single CF	Impact of the practice expense down payment	Impact of changes in work relative value units	Combined impact of the single CF, down payment, and work RVU
M.D./D.O. Physicians:				
Anesthesiology	1.2	0.2	0.7	2.1
Cardiac Surgery	−8.1	−2.9	2.3	−8.8
Cardiology	7.9	−1.1	−0.3	6.4
Clinics	4.5	0.1	−0.2	4.4
Dermatology	−4.8	0.6	−0.4	−4.6
Emergency Medicine	3.8	−0.1	−0.5	3.2
Family Practice	5.0	2.0	−0.6	6.4
Gastroenterology	8.5	−0.9	−0.4	7.1
General Practice	4.7	1.5	−0.3	6.0
General Surgery	−4.0	−0.2	2.0	−2.3
Hematology/Oncology	7.1	1.2	−0.3	8.0
Internal Medicine	6.4	1.2	−0.5	7.0
Nephrology	6.0	−0.7	−0.5	4.7
Neurology	7.9	0.5	−0.4	7.9
Neurosurgery	−5.7	−1.6	1.5	−5.9
Obstetrics/Gynecology	−2.3	1.5	1.5	0.6
Ophthalmology	−3.3	−3.3	0.7	−5.8
Orthopedic Surgery	−4.8	−0.9	1.8	−4.0
Other Physician*	6.4	0.2	−0.4	6.2
Otolaryngology	−0.1	0.5	0.1	0.5
Pathology	9.3	−0.6	−0.5	8.1
Plastic Surgery	−6.9	−0.3	2.0	−5.3
Psychiatry	9.0	−0.1	−0.6	8.2
Pulmonary	8.1	0.1	−0.5	7.7
Radiation Oncology	9.2	−0.4	−0.3	8.4
Radiology	9.0	−0.3	−0.4	8.2
Rheumatology	5.7	2.0	−0.6	7.2
Thoracic Surgery	−7.0	−2.3	2.2	−7.2
Urology	−3.3	0.1	0.3	−2.9
Vascular Surgery	−4.0	0.3	1.3	−2.6
Others:				
Chiropractic	9.3	−0.3	−0.5	8.4
Nonphysician Practitioner	5.1	−0.7	0.2	4.5
Optometry	5.7	0.7	−0.6	5.8

TABLE 10.—IMPACT ON 1998 ALLOWED CHARGES BY SPECIALTY OF THE SINGLE CONVERSION FACTOR, PRACTICE EXPENSE DOWN PAYMENT, AND WORK RVU CHANGES—Continued

[Percent change]

Specialty	Impact of the move to a single CF	Impact of the practice expense down payment	Impact of changes in work relative value units	Combined impact of the single CF, down payment, and work RVU
Podiatry	−5.2	0.6	0.2	−4.4
Suppliers	9.3	−0.8	−0.1	8.2

*Other physician includes allergy/immunology, oral surgery, physical medicine and rehabilitation, pediatrics, critical care, and hematology.

Finally, it is difficult to compare the impacts from last year's proposed rule to this proposed rule because of technical modifications to last year's methodology that are incorporated into this year's modified proposed rule approach. Technical modifications include elimination of last year's limits and caps on the CPEP estimates of clinical and administrative labor. We had received many comments (including from GAO) questioning this element of last year's methodology. The elimination of the caps partially explains the difference between the 9.8 percent increase for family practitioners last year (after netting out the effects of the downpayment) and the 7 percent increase that would occur with the modified proposed rule approach in this year's rule. It also partially explains the increase in payments for dermatologists from last year's 17.2 percent (netting out the effect of the downpayment) to the 36 percent increase which would occur under the modified proposed rule approach in this year's rule.

Table 11. ''Total Payment for Selected Procedures,'' shows the percentage change in total payment allowances (in 1998 dollars) between the current and the fully phased-in resource-based practice expense system for certain high volume procedures.

TABLE 11.—TOTAL PAYMENT FOR SELECTED PROCEDURES

Code	Mod	Description	Current non-facility	Resource based non-facility	Non-facility percent change	Current facility	Resource based facility
11721		Debride nail, 6 or more	$39.81	$31.69	−20	$29.91	$30.90
17000		Destroy benign/premal lesion	36.69	52.12	42	28.99	42.82
27130		Total hip replacement	NA	NA	NA	1,656.80	1,383.69
27236		Repair of thigh fracture	NA	NA	NA	1,244.62	1,065.87
27244		Repair of thigh fracture	NA	NA	NA	1,230.38	1,083.55
27447		Total knee replacement	NA	NA	NA	1,771.16	1,454.99
33533		CABG, arterial, single	NA	NA	NA	2,107.91	1,764.20
35301		Rechanneling of artery	NA	NA	NA	1,262.70	1,069.02
43239		Upper GI endoscopy, biopsy	228.81	241.66	6%	211.20	140.58
45378		Diagnostic colonoscopy	290.30	292.34	1	288.10	208.17
45385		Colonoscopy, lesion removal	443.89	375.88	−15	414.17	277.71
66821		After cataract laser surgery	187.65	192.66	3	187.65	184.24
66984		Remove cataract, insert lens	NA	NA	NA	795.26	677.97
67210		Treatment of retinal lesion	686.27	639.55	−7	520.81	596.86
71010	26	Chest x-ray	9.36	8.49	−9	9.36	8.49
71020		Chest x-ray	34.55	27.71	−20	34.55	27.71
71020	26	Chest x-ray	11.44	10.36	−9	11.44	10.36
77430		Weekly radiation therapy	188.62	171.24	−9	188.62	171.24
78465		Heart image (3D) multiple	514.68	397.85	−23	514.68	397.85
88305		Tissue exam by pathologist	65.95	66.01	0	65.95	66.01
88305	26	Tissue exam by pathologist	46.14	37.58	−19	46.14	37.58
90801		Psy dx interview	122.08	135.64	11	122.08	134.08
90806		Psytx, office (45–50)	80.95	86.09	6	80.95	82.49
90807		Psytx, office (45–50) w/e&m	90.03	98.66	10	90.03	94.67
90862		Medication management	47.37	46.51	−2	47.37	45.88
90921		ESRD related services, month	235.86	226.79	−4	235.86	226.79
90935		Hemodialysis, one evaluation	NA	NA	NA	93.87	64.99
92004		Eye exam, new patient	77.83	113.47	46	67.37	87.79
92012		Eye exam established pt	39.42	68.43	74	31.35	35.68
92014		Eye exam & treatment	57.55	82.39	43	47.65	58.21
92980		Insert intracoronary stent	NA	NA	NA	1,142.75	899.31
92982		Coronary artery dilation	NA	NA	NA	857.33	680.44
93000		Electrocardiogram, complete	28.83	15.87	−45	28.83	15.87
93010		Electrocardiogram report	11.96	8.45	−29	11.96	8.45
93015		Cardiovascular stress test	116.95	98.79	−16	116.95	98.79
93307		Echo exam of heart	215.85	103.39	−52	215.85	103.39
93307	26	Echo exam of heart	70.94	50.80	−28	70.94	50.80
93510	26	Left heart catheterization	266.37	222.31	−17	266.37	222.31
98941		Chiropractic manipulation	32.87	32.55	−1	27.55	28.26
99202		Office/outpatient visit, new	50.15	71.19	42	39.69	49.05
99203		Office/outpatient visit, new	68.93	100.60	46	56.82	73.17

TABLE 11.—TOTAL PAYMENT FOR SELECTED PROCEDURES—Continued

Code	Mod	Description	Current non-facility	Resource based non-facility	Non-facility percent change	Current facility	Resource based facility
99204		Office/outpatient visit, new	102.50	141.83	38	84.53	105.52
99205		Office/outpatient visit, new	128.35	173.06	35	108.72	135.83
99211		Office/outpatient visit, est	14.16	17.96	27	9.94	12.22
99212		Office/outpatient visit, est	27.61	32.09	16	21.01	25.83
99213		Office/outpatient visit, est	39.42	43.39	10	30.61	35.86
99214		Office/outpatient visit, est	59.39	68.39	15	47.65	57.82
99215		Office/outpatient visit, est	93.67	101.73	9	76.06	90.38
99221		Initial hospital care	NA	NA	NA	69.84	67.71
99222		Initial hospital care	NA	NA	NA	113.45	108.20
99223		Initial hospital care	NA	NA	NA	144.98	147.84
99231		Subsequent hospital care	NA	NA	NA	36.57	32.35
99232		Subsequent hospital care	NA	NA	NA	53.64	52.07
99233		Subsequent hospital care	NA	NA	NA	74.65	73.72
99236		Observ/hosp same date	NA	NA	NA	188.78	207.45
99238		Hospital discharge day	NA	NA	NA	63.24	64.40
99239		Hospital discharge day	NA	NA	NA	79.05	86.11
99241		Office consultation	47.95	50.20	5	36.21	38.46
99242		Office consultation	74.95	86.81	16	60.82	69.87
99243		Office consultation	97.12	111.83	15	79.33	92.28
99244		Office consultation	135.96	154.79	14	113.40	132.87
99245		Office consultation	183.26	196.49	7	152.26	174.83
99251		Initial inpatient consult	NA	NA	NA	49.72	39.47
99252		Initial inpatient consult	NA	NA	NA	75.59	72.93
99253		Initial inpatient consult	NA	NA	NA	99.75	98.25
99254		Initial inpatient consult	NA	NA	NA	136.88	137.30
99255		Initial inpatient consult	NA	NA	NA	185.53	186.50
99261		Follow-up inpatient consult	NA	NA	NA	27.34	25.99
99262		Follow-up inpatient consult	NA	NA	NA	46.94	47.05
99263		Follow-up inpatient consult	NA	NA	NA	68.77	67.16
99282		Emergency dept visit	NA	NA	NA	33.55	24.76
99283		Emergency dept visit	NA	NA	NA	61.16	52.53
99284		Emergency dept visit	NA	NA	NA	93.48	81.10
99285		Emergency dept visit	NA	NA	NA	147.34	125.14
99291		Critical care, first hour	191.07	189.23	−1	191.07	191.13
99292		Critical care, addl 30 min	91.86	96.23	5	91.86	96.62
99301		Nursing facility care	NA	NA	NA	57.98	65.81
99302		Nursing facility care	NA	NA	NA	73.98	87.08
99303		Nursing facility care	NA	NA	NA	105.04	107.40
99311		Nursing facility care, subseq	NA	NA	NA	33.76	34.61
99312		Nursing facility care, subseq	NA	NA	NA	49.78	53.24
99313		Nursing facility care, subseq	NA	NA	NA	66.12	73.34
99348		Home visit, estab patient	63.30	65.30	3	63.30	74.41
99350		Home visit, estab patient	132.39	148.19	12	132.39	141.51

BBA 1997 requires that we consider the geographic impacts of the new payment system. The following table displays the impact of the practice expense per hour methodology by Medicare payment locality, including the volume-and-intensity increase and corresponding conversion factor adjustment discussed earlier.

TABLE 12.—IMPACT OF PRACTICE EXPENSE PER HOUR METHODOLOGY ON TOTAL ALLOWED CHARGES BY MEDICARE LOCALITY

[Percent change]

Locality	State	Impact per year	Cumulative four year impact
All	Alabama	−0.3	−1.0
All	Alaska	0.1	0.5
All	Arizona	0.1	0.3
All	Arkansas	−0.1	−0.3
Marin/Napa/Solano	California	0.8	3.4
San Francisco	California	0.9	3.5
San Mateo	California	0.6	2.5
Oakland/Berkeley	California	0.3	1.1
Santa Clara	California	0.3	1.0
Rest of California	California	0.2	0.8

TABLE 12.—IMPACT OF PRACTICE EXPENSE PER HOUR METHODOLOGY ON TOTAL ALLOWED CHARGES BY MEDICARE LOCALITY—Continued

[Percent change]

Locality	State	Impact per year	Cumulative four year impact
Ventura	California	0.3	1.4
Los Angeles	California	0.5	1.9
Anaheim/Santa Ana	California	0.6	2.6
Rest of California	California	0.7	3.0
All	Colorado	0.3	1.1
All	Connecticut	0.1	0.3
All	Delaware	−0.2	−0.7
All	District of Columbia	−0.1	−0.3
Ft Lauderdale	Florida	0.5	2.1
Miami	Florida	−0.3	−1.3
Rest of Florida	Florida	0.0	0.0
Atlanta	Georgia	−0.3	−1.2
Rest of Georgia	Georgia	−0.1	−0.4
All	Hawaii	0.9	3.7
All	Idaho	0.1	0.5
East St Louis	Illinois	0.1	0.3
Suburban Chicago	Illinois	0.0	0.1
Chicago	Illinois	−0.3	−1.1
Rest of Illinois	Illinois	−0.2	−0.6
All	Indiana	−0.2	−0.7
All	Iowa	0.2	0.9
All	Kansas	−0.1	−0.2
All	Kentucky	−0.2	−0.8
New Orleans	Louisiana	0.0	0.1
Rest of Louisiana	Louisiana	−0.1	−0.5
Southern Maine	Maine	−0.1	−0.4
Rest of Maine	Maine	0.2	0.7
Balto/Surr Ctys	Maryland	−0.3	−1.2
Rest of Maryland	Maryland	−0.1	−0.6
Boston	Massachusetts	0.2	1.0
Rest of Massachusetts	Massachusetts	0.2	1.0
Detroit	Michigan	−0.3	−1.2
Rest of Michigan	Michigan	−0.2	−1.0
All	Minnesota	−0.2	−0.9
All	Mississippi	−0.2	−0.9
Metro Kansas City	Missouri	−0.6	−2.2
Rest of Missouri	Missouri	0.1	0.3
St Louis	Missouri	−0.1	−0.5
Rest of Missouri	Missouri	0.3	1.2
All	Montana	0.1	0.4
All	Nebraska	0.1	0.4
All	Nevada	−0.3	−1.2
All	New Hampshire	0.2	0.8
Northern New Jersey	New Jersey	−0.1	−0.4
Rest of New Jersey	New Jersey	−0.1	−0.5
All	New Mexico	0.3	1.3
Rest of New York	New York	−0.2	−0.6
Manhattan	New York	0.3	1.1
NYC Suburbs/LI	New York	−0.1	−0.5
Poughkpsie/N NYC	New York	0.3	1.2
Queens	New York	0.3	1.0
All	North Carolina	0.0	0.0
All	North Dakota	−0.3	−1.2
All	Ohio	−0.1	−0.2
All	Oklahoma	0.1	0.3
Portland	Oregon	0.0	0.0
Rest of Oregon	Oregon	0.5	2.1
Philadelphia	Pennsylvania	−0.2	−0.8
Rest of Pennsylvania	Pennsylvania	−0.1	−0.4
All	Puerto Rico	0.8	3.2
All	Rhode Island	0.0	0.2
All	South Carolina	0.0	0.0
All	South Dakota	−0.3	−1.1
All	Tennessee	−0.3	−1.0
Brazoria	Texas	0.8	3.4
Dallas	Texas	−0.1	−0.4
Galveston	Texas	0.1	0.6
Houston	Texas	−0.3	−1.2

TABLE 12.—IMPACT OF PRACTICE EXPENSE PER HOUR METHODOLOGY ON TOTAL ALLOWED CHARGES BY MEDICARE LOCALITY—Continued

[Percent change]

Locality	State	Impact per year	Cumulative four year impact
Beaumont	Texas	−0.4	−1.8
Fort Worth	Texas	−0.2	−0.8
Austin	Texas	−0.4	−1.5
Rest of Texas	Texas	0.0	−0.2
All	Utah	0.3	1.0
All	Vermont	0.5	2.1
All	Virgin Islands	0.6	2.6
All	Virginia	0.1	0.5
Seattle (King Co)	Washington	0.1	0.3
Rest of Washington	Washington	0.2	0.8
All	West Virginia	−0.1	−0.4
All	Wisconsin	−0.1	−0.6
All	Wyoming	0.5	2.1

BBA 1997 requires that we consider the impacts of the new system on urban and rural localities. The geographic payment areas we use for payment under the physician fee schedule do not follow urban and rural configurations. For example, in 34 States (plus the District of Columbia, Puerto Rico, and the Virgin Islands) the payment areas are statewide; that is, the Medicare payment is the same in both urban and rural areas. In those States, there would be no differential impact of this proposal on urban and rural areas. Since our payment areas do not track urban and rural locations, our claims payment system does not distinguish between urban and rural locations, and we do not have data easily available to undertake an urban-rural impact analysis. We do not believe that this proposal will have much urban-rural impact, particularly since 34 States (plus the District of Columbia, Puerto Rico, and the Virgin Islands) have statewide payment areas. Any urban-rural impact should largely be explained by differences in the mix and site of services among urban and rural localities.

BBA 1997 requires us to consider impact projections that compare new proposed payment amounts to data on actual physician practice expenses. We have satisfied this requirement by basing the new proposed payments amounts on actual physician practice expense data.

C. Medical Direction for Anesthesia Services

We are proposing to revise the conditions for payment of medical direction performed by a physician. Thus, we are proposing to revise our regulations in § 415.10 (Conditions for payment: Anesthesiology services) to state that we will pay a physician for medical direction of anesthesia services, for a single case or for two, three, or four concurrent cases if the services meet the condition in § 415.102(a) (Conditions for fee schedule payment for physician services to beneficiaries in providers). This proposal has no payment implications. The payment rate for medical direction, which is included in the statute, would not change.

D. Separate Payment for Physician Interpretation of an Abnormal Papanicolaou Smear

Under our proposed policy, we would allow separate payment, under the physician fee schedule, for the physician interpretation of Pap smears in all sites. Currently, separate payment to physicians is limited to services furnished for hospital inpatients. We estimate that there would be a minimal cost impact in payments under the physician fee schedule for this change in Pap smear interpretations. This cost would be more than offset by the savings resulting from the change in the calculation of the median for payment of drugs and biologicals.

E. Rebasing and Revising the Medicare Economic Index

There is negligible impact on Medicare expenditures as a result of this change.

F. Payment for Nurse Midwives' Services

The provision for nurse midwives' services would place into regulations text a provision of OBRA 1993 that eliminates the limitation on coverage of services furnished outside the maternity cycle by nurse midwives. This provision has been implemented previously through program instructions; therefore, this change in the regulations text would have no impact.

G. BBA 1997 Provisions Included in This Proposed Rule

The following four provisions of BBA 1997 are included in this proposed rule. This proposed rule conforms the regulations text to the BBA 1977 provisions. The following table provides the cost and savings estimates (in millions of dollars) for these provisions for the fiscal years shown:

Provision Section	Subject	1999	2000	2001	2002	2003
4511	Nurse practitioners and Clinical Nurse Specialists.	290	330	370	440	490
4512	Physician Assistants	60	60	70	90	100
4541	Outpatient Physical Therapy	−130	−190	−200	−230	−250
4556	Drugs	−60	−70	−70	−80	−80

1. Payment for Services of Certain Nonphysician Practitioners and Services Furnished Incident to Their Professional Services

Sections 4511 and 4512 of BBA 1997 provide for the expanded coverage of nurse practitioner, clinical nurse specialist, and physician assistant services. This provision is self-implementing. This proposed rule changes the regulations text to conform to the BBA 1997 provisions. We are taking this opportunity to clarify the following two existing issues unrelated to the BBA 1997 provisions for nonphysician practitioners.

- Proposing a revised definition of physician collaboration for nurse practitioners and clinical nurse specialists.
- Modifying the qualifications of physicians assistants to recognize orthopedic physician assistants as physician assistants.

The impact of the BBA 1997 provision is shown in the table above (a combination of sections 4511 and 4512 of BBA 1997). The proposals being made in this proposed rule would have negligible budgetary impact.

2. Payment for Outpatient Rehabilitation Services

Sections 4541(a)(2)(B) and 4541(a)(3) of BBA 1997 change the payment of outpatient rehabilitation services from cost-based to a payment system based on the physician fee schedule. These provisions are self-implementing. The impact of this proposal is shown in the table above. The regulatory changes are to conform our regulations to the provisions of BBA 1997.

The following proposals are being made in this proposed rule to furnish information for identification of the outpatient rehabilitation services and for administrative purposes:

- Specifying HCPCS as the coding system for rehabilitation services since it is used by the fee schedule in section 1848 of the Act.
- Providing for discipline-specific modifiers to be used in coding services.
- Providing for a code for nursing services performed in CORFs.

These proposals will have a negligible impact.

We are providing some additional impact information regarding this BBA 1997 provision. There are several different types of providers that will be affected by this BBA 1997 provision. They are SNFs, outpatient rehabilitation facilities, and hospital outpatient departments. There about 15,000 SNFs, 2,500 outpatient rehabilitation facilities, and about 5,600 outpatient hospital facilities. In estimating the impacts of this provision on these entities, we determined that the services that would be affected by these changes account for about 5 percent of facility payments in these providers.

We realize there may be an impact on small rural hospitals; however, we have been unable to assess this impact because we do not have the data to make this analysis. Also, data that would identify the extent to which these services are currently being furnished in small rural hospitals to serve as the baseline for comparing impact of the legislative changes are not available. In addition, we do not maintain data that identify services furnished under the physician fee schedule in areas where rural hospitals are located. Although there are localities designated for payment purposes, there is very little correlation between the payment localities (most of which are state-wide) and areas where small rural hospitals are located.

3. Payment for Drugs and Biologicals

The impact of this BBA 1997 provision is shown in the table above. This proposed rule modifies the current regulatory language regarding drug reimbursement to conform to the BBA 1997 changes. The proposal in this proposed rule to modify the method used to calculate the median to include the brand name of the drug is not related to the BBA 1997 drug provision but would have a slight program savings. This is offset by the cost for the proposal to provide a separate payment for the interpretation of an abnormal Pap smear, which was described above.

4. Private Contracting with Medicare Beneficiaries

We anticipate that there would be a negligible impact on Medicare trust fund payments as a result of the regulation that implements the law. The program impact of the provision when it was assessed in the legislative process was negligible and vanished under our rounding rules. The impact on beneficiaries, physicians, and practitioners is impossible to assess in any quantitative way.

Specifically, beneficiaries who have had difficulty in finding physicians or practitioners to furnish services because the physicians or practitioners were dissatisfied with the Medicare payment rates may find it easier to acquire care. On the other hand, beneficiaries who cannot afford to privately contract with physicians or practitioners who opt-out of Medicare may have more limited access to care as they try to seek care from reduced numbers of physicians and practitioners who will accept Medicare payment rules.

Physicians and practitioners who opt-out of Medicare may see increased incomes as a result of their ability to charge without regard to the Medicare limiting charge. However, to the extent that beneficiaries cease to seek treatment from them because they have opted-out of Medicare, their incomes may decline. Moreover, organizations to which physicians and practitioners had reassigned Medicare benefits may cease their contracts with them if they opt-out since they could no longer be paid by Medicare for the physician or practitioner service. Managed care plans that have a contract with Medicare may cease their contractual arrangement with physicians and practitioners who opt-out of Medicare since the plan cannot pay for any of their services to Medicare beneficiaries and, hence, their services no longer offer access to care under the plan. Similarly, insurance plans other than Medicare can choose to not pay for the services provided to any of their enrollees by physicians and practitioners who opt-out of Medicare, causing the physicians and practitioners who opt-out further loss of income.

H. Impact on Beneficiaries

Although changes in physician payments when the physician fee schedule was implemented in 1992 were large, we detected no problems with beneficiary access to care. Because there is a 4-year transition to the proposed values, we anticipate a minimal impact on beneficiaries.

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

List of Subjects

42 CFR Part 405

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR Part 410

Health facilities, Health professions, Kidney diseases, Laboratories, Medicare, Rural areas, X-rays.

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 requirements, Rural areas, X-rays.

42 CFR Part 415

Health facilities, Health professions, Medicare Reporting and recordkeeping requirements.

42 CFR Part 424

Emergency medical services, Health facilities, Health professions, Medicare.

42 CFR Part 485

Grant programs-health, Health facilities, Medicaid, Medicare, Reporting and recordkeeping requirements.

For the reasons set forth in the preamble, 42 CFR chapter IV would be amended as follows:

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

A. Part 405 is amended as set forth below:

1. A new subpart D, consisting of §§ 405.400, 405.405, 405.410, 405.415, 405.420, 405.425, 405.430, 405.435, 405.440, 405.445, 405.450, and 405.455 is added to read as follows:

Subpart D—Private Contracts

Secs.
405.400 Definitions.
405.405 General rules.
405.410 Conditions for properly opting-out of Medicare.
405.415 Requirements of private contracts.
405.420 Requirements of opt-out affidavit.
405.425 Effects of opting-out of Medicare.
405.430 Failure to properly opt-out.
405.435 Failure to maintain opt-out.
405.440 Emergency and urgent care services.
405.445 Renewal and early termination of opt-out.
405.450 Appeals.
405.455 Medicare+Choice.

Subpart D—Private Contracts

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

§ 405.400 Definitions.

For purposes of this subpart, the following definitions apply:

Beneficiary means an individual who is enrolled in Part B of Medicare.

Emergency care services means services furnished to an individual for treatment of an ''emergency medical condition'' as that term is defined in § 489.24 of this chapter.

Legal representative means an individual who has been appointed as the beneficiary's legal guardian under State law or who has been granted a power of attorney from the beneficiary, which power of attorney is sufficient to permit the individual to enter into private contracts on the beneficiary's behalf.

Opt-out means the status of meeting the conditions specified in § 405.410.

Opt-out period means the 2-year period beginning on the effective date of the affidavit as specified by § 405.410(c)(1) or § 405.410(c)(2), as applicable.

Participating physician means a ''physician'' as defined in this section who has signed an agreement to participate in Part B of Medicare.

Physician means a doctor of medicine or a doctor of osteopathy who is currently licensed as that type of doctor in each State in which he or she furnishes services to patients.

Practitioner means a physician assistant, nurse practitioner, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, clinical psychologist, or clinical social worker, who is currently legally authorized to practice in that capacity by each State in which he or she furnishes services to patients or clients.

Private contract means a document that meets the criteria specified in § 405.415.

Properly opt-out means to complete, without defect, the requirements for opt-out as specified in § 405.410.

Properly terminate opt-out means to complete, without defect, the requirements for terminating opt-out as specified in § 405.445.

Urgent care services means services furnished to an individual who requires services to be furnished within 12 hours in order to avoid the likely onset of an emergency medical condition.

§ 405.405 General rules.

(a) A physician or practitioner may enter into one or more private contracts with Medicare beneficiaries for the purpose of furnishing items or services that would otherwise be covered by Medicare, provided the conditions of this subpart are met.

(b) A physician or practitioner who enters into at least one private contract with a Medicare beneficiary under the conditions of this subpart, and who submits one or more affidavits in accordance with this subpart, opts-out of Medicare for a 2-year period. The physician's or practitioner's opt-out may be renewed for subsequent 2-year periods.

(c) Both the private contracts described in paragraph (a) of this section and the physician's or practitioner's opt-out described in paragraph (b) of this section are null and void if the physician or practitioner fails to properly opt-out in accordance with the conditions of this subpart, or fails to remain in compliance with the conditions of this subpart during the opt-out period.

(d) Services furnished under private contracts meeting the requirements of this subpart are not covered services under Medicare, and no Medicare payment would be made for such services either directly or indirectly.

§ 405.410 Conditions for properly opting-out of Medicare.

The following conditions must be met for a physician or practitioner to properly opt-out of Medicare:

(a) Each private contract between a physician or a practitioner and a Medicare beneficiary must meet the specifications of § 405.415.

(b) The physician or practitioner must submit to each Medicare carrier with which he or she files claims an affidavit that meets the specifications of § 405.420.

(c) A nonparticipating physician or a practitioner may opt-out of Medicare at any time in accordance with the following:

(1) The 2-year opt-out period begins the date the affidavit meeting the requirements of § 405.420 is signed, provided the affidavit is timely filed (that is, within 10 days after the first private contract is entered into).

(2) If the physician or practitioner does not timely file any required affidavit, the 2-year opt-out period begins when the last such affidavit is filed. Any private contract entered into before the last required affidavit is filed becomes effective upon the filing of the last required affidavit and the furnishing of any items or services to a Medicare beneficiary under such contract before the last required affidavit is filed is subject to standard Medicare rules.

(d) A participating physician may properly opt-out of Medicare at the beginning of any calendar quarter, provided that the affidavit described in § 405.420 is submitted to the participating physician's Medicare carriers at least 30 days before the beginning of the selected calendar quarter. A private contract entered into before the beginning of the selected calendar quarter becomes effective at the beginning of the selected calendar quarter and the furnishing of any items or services to a Medicare beneficiary under such contract before the beginning of the selected calendar quarter is subject to standard Medicare rules.

§ 405.415 Requirements of the private contract.

A private contract under this subpart must:

(a) Be in writing and in print sufficiently large to ensure that beneficiaries are able to read the contract.

(b) State whether the physician or practitioner is excluded from Medicare under section 1128 of the Social Security Act.

(c) State that the beneficiary or his or her legal representative accepts full responsibility for payment of the physician's or practitioner's charge for the services furnished.

(d) State that the beneficiary or his or her legal representative understands that Medicare limits do not apply to what the physician or practitioner may charge for items or services furnished by the physician or practitioner.

(e) State that the beneficiary or his or her legal representative agrees not to submit a claim to Medicare or to ask the physician or practitioner to submit a claim to Medicare.

(f) State that the beneficiary or his or her legal representative understands that Medicare payment will not be made for any items or services furnished by the physician or practitioner that would have otherwise been covered by Medicare if there was no private contract and a proper Medicare claim had been submitted.

(g) State that the beneficiary or his or her legal representative enters into this contract with the knowledge that he or she has the right to obtain Medicare-covered items and services from physicians and practitioners who have not opted-out of Medicare.

(h) State the expected effective date and expected expiration date of the opt-out period.

(i) State that the beneficiary or his or her legal representative understands that Medigap plans do not, and that other supplemental plans may elect not to, make payments for items and services not paid for by Medicare.

(j) Be signed by the beneficiary or his or her legal representative and by the physician or practitioner.

(k) Not be entered into by the beneficiary or by the beneficiary's legal representative during a time when the beneficiary requires emergency care services or urgent care services. (However, a physician or practitioner may furnish emergency or urgent care services to a Medicare beneficiary in accordance with § 405.440.)

(l) Be provided (a photocopy is permissible) to the beneficiary or to his or her legal representative before items or services are furnished to the beneficiary under the terms of the contract.

(m) Be retained (original signatures of both parties required) by the physician or practitioner for the duration of the opt-out period.

(n) Be made available to HCFA upon request.

(o) Be entered into for each opt-out period.

§ 405.420 Requirements of the opt-out affidavit.

An affidavit under this subpart must:

(a) Be in writing and be signed by the physician or practitioner.

(b) Contain the physician's or practitioner's full name, address, telephone number, national provider identifier (NPI) or billing number, if one has been assigned, uniform provider identification number (UPIN) if one has been assigned, or, if neither an NPI nor a UPIN has been assigned, the physician's or practitioner's tax identification number (TIN).

(c) State that, during the opt-out period, the physician or practitioner will provide services to Medicare beneficiaries only through private contracts that meet the criteria of paragraph § 405.415 for services that, except for their provision under a private contract, would have been Medicare-covered services.

(d) State that the physician or practitioner will not submit a claim to Medicare for any service furnished to a Medicare beneficiary during the opt-out period, nor will the physician or practitioner permit any entity acting on his or her behalf to submit a claim to Medicare for services furnished to a Medicare beneficiary, except as specified in § 405.440.

(e) State that, during the opt-out period, the physician or practitioner understands that he or she may receive no direct or indirect Medicare payment for services that he or she furnishes to Medicare beneficiaries with whom he or she has privately contracted, whether as an individual, an employee of an organization, a partner in a partnership, under a reassignment of benefits, or as payment for a service furnished to a Medicare beneficiary under a Medicare+Choice plan.

(f) State that a physician or practitioner who opts-out of Medicare acknowledges that, during the opt-out period, his or her services are not covered under Medicare and that no Medicare payment may be made to any entity for his or her services, directly or on a capitated basis.

(g) State a promise by the physician or practitioner to the effect that, during the opt-out period, the physician or practitioner agrees to be bound by the terms of both the affidavit and the private contracts that he or she has entered into.

(h) Acknowledge that the physician or practitioner recognizes that the terms of the affidavit apply to all Medicare-covered items and services furnished to Medicare beneficiaries by the physician or practitioner during the opt-out period (except for emergency or urgent care services furnished to the beneficiaries with whom he or she has not previously privately contracted) without regard to any payment arrangements the physician or practitioner may make.

(i) With respect to a physician who has signed a Part B participation agreement, acknowledge that such agreement terminates on the effective date of the affidavit.

(j) Acknowledge that the physician or practitioner understands that a beneficiary who has not entered into a private contract and who requires emergency or urgent care services may not be asked to enter into a private contract with respect to receiving such services and that the rules of § 405.440 apply if the physician furnishes such services.

(k) Be submitted to:

(1) Each Medicare carrier to which the physician or practitioner has submitted claims within the past 2 years.

(2) To any additional carriers to which claims would be sent on the date the first private contract is entered into, in accordance with Medicare instructions on claim submission then in effect.

(l) With respect to nonparticipating physicians and with respect to practitioners, be submitted within 10 days after the nonparticipating physician or practitioner signs his or her first private contract with a Medicare beneficiary.

(m) With respect to participating physicians, be submitted in accordance with § 405.410(d).

§ 405.425 Effects of opting-out of Medicare.

If a physician or practitioner opts-out of Medicare in accordance with this subpart for the 2-year period for which the opt-out is effective, the following results obtain:

(a) Except as provided in § 405.440, no payment may be made directly by Medicare or by any Medicare+Choice plan to the physician or practitioner or to any entity to which the physician or practitioner reassigns his right to receive payment for services.

(b) The physician or practitioner may not furnish any item or service that would otherwise be covered by

Medicare (except for emergency or urgent care services) to any Medicare beneficiary except through a private contract that meets the requirements of this subpart.

(c) The physician or practitioner is not subject to the requirement to submit a claim for items or services furnished to a Medicare beneficiary, as specified in § 424.5(a)(6) of this chapter, except as provided in § 405.440.

(d) The physician or practitioner is prohibited from submitting a claim to Medicare for items or services furnished to a Medicare beneficiary except as provided in § 405.440.

(e) In the case of a physician, he or she is not subject to the limiting charge provisions of § 414.48 of this chapter.

(f) The physician or practitioner is not subject to the prohibition-on-reassignment provisions of § 414.80 of this chapter.

(g) In the case of a practitioner, he or she is not prohibited from billing or collecting amounts from beneficiaries (as provided in 42 U.S.C. 1395u(b)(18)(B)).

(h) The death of a beneficiary who has entered into a private contract (or whose legal representative has done so) does not invoke § 424.62 or § 424.64 of this chapter with respect to the physician or practitioner with whom the beneficiary (or legal representative) has privately contracted.

(i) The physician or practitioner may order, certify the need for, or refer a beneficiary for Medicare-covered items and services, provided the physician or practitioner is not paid, directly or indirectly, for such ordering, certifying, or referring services.

§ 405.430 Failure to properly opt-out.

(a) A physician or practitioner fails to properly opt-out if—

(1) Any private contract between the physician or practitioner and a Medicare beneficiary, that was entered into before the affidavit described in § 405.420 was filed, does not meet the specifications of § 405.415; or

(2) He or she fails to submit the affidavit(s) in accordance with § 405.420.

(b) If a physician or practitioner fails to properly opt-out in accordance with paragraph (a) of this section, the following results obtain:

(1) All of the private contracts between the physician or practitioner and Medicare beneficiaries are deemed null and void.

(2) The physician's or practitioner's attempt to opt-out of Medicare is nullified.

(3) The physician or practitioner must submit claims to Medicare for all Medicare-covered items and services furnished to Medicare beneficiaries.

(4) The physician is subject to the limiting charge provisions of § 414.48 of this chapter.

(5) The practitioner may not reassign any claim except as provided in § 424.80 of this chapter.

(6) The practitioner may neither bill nor collect an amount from the beneficiary except for applicable deductible and coinsurance amounts.

(7) The physician or practitioner may make another attempt to properly opt-out at any time.

§ 405.435 Failure to maintain opt-out.

(a) A physician or practitioner fails to maintain opt-out under this subpart if, during the opt-out period—

(1) He or she knowingly and willfully—

(i) Submits a claim for Medicare payment (except as provided in § 405.440); or

(ii) Receives Medicare payment directly or indirectly for Medicare-covered services furnished to a Medicare beneficiary (except as provided in § 405.440).

(2) He or she enters into private contracts with Medicare beneficiaries for the purpose of furnishing items and services that would otherwise be covered by Medicare, but such contracts fail to meet the specifications of § 405.415; or

(3) He or she fails to comply with the provisions of § 405.440 regarding billing for emergency care services or urgent care services; or

(4) He or she fails to retain a copy of each private contract that he or she has entered into for the duration of the opt-out period for which the contracts are applicable or fails to permit HCFA to inspect them upon request.

(b) If a physician or practitioner fails to maintain opt-out in accordance with paragraph (a) of this section, the following results obtain:

(1) All of the private contracts between the physician or practitioner and Medicare beneficiaries are deemed null and void.

(2) The physician's or practitioner's opt-out of Medicare is nullified.

(3) The physician or practitioner must submit claims to Medicare for all Medicare-covered items and services furnished to Medicare beneficiaries.

(4) The physician or practitioner will not receive Medicare payment on Medicare claims for the remainder of the opt-out period.

(5) The physician is subject to the limiting charge provisions of § 414.48 of this chapter.

(6) The practitioner may not reassign any claim except as provided in § 424.80 of this chapter.

(7) The practitioner may neither bill nor collect an amount from the beneficiary except for applicable deductible and coinsurance amounts.

(8) The physician or practitioner may not attempt to once more meet the criteria for properly opting-out until the now-nullified 2-year opt-out period expires.

§ 405.440 Emergency and urgent care services.

(a) A physician or practitioner who has opted-out of Medicare under this subpart need not enter into a private contract to furnish emergency care services or urgent care services to a Medicare beneficiary. Accordingly, a physician or practitioner will not be determined to have failed to maintain opt-out if he or she furnishes emergency care services or urgent care services to a Medicare beneficiary with whom the physician or practitioner has not previously entered into a private contract, provided the physician or practitioner complies with the billing requirements specified in paragraph (b) of this section.

(b) When a physician or practitioner furnishes emergency care services or urgent care services to a Medicare beneficiary with whom the physician or practitioner has not previously entered into a private contract, he or she:

(1) Must submit a claim to Medicare in accordance with both 42 CFR part 424 and Medicare instructions (including but not limited to complying with proper coding of emergency or urgent care services furnished by physicians and practitioners who have opted-out of Medicare).

(2) May collect no more than—

(i) The Medicare limiting charge, in the case of a physician; or

(ii) The deductible and coinsurance, in the case of a practitioner.

(c) Emergency care services or urgent care services furnished to a Medicare beneficiary with whom the physician or practitioner has previously entered into a private contract (that is, entered into before the onset of the emergency medical condition or urgent medical condition), are furnished under the terms of the private contract.

(d) Medicare may make payment for emergency care services or urgent care services furnished by a physician or practitioner who has properly opted-out when the services are furnished and the claim for services is made in accordance with this section.

§ 405.445 Renewal and early termination of opt-out.

(a) A physician or practitioner may renew opt-out by filing an affidavit with each carrier to which an affidavit was submitted for the first opt-out period, (as specified in § 405.420), and to each carrier to which a claim was submitted under § 405.440 during the previous opt-out period, provided the affidavits are filed within 30 days after the current opt-out period expires.

(b) To properly terminate opt-out a physician or practitioner must:

(1) Not have previously opted out of Medicare.

(2) Notify all Medicare carriers with which he or she filed an affidavit of the termination of the opt-out no later than 90 days after the effective date of the opt-out period.

(3) Refund to each beneficiary with whom he or she has privately contracted all payment collected in excess of:

(i) In the case of physicians: the Medicare limiting charge; or

(ii) In the case of practitioners: the deductible and coinsurance.

(4) Notify all beneficiaries with whom the physician or practitioner entered into private contracts of the physician's or practitioner's decision to terminate opt-out and of the beneficiaries' right to have claims filed on their behalf with Medicare for the services furnished during the period between the effective date of the opt-out and the effective date of the termination of the opt-out period.

(c) When the physician or practitioner properly terminates opt-out in accordance with paragraph (b), he or she will be reinstated in Medicare as if there had been no opt-out, and the provision of § 405.425 shall not apply unless the physician or practitioner subsequently properly opts out.

§ 405.450 Appeals.

(a) A determination by HCFA that a physician or practitioner has failed to properly opt-out, failed to maintain opt-out, failed to timely renew opt-out, failed to privately contract, or failed to properly terminate opt-out is an initial determination for purposes of § 405.803.

(b) A determination by HCFA that no payment can be made to a beneficiary for the services of a physician who has opted-out is an initial determination for purposes of § 405.803.

§ 405.455 Medicare+Choice.

An organization that has a contract with HCFA to provide one or more Medicare+Choice (M+C) plans to beneficiaries (part 422 of this chapter):

(a) Must acquire and maintain information from Medicare carriers on physicians and practitioners who have opted-out of Medicare.

(b) Must make no payment directly or indirectly for Medicare covered services furnished to a Medicare beneficiary by a physician or practitioner who has opted-out of Medicare.

(c) May make payment to a physician or practitioner who furnishes emergency or urgent care services to a beneficiary who has not previously entered into a private contract with the physician or practitioner.

Subpart E—Criteria for Determining Reasonable Charges

2. The authority citation for part 405, subpart E, continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

3. Section 405.517 is revised to read as follows:

§ 405.517 Payment for drugs and biologicals that are not paid on a cost or prospective payment basis.

(a) *Applicability.* Payment for a drug or biological that is not paid on a cost or prospective payment basis is determined by the standard methodology described in paragraph (b) of this section. Examples of when this procedure applies include a drug or biological furnished incident to a physician service, a drug or biological furnished by an independent dialysis facility that is not included in the ESRD composite rate set forth in § 413.170(c) of this chapter, and a drug or biological furnished as part of the durable medical equipment benefit.

(b) *Methodology.* Payment for a drug or biological described in paragraph (a) of this section is based on the lower of the actual charge on the Medicare claim for benefits or 95 percent of the national average wholesale price of the drug or biological.

(c) *Multiple-source drugs.* For multiple-source drugs and biologicals, for purposes of this regulation, the average wholesale price is defined as the lesser of the median average wholesale price for all sources of the generic forms of the drug or biological or the lowest average wholesale price of the brand name forms of the drug or biological.

4. A new § 405.520 is added to read as follows:

§ 405.520 Payment for physician assistant, nurse practitioner, and clinical nurse specialist services and services furnished incident to their professional services.

(a) *General rule.* Physician assistant, nurse practitioner, and clinical nurse specialist services, and services and supplies furnished incident to their professional services, are paid in accordance with the physician fee schedule. The payment for physician assistant services may not exceed the limits at § 414.52 of this chapter. The payment for nurse practitioner and clinical nurse specialist services may not exceed the limits at § 414.56 of this chapter.

(b) *Requirements.* Medicare payment is made only if all claims for payment are made on an assignment-related basis in accordance with § 424.55 of this chapter, that sets forth, respectively, the conditions for coverage of physician assistant services, nurse practitioner services and clinical nurse specialist services, and services and supplies furnished incident to their professional services.

(c) *Civil money penalties.* Any person or entity who knowingly and willingly bills a Medicare beneficiary amounts in excess of the appropriate coinsurance and deductible is subject to a civil money penalty not to exceed $2,000 for each bill or request for payment.

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

B. Part 410 is amended as set forth below:

1. The authority citation for part 410 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh).

§ 410.32 [Amended]

2. In § 410.32(a)(3), the last word, ''section,'' is removed and the word ''paragraph'' is added in its place.

3. A new section 410.59 is added to read as follows:

§ 410.59 Outpatient occupational therapy services: Conditions.

(a) *Basic rule.* Medicare Part B pays for outpatient occupational therapy services if they meet the following conditions:

(1) They are furnished to a beneficiary while he or she is under the care of a physician who is a doctor of medicine, osteopathy, or podiatric medicine.

(2) They are furnished under a written plan of treatment that meets the requirements of § 410.61.

(3) They are furnished—

(i) By a provider as defined in § 489.2 of this chapter, or by others under arrangements with, and under the supervision of, a provider; or

(ii) By or under the personal supervision of an occupational therapist in private practice as described in paragraph (c) of this section.

(b) *Outpatient occupational therapy services to certain inpatients of a*

hospital or a CAH or SNF. Medicare Part B pays for outpatient occupational therapy services to an inpatient of a hospital, CAH, or SNF who requires them but who has exhausted or is otherwise ineligible for benefit days under Medicare Part A.

(c) *Special provisions for services furnished by occupational therapists in private practice.* (1) *Basic Qualifications.* In order to qualify under Medicare as a supplier of outpatient occupational therapy services, each individual occupational therapist in private practice must meet the following requirements:

(i) Is legally authorized (if applicable, licensed, certified, or registered) to engage in the private practice of occupational therapy by the State in which he or she practices, and practices only within the scope of his or her license, certification, or registration.

(ii) Engages in the private practice of occupational therapy on a regular basis, in one of the following practice types:

(A) An individual operating an unincorporated solo practice.

(B) An individual practicing as a member of a partnership or unincorporated group practice.

(C) An individual practicing as an employee of an unincorporated solo practice, partnership, or group practice, or an employee of a professional corporation or other incorporated occupational therapy practice. Private practice does not include any individual during the time he or she is working as an employee of a provider.

(iii) Bills Medicare only for services furnished in his or her private practice office space, or in the patient's home. A therapist's private practice office space refers to the location(s) where the practice is operated, in the State(s) where the therapist (and practice, if applicable) is legally authorized to furnish services, during the hours that the therapist engages in practice at that location. When services are furnished in private practice office space, that space must be owned, leased, or rented by the practice and used for the exclusive purpose of operating the practice. A patient's home does not include any institution that is a hospital, an CAH, or a SNF.

(iv) Treats individuals who are patients of the practice and for whom the practice collects fees for the services furnished.

(2) Supervision of occupational therapy services. Occupational therapy services are performed by, or under the personal supervision of, the occupational therapist in private practice. All services not performed personally by the therapist must be performed by employees of the practice, personally supervised by the therapist, and included in the fee for the therapist's services.

(d) *Excluded expenses.* No service is included as an outpatient occupational therapy service if it would not be included as an inpatient hospital service if furnished to a hospital or CAH inpatient.

(e) *Annual limitation on incurred expenses.* (1) *Amount of limitation.* (i) In 1999, no more than $1500 of allowable charges incurred in a calendar year for outpatient occupational therapy services are recognized incurred expenses.

(ii) In 2002 and thereafter, the limitation shall be determined by increasing the limitation in effect in the previous calendar year by the increase in the Medicare Economic Index for the current year.

(2) For purposes of applying the limitation, outpatient physical therapy includes:

(i) Except as provided in paragraph (e)(3) of this section, outpatient occupational therapy services furnished under this section;

(ii) Outpatient occupational therapy services furnished by a comprehensive outpatient rehabilitation facility;

(iii) Outpatient occupational therapy services furnished by a physician or incident to a physician's service;

(iv) Outpatient occupational therapy services furnished by a nurse practitioner, certified nurse specialist, or physician assistant or incident to their services.

(3) For purposes of applying the limitation, outpatient occupational therapy services excludes services furnished by a hospital or CAH directly or under arrangements.

4. Section 410.60 is revised to read as follows:

§ 410.60 Outpatient physical therapy services: Conditions.

(a) *Basic rule.* Medicare Part B pays for outpatient physical therapy services if they meet the following conditions:

(1) They are furnished to a beneficiary while he or she is under the care of a physician who is a doctor of medicine, osteopathy, or podiatric medicine.

(2) They are furnished under a written plan of treatment that meets the requirements of § 410.61.

(3) They are furnished—

(i) By a provider as defined in § 489.2 of this chapter, or by others under arrangements with, and under the supervision of, a provider; or

(ii) By or under the personal supervision of a physical therapist in private practice as described in paragraph (c) of this section.

(b) *Outpatient physical therapy services to certain inpatients of a hospital or a CAH or SNF.* Medicare Part B pays for outpatient occupational therapy services to an inpatient of a hospital, CAH, or SNF who requires them but who has exhausted or is otherwise ineligible for benefit days under Medicare Part A.

(c) *Special provisions for services furnished by physical therapists in private practice. (1) Basic Qualifications.*

In order to qualify under Medicare as a supplier of outpatient physical therapy services, each individual physical therapist in private practice must meet the following requirements:

(i) Is legally authorized (if applicable, licensed, certified, or registered) to engage in the private practice of physical therapy by the State in which he or she practices, and practices only within the scope of his or her license, certification, or registration.

(ii) Engages in the private practice of physical therapy on a regular basis, in one of the following practice types:

(A) An individual operating an unincorporated solo practice.

(B) An individual practicing as a member of an unincorporated partnership or unincorporated group practice.

(C) An individual practicing as an employee of an unincorporated solo practice, partnership, or group practice, or an employee of a professional corporation or other incorporated physical therapy practice. Private practice does not include any individual during the time he or she is working as an employee of a provider.

(iii) Bills Medicare only for services furnished in his or her private practice office space, or in the patient's home. A therapist's private practice office space refers to the location(s) where the practice is operated, in the State(s) where the therapist (and practice, if applicable) is legally authorized to furnish services, during the hours that the therapist engages in practice at that location. When services are furnished in private practice office space, that space must be owned, leased, or rented by the practice and used for the exclusive purpose of operating the practice. A patient's home does not include any institution that is a hospital, a CAH, or a SNF.

(iv) Treats individuals who are patients of the practice and for whom the practice collects fees for the services furnished.

(2) *Supervision of physical therapy services.* Physical therapy services are performed by, or under the personal supervision of, the physical therapist in

private practice. All services not performed personally by the therapist must be performed by employees of the practice, personally supervised by the therapist, and included in the fee for the therapist's services.

(d) *Excluded expenses.* No service is included as an outpatient physical therapy service if it would not be included as an inpatient hospital service if furnished to a hospital or CAH inpatient.

(e) *Annual limitation on incurred expenses.* (1) Amount of limitation. In 1999, no more than $1500 of allowable charges incurred in a calendar year for outpatient physical therapy services are recognized incurred expenses.

(ii) In 2002 and thereafter, the limitation shall be determined by increasing the limitation in effect in the previous calendar year by the increase in the Medicare Economic Index for the current year.

(2) For purposes of applying the limitation, outpatient occupational therapy includes:

(i) Except as provided in paragraph (e)(3) of this section, outpatient physical therapy services furnished under this section;

(ii) Except as provided in paragraph (e)(3) of this section, outpatient speech-language pathology services furnished under § 410.62;

(iii) Outpatient physical therapy and speech-language pathology services furnished by a comprehensive outpatient rehabilitation facility;

(iv) Outpatient physical therapy and speech-language pathology services furnished by a physician or incident to a physician's service;

(v) Outpatient physical therapy and speech-language pathology services furnished by a nurse practitioner, certified nurse specialist, or physician assistant or incident to their services.

(3) For purposes of applying the limitation, outpatient physical therapy excludes services furnished by a hospital or CAH directly or under arrangements.

5. In § 410.61 pargraphs (a) through (d) and (e)(1) are revised to read as follows:

§ 410.61 Plan of treatment requirements for outpatient rehabilitation services.

(a) *Basic requirement.* Outpatient rehabilitation services (including services furnished by a qualified physical or occupational therapist in private practice), must be furnished under a written plan of treatment that meets the requirements of paragraphs (b) through (e) of this section.

(b) *Establishment of the plan.* The plan is established before treatment is begun by one of the following:

(1) A physician.

(2) A physical therapist who will furnish the physical therapy services.

(3) A speech-language pathologist who will furnish the speech-language pathology services.

(4) An occupational therapist who will furnish the occupational therapy services.

(c) *Content of the plan.* The plan prescribes the type, amount, frequency, and duration of the physical therapy, occupational therapy, or speech-language pathology services to be furnished to the individual, and indicates the diagnosis and anticipated goals.

(d) *Changes in the plan.* Any changes in the plan—

(1) Are made in writing and signed by one of the following:

(i) The physician.

(ii) The physical therapist who furnished the physical therapy services.

(iii) The occupational therapist who furnishes the physical therapy services.

(iv) The speech-language pathologist who furnishes the speech-language pathology services.

(v) A registered professional nurse or a staff physician, in accordance with oral orders from the physician, physical therapist, occupational therapist, or speech-language pathologist who furnishes the services.

(2) The changes are incorporated in the plan immediately.

(e) *Review of the plan.* (1) The physician reviews the plan as often as the individual's condition requires, but at least within the first 62 days and at least every 31 days after each previous review.

* * * * *

6. In § 410.62, the section heading is revised, paragraph (a)(3) is amended to add ''as defined in § 489.2'' after the words, ''by a provider'', and a new paragraph (d) is added to read as follows:

§ 410.62 Outpatient speech-language pathology services: Conditions and exclusions.

* * * * *

(d) *Limitation.* After 1998, outpatient speech pathology services are subject to the limitation in 410.60(e).

* * * * *

7. New §§ 410.74, 410.75, 410.76, and 410.77 are added to subpart B to read as follows:

Subpart B—Medical and Other Health Services

* * * * *

§ 410.74 Physician assistant services.

(a) *Basic rule.* Medicare Part B covers physician assistant services only if the following conditions are met:

(1) The services would be covered as physician services if furnished by a physician (as used in this section, the term ''physician'' means a doctor of medicine or osteopathy, as set forth in section 1861(r)(1) of the Act).

(2) The physician assistant—

(i) Meets the qualification requirements set forth in paragraph (c) of this section;

(ii) Is legally authorized to perform the services in the State which they are performed;

(iii) Performs services that are not otherwise precluded from coverage because of a statutory exclusion;

(iv) Performs the services under the general supervision of a physician (that is, the supervising physician need not be physically present when the physician assistant is performing the services unless required by State law; however, the supervising physician must be immediately available to the physician assistant for consultation); and

(v) Furnishes services that are billed by the employer of a physician assistant; and

(vi) Performs the services—

(A) In all settings in either rural and urban areas; or

(B) As an assistant at surgery.

(b) *Services and supplies furnished incident to physician assistant services.* Medicare covers services and supplies (including drugs and biologicals that cannot be self-administered) that are furnished incident to the physician assistant services described in paragraph (a) of this section. These services and supplies are covered only if they—

(1) Would be covered if furnished by a physician or as incident to the professional services of a physician;

(2) Are the type that are commonly furnished in a physician office and are either furnished without charge or are included in the bill for the physician assistant services;

(3) Are, although incidental, an integral part of the professional service performed by the physician;

(4) Are performed under the direct supervision of the physician assistant (that is, the physician assistant is physically present and immediately available); and

(5) Are performed by the employee of a physician assistant or an entity that employs both the physician assistant or ancillary personnel.

(c) *Qualifications.* For Medicare Part B coverage of his or her services, a

physician assistant must meet the applicable State requirements governing the qualifications for physician assistants and at least one of the following conditions:

(1) Be certified by either the National Commission on Certification of Physician Assistants to assist primary care physicians or the National Board for Certification of Orthopedic Physician assistants to assist orthopedic surgeons; or

(2) Have satisfactorily completed a program for preparing physician assistants that was at least 1 academic year in length, consisted of supervised clinical practice and at least 4 months (in aggregate) of classroom instruction directed toward preparing students to deliver health care, and was accredited by either the Commission on Accreditation of Allied Health Education Programs or the American Society of Orthopedic Physician Assistants; or

(3) Have satisfactorily completed a formal education program for preparing physician assistants that does not meet the requirements of § 410.74(c)(2) and have assisted physicians for a total of 12 months during the 18-month period that ended on [Insert 18 months from the effective date of final rule].

(d) *Professional services.* Physician assistants can be paid for professional services only if the services have been professionally performed by them and no facility or other provider charges for the service or is paid any amount for the furnishing of those professional services.

(1) Supervision of other nonphysician staff by physician does not constitute personal performance of a professional service by physician assistants.

(2) If a service is not payable by HCFA under this provision, the beneficiary is not liable for payment for the service. Physician assistants may not charge a beneficiary for a service not payable under this provision. If a beneficiary has made payment for the services, physician assistants must make the appropriate refund to the beneficiary.

(3) Examples of the types of professional services that physician assistants may furnish include services such as physical examinations, minor surgery, setting casts for simple fractures, interpreting x-rays, and other activities that involve an independent evaluation or treatment of the patient's condition. These are services that have been traditionally reserved for physicians and can be furnished by physician assistants only if State law or regulation governing the physician assistant scope of practice authorizes them to perform such services in the State in which they are practicing.

§ 410.75 Nurse practitioner services.

(a) *Definition.* As used in this section, the term ''physician'' means a doctor of medicine or osteopathy, as set forth in section 1861(r)(1) of the Act.

(b) *Qualifications.* For Medicare Part B coverage of his or her services, a nurse practitioner must—

(1) Be a registered nurse who is currently licensed to practice in the State where he or she practices, be authorized to perform the services of a nurse practitioner in accordance with State law, and have a master's degree in nursing;

(2) Be certified as a nurse practitioner by a professional association recognized by HCFA that has, at a minimum, eligibility requirements that meet the standards in paragraph (b)(1) of this section; or

(3) Meet the requirements for a nurse practitioner set forth in paragraph (b)(1) of this section, except for the master's degree requirement, and have received before [Insert 3 years from effective date of final rule] a certificate of completion from a formal advanced practice program that prepares registered nurses to perform an expanded role in the delivery of primary care.

(c) *Services.* Medicare Part B covers nurse practitioner services in all settings in both rural and urban areas, only if the services would be covered if furnished by a physician and the nurse practitioner—

(1) Is legally authorized to perform them in the State in which they are performed;

(2) Performs them while working in collaboration with a physician;

(i) Collaboration is a process in which a nurse practitioner works with a physician to deliver health care services within the scope of the practitioner's expertise, with medical direction and appropriate supervision as provided for in guidelines jointly developed by the practitioner and the physician, or as provided for by other mechanisms defined by Federal regulations, or by the law of the State in which the services are performed.

(ii) The absence of State law or guidelines does not negate the requirement for collaboration.

(iii) The collaborating physician does not need to be present with the nurse practitioner when the service is furnished or to make an independent evaluation of each patient seen by the nurse practitioner.

(iv) Collaboration involves systematic formal planning, assessment, and a practice arrangement that reflects and demonstrates evidence of consultation, recognition of statutory limits, clinical authority and accountability for patient care, according to a mutual agreement that allows the physician and the nurse practitioner to function independently as appropriate; and

(3) Is not performing services otherwise precluded from coverage because of one of the statutory exclusions.

(d) *Services and supplies incident to nurse practitioner services.* Medicare Part B covers services and supplies (including drugs and biologicals that cannot be self-administered) incident to nurse practitioner services that meet the requirements in paragraph (c) of this section. These services and supplies are covered only if they—

(1) Would be covered if furnished by a physician or as incident to the professional services of a physician;

(2) Are of the type that are commonly furnished in a physician office and are either furnished without charge or are included in the bill for the nurse practitioner services;

(3) Although incidental, are an integral part of the professional service performed by the nurse practitioner; and

(4) Are performed under the direct supervision of the nurse practitioner (that is, the nurse practitioner must be physically present and immediately available).

(e) *Professional services.* Nurse practitioners can be paid for professional services only when the services have been personally performed by them and no facility or other provider charges or is paid any amount for the furnishing of such professional services.

(1) Supervision of other nonphysician staff by nurse practitioners does not constitute personal performance of a professional service by nurse practitioners.

(2) If a service is not payable by HCFA under this provision, the beneficiary is not liable for payment for the service. Nurse practitioners may not charge a beneficiary for a service not payable under this provision. If a beneficiary has made payment for the services, the nurse practitioner must make the appropriate refund to the beneficiary.

(3) Examples of the types of professional services that nurse practitioners may provide include services such as physical examinations, minor surgery, setting casts for simple fractures, interpreting x-rays, and other activities that involve an independent evaluation or treatment of the patient's condition. These are services that have been traditionally reserved for physicians and can only be furnished by

nurse practitioners if State law or regulation governing the nurse practitioner scope of practice authorizes them to perform such services in the State in which they are practicing.

§ 410.76 Clinical nurse specialist services.

(a) *Definition.* As used in this section, the term ''physician'' means a doctor of medicine or osteopathy, as set forth in section 1861(r)(1) of the Act.

(b) *Qualifications.* For Medicare Part B coverage of his or her services, a clinical nurse specialist must—

(1) Be a registered nurse who is currently licensed to practice in the State where he or she practices, be authorized to perform the services of a clinical nurse specialist in accordance with State law, and have a master's degree in a defined clinical area of nursing from an accredited educational institution;

(2) Be certified as a clinical nurse specialist by a professional association recognized by HCFA that has, at a minimum, eligibility requirements that meet the standards in paragraph (b)(1) of this section; or

(3) Meet the requirements for a clinical nurse specialist set forth in paragraph (b)(1) of this section, except for the master's degree requirement, and have received before [Insert 3 years from effective date of final rule] a certificate of completion from a formal advanced practice program that prepares registered nurses to perform an expanded role in the delivery of primary care.

(c) *Services.* Medicare Part B covers clinical nurse specialist services in all settings in both rural and urban areas only if the services would be covered if furnished by a physician and the clinical nurse specialist—

(1) Is legally authorized to perform them in the State in which they are performed; and

(2) Performs them while working in collaboration with a physician.

(i) Collaboration is a process in which a clinical nurse specialist works with a physician to deliver health care services within the scope of the clinical nurse specialist's expertise, with medical direction and appropriate supervision as provided for in guidelines jointly developed by the clinical nurse specialist and the physician, or as provided for by other mechanisms defined by Federal regulations, or by the law of the State in which the services are performed.

(ii) The absence of State law or guidelines does not negate the requirement for collaboration.

(iii) The collaborating physician does not need to be present with the clinical nurse specialist when the service is furnished or to make an independent evaluation of each patient seen by the clinical nurse specialist.

(iv) Collaboration involves systematic formal planning, assessment, and a practice arrangement that reflects and demonstrates evidence of consultation, recognition of statutory limits, clinical authority and accountability for patient care, according to a mutual agreement that allows the physician and the clinical nurse specialist to function independently as appropriate; and

(3) Is not performing services that are otherwise precluded from coverage by one of the statutory exclusions.

(d) *Services and supplies incident to clinical nurse specialist services.* Medicare Part B covers services and supplies (including drugs and biologicals that cannot be self-administered) incident to a clinical nurse specialist's services that meet the requirements in paragraph (c) of this section. These services and supplies are covered only if they—

(1) Would be covered if furnished by a physician or as incident to the professional services of a physician;

(2) Are of the type that are commonly furnished in a physician office and are either furnished without charge or are included in the bill for the clinical nurse specialist services;

(3) Although incidental, are an integral part of the professional service performed by the clinical nurse specialist; and

(4) Are performed under the direct supervision of the clinical nurse specialist (that is, the clinical nurse specialist must be physically present and immediately available).

(e) *Professional services.* Clinical nurse specialists can be paid for professional services only when the services have been personally performed by them and no facility or other provider charges or is paid any amount for the furnishing of such professional services.

(1) Supervision of other nonphysician staff by clinical nurse specialists does not constitute personal performance of a professional service by clinical nurse specialists.

(2) If a service is not payable by HCFA under this provision, the beneficiary is not liable for payment for the service. Clinical nurse specialists may not charge a beneficiary for a service not payable under this provision. If a beneficiary has made payment for the services, the clinical nurse specialist must make the appropriate refund to the beneficiary.

(3) Examples of the types of professional services that clinical nurse specialists may provide include services such as physical examinations, minor surgery, setting casts for simple fractures, interpreting x-rays, and other activities that involve an independent evaluation or treatment of the patient's condition. These are services that have been traditionally reserved for physicians and can only be furnished by clinical nurse specialists if State law or regulation governing the clinical nurse specialist scope of practice authorizes them to perform such services in the State in which they are practicing.

§ 410.77 Certified nurse-midwife services: Qualifications and conditions.

(a) *Qualifications.* For Medicare coverage of his or her services, a certified nurse-midwife must—

(1) Be currently licensed to practice in the State as a registered professional nurse;

(2) Be legally authorized under State law or regulations to practice as a nurse-midwife in the State in which the services are performed;

(3) Have successfully completed a program of study and clinical experience for nurse-midwives, as specified by the State, or, if the State does not specify a program of study and clinical experience that nurse-midwives must complete to practice in that State, meet one of the following criteria:

(i) Be currently certified as a nurse-midwife by the American College of Nurse-Midwives, in accordance with its October 1994 requirements or subsequent amendments to those requirements recognized by the Secretary, or by another certifying entity recognized by the Secretary.

(ii) Have successfully completed a formal educational program (of at least 1 academic year) that, upon completion, qualifies him or her to take the certification examination offered by the American College of Nurse-Midwives or by another certifying entity recognized by the Secretary. (The individual is not required to take the examination, however.)

(iii) Have successfully completed a formal educational program for preparing registered nurses to furnish gynecological and obstetrical care during pregnancy, delivery, and the postpartum period and care to normal newborns, and practiced as a nurse-midwife for a total of 12 months during any 18-month period from August 8, 1976 to July 16, 1982.

(b) *Services.* Certified nurse-midwife services are services furnished by a certified nurse-midwife and services and supplies furnished as an incident to the certified nurse-midwife services that—

(1) Are within the scope of practice authorized by the law of the State in which they are furnished and would otherwise be covered if furnished by a physician or as an incident to a physician service; and

(2) Unless required by State law, are provided without regard to whether the certified nurse-midwife is under the supervision of, or associated with, a physician or other health care provider.

(c) *Incident to services: Basic rule.* Medicare covers services and supplies furnished incident to the services of a certified nurse-midwife, including drugs and biologicals that cannot be self-administered, if the services and supplies meet the following conditions:

(1) They would be covered if furnished by a physician or as incident to the professional services of a physician.

(2) They are of the type that are commonly furnished in a physician office and are either furnished without charge or are included in the bill for the certified nurse-midwife services.

(3) Although incidental, they are an integral part of the professional service performed by the certified nurse-midwife.

(4) They are furnished under the direct supervision of a certified nurse-midwife (that is, the midwife is physically present and immediately available).

(d) *Professional services.* A nurse-midwife can be paid for a professional service only when the service has been personally performed by the nurse-midwife.

(1) Supervision of other nonphysician staff by a nurse-midwife does not constitute personal performance of a professional service by the nurse-midwife.

(2) If a service is not payable by HCFA under this provision, the beneficiary is not liable for payment for the service. A nurse-midwife may not charge a beneficiary for a service not payable under this provision. If the beneficiary has made payment for the service, the nurse-midwife must make the appropriate refund to the beneficiary.

(3) A nurse-midwife may provide services related to the maternity cycle that includes pregnancy, labor, and the immediate post partum period and other services including obstetrical and gynecological services.

(4) The services that the nurse-midwife performs are not services otherwise precluded from coverage because of one of the statutory exclusions.

7. In § 410.150, the introductory text to paragraph (b) is republished, and new paragraphs (b)(15) and (b)(16) are added to read as follows:

§ 410.150 To whom payment is made.

* * * * *

(b) *Specific rules.* Subject to the conditions set forth in paragraph (a) of this section, Medicare Part B pays as follows:

* * * * *

(15) To the qualified employer of a physician assistant for professional services furnished by the physician assistant and for services and supplies furnished incident to their services. Payment is made to the employer of a physician assistant regardless of whether the physician assistant is employed as a W–2 employee or whether the physician assistant is a 1099 employee who is acting as an independent contractor. A qualified employer is not a group of physician assistants that incorporate to bill for their services. Payment is made only if no facility or other provider charges or is paid any amount for services furnished by a physician assistant.

(16) To a nurse practitioner or clinical nurse specialist for professional services furnished by a nurse practitioner or clinical nurse specialist in all settings in both rural and nonrural areas and for services and supplies furnished incident to those services. Payment is made only if no facility or other provider charges or is paid any amount for the furnishing of the professional services of the nurse practitioner or clinical nurse specialist.

8. In § 410.152, the headings to paragraphs (a) and (a)(1) are republished, and paragraph (a)(1)(v) is revised to read as follows:

§ 410.152 Amount of payment.

(a) *General provisions*—(1) *Exclusion from incurred expenses.* * * *

(v) In the case of expenses incurred for outpatient physical therapy services including speech-language pathology services, the expenses excluded are from the incurred expenses under § 410.60(e). In the case of expenses incurred for outpatient occupational therapy including speech-language pathology services, the expenses excluded are from the incurred expenses under § 410.59(e).

* * * * *

PART 413—PRINCIPLES OF REASONABLE COST REIMBURSEMENT; PAYMENT FOR END-STAGE RENAL DISEASE SERVICES; OPTIONAL PROSPECTIVELY DETERMINED PAYMENT RATES FOR SKILLED NURSING FACILITIES

c. Part 413 is amended as set forth below.

1. The authority citation for part 413 continues to read as follows:

Authority: Secs. 1102, 1861(v)(1)(A), and 1871 of the Social Security Act (42 U.S.C. 1302, 1395x(v)(1)(A), and 1395hh).

2. Section 413.125 is revised to read as follows:

§ 413.125 Payment for home health agency services.

The reasonable cost of outpatient rehabilitation services furnished by a home health agency to homebound patients who are not entitled to home health benefits may not exceed the amounts payable under part 414 of this chapter for comparable services.

PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

C. Part 414 is amended as set forth below:

1. The authority citation for part 414 continues to read as follows:

Authority: Secs. 1102, 1871, and 1881(b)(1) of the Social Security Act (42 U.S.C. 1302, 1395hh, and 1395rr(b)(1)).

2. In § 414.1, the introductory text is republished, and the following statutory authority is added in numerical order to read as follows:

§ 414.1 Basis and scope.

This part implements the indicated provisions of the following sections of the Act:

1802—Rules for private contracts by Medicare beneficiaries.

* * * * *

3. Sections 414.20 through 414.62 are redesignated as subpart B, and a new heading is added to read ''Physicians and Other Practitioners''.

4. In § 414.22, the introductory text to the section and the heading to paragraph (b) are republished, and new paragraph (b)(5) is added to read as follows:

§ 414.22 Relative value units (RVUs).

HCFA establishes RVUs for physician work, physician practice expense, and malpractice insurance.

* * * * *

(b) *Practice expense RVUs.* * * *

(5) For services furnished in 1999, the practice expense RVUs are based on 75 percent of the practice expense RVUs applicable to services furnished in 1998 and 25 percent of the relative practice expense resources involved in furnishing the service. For services furnished in 2000, the practice expense RVUs are based on 50 percent of the practice expense RVUs applicable to services furnished in 1998 and 50 percent of the relative practice expense resources involved in furnishing the service. For services furnished in 2001, the practice expense RVUs are based on 25 percent of the practice expense RVUs applicable to services furnished in 1998 and 75 percent of the relative practice expense resources involved in furnishing the service. For services furnished in 2002 and subsequent years, the practice expense RVUs are based entirely on relative practice expense resources.

(i) Usually one of two levels of practice expense RVUs per code can be applied to each service. The lower practice expense RVUs apply to services furnished to hospital or ambulatory surgical center patients. The higher practice expense RVUs apply to services performed in a physician office; services, other than evaluation and management services, furnished to patients in a nursing facility, in a facility or institution other than a hospital or ambulatory surgical center, or in the home; and other services furnished to facility patients for which the facility payment does not include physician practice costs.

(ii) Only one practice expense RVU per code can be applied for each of the following services: services that have only technical component practice expense RVUs or only professional component practice expense RVUs; evaluation and management services, such as hospital or nursing facility visits, that are furnished exclusively in one setting; and major surgical services.

* * * * *

6. In § 414.32, paragraph (b) is revised to read as follows:

§ 414.32 Determining payments for certain physician services furnished in facility settings.

* * * * *

(b) *General rule.* If physician services of the type routinely furnished in physician offices are furnished in facility settings before January 1, 1999, the physician fee schedule amount for those services is determined by reducing the practice expense RVUs for the services by 50 percent. For services furnished on or after January 1, 1999, the practice expense RVUs are determined in accordance with § 414.22(b)(5).

* * * * *

7. In § 414.34, the section heading is revised, and a new paragraph (a)(2)(iii) is added to read as follows:

§ 414.34 Payment for services and supplies incident to a physician service.

* * * * *

(a) *Medical supplies.* * * *

(2) * * *

(iii) It is furnished before January 1, 1999.

* * * * *

8. In § 414.52, the section heading and the introductory text are revised, and a new paragraph (d) is added to read as follows:

§ 414.52 Payment for physician assistant services.

Allowed amounts for the services of a physician assistant furnished beginning January 1, 1992 and ending December 31, 1997, may not exceed the limits specified in paragraphs (a) through (c) of this section. Allowed amounts for the services of a physician assistant furnished beginning January 1, 1998, may not exceed the limits specified in paragraph (d) of this section.

* * * * *

(d) For services (other than assistant-at-surgery services) furnished beginning January 1, 1998, 85 percent of the physician fee schedule amount for the service. For assistant-at-surgery services, 85 percent of the physician fee schedule amount that would be allowed under the physician fee schedule if the assistant-at-surgery services were furnished by a physician.

9. Section 414.56 is revised to read as follows:

§ 414.56 Payment for nurse practitioner and clinical nurse specialist services.

(a) *Rural areas.* For services furnished beginning January 1, 1992 and ending December 31, 1997, allowed amounts for the services of a nurse practitioner or a clinical nurse specialist in a rural area (as described in section 1861(s)(2)(K)(iii) of the Act) may not exceed the following limits.

(1) for services furnished in a hospital (including assistant-at-surgery services), 75 percent of the physician fee schedule amount for the service.

(2) For all other services, 85 percent of the physician fee schedule amount for the service.

(b) *Non-rural areas.* For services furnished beginning January 1, 1992 and ending December 31, 1997, allowed amounts for the services of a nurse practitioner or a clinical nurse specialist in a nursing facility may not exceed 85 percent of the physician fee schedule amount for the service.

(c) *Beginning January 1, 1998.* For services (other than assistant at surgery services) furnished beginning January 1, 1998, allowed amounts for the services of a nurse practitioner or clinical nurse specialist may not exceed 85 percent of the physician fee schedule amount for the service. For assistant at surgery services, allowed amounts for the services of a nurse practitioner or clinical nurse specialist may not exceed 85 percent of the physician fee schedule amount that would be allowed under the physician fee schedule if the assistant at surgery service were furnished by a physician.

PART 415—SERVICES FURNISHED BY PHYSICIANS IN PROVIDERS, SUPERVISING PHYSICIANS IN TEACHING SETTINGS, AND RESIDENTS IN CERTAIN SETTINGS

D. Part 415 is amended as set forth below:

1. The authority citation for part 415 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (41 U.S.C. 1302 and 1395hh).

2. In § 415.110, the section heading is revised, paragraph (a) is revised, paragraph (b) is redesignated as paragraph (c), and a new paragraph (b) is added to read as follows:

§ 415.110 Conditions for payment: Medically directed anesthesia services.

(a) *General payment rule.* The Medicare carrier pays for the physician's medical direction of anesthesia services for one service or two through four concurrent anesthesia services furnished after December 31, 1998, only if each of the services meets the condition in § 415.102(a) and the following additional conditions:

(1) For each patient, the physician—

(i) Performs a pre-anesthetic examination and evaluation, or reviews one performed by another qualified individual permitted by the State to administer anesthetics;

(ii) Participates in the development of the anesthesia plan and gives final approval of the proposed plan;

(iii) Personally participates in the most demanding aspects of the anesthesia plan;

(iv) Ensures that any aspect of the anesthesia plan not performed by the anesthesiologist is performed by a qualified individual as specified in operating instructions;

(v) Monitors the course of anesthesia at intervals medically indicated by the nature of the procedure and the patient's condition;

(vi) Remains physically present in the facility and immediately available for diagnostic and therapeutic emergencies;

(vii) Provides indicated post-anesthesia care or ensures that it is provided by a qualified individual as described in paragraph (a)(1)(iv) of this section.

(2) The physician directs no more than four anesthesia services concurrently and does not perform any other services while he or she is directing the single or concurrent services so that one or more of the conditions in paragraph (a)(1) of this section are not violated.

(3) If the physician personally performs the anesthesia service, the payment rules in § 414.46(c) of this chapter (Physician personally performs the anesthesia procedure) apply.

(b) *Medical documentation.* The physician inclusively documents in the patient's medical record that the conditions set forth in paragraph (a)(1) of this section have been satisfied, specifically documenting personal participation in the most demanding aspects of the anesthesia plan.

* * * * *

PART 424—CONDITIONS FOR MEDICARE PAYMENT

E. Part 424 is amended as set forth below:

1. The authority citation for part 424 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (41 U.S.C. 1302 and 1395hh).

2. In § 424.24, paragraphs (c)(1)(iii), (c)(3)(ii), and (c)(4) are revised to read as follows:

§ 424.24 Requirements for medical and other health services furnished by providers under Medicare Part B.

* * * * *

(c) *Outpatient physical therapy and speech-language pathology services*—(1) *Content of certification.* * * *

(iii) The services were furnished under a plan of treatment that meets the requirements of § 410.61.

* * * * *

(3) *Signature.* * * *

(ii) If the plan of treatment is established by a physical therapist or speech-language pathologist, the certification must be signed by a physician who has knowledge of the case.

(4) *Recertification*—(i) *Timing.* The first recertification is required by no later than the 62nd day and subsequent recertifications are required at least every 31 days.

(ii) *Content.* The recertification statement must indicate the continuing need for physical therapy or speech-language pathology services and an estimate of how much longer the services will be needed.

(iii) *Signature.* Recertifications must be signed by the physician who reviews the plan of treatment.

* * * * *

PART 485—CONDITIONS OF PARTICIPATION: SPECIALIZED PROVIDERS

F. Part 485 is amended as set forth below:

1. The authority citation for part 485 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (41 U.S.C. 1302 and 1395hh).

2. Section 485.705 is revised 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 be legally authorized (licensed or, if applicable, certified or registered) to practice by the State in which he or she performs the functions or actions, and must act only within the scope of his or her state license or State certification or registration.

(b) *Exception for Federally defined qualifications.* The following Federally defined qualifications must be met:

(1) For a physician, the qualifications and conditions as defined in section 1861(r) of the Act and the requirements in part 484 of this chapter.

(2) *For a speech-language pathologist,* the qualifications specified in section 1861(11)(1) of the Act and the requirements in part 484.

(c) *Exceptions when no State Licensing laws or State certification or registration requirements exist.* If no State licensing laws or State certification or registration requirements exist for the profession, the following requirements must be met:

(1) An *administrator* is a person who has a bachelor's degree and:

(i) Has experience or specialized training in the administration of health institutions or agencies; or

(ii) Is qualified and has experience in one of the professional health disciplines.

(2) An *occupational therapist* must meet the requirements in part 484.

(3) An *occupational therapy assistant* must meet the requirements in part 484.

(4) A *physical therapist* must meet the requirements in part 484.

(5) A *physical therapist assistant* must meet the requirements in part 484.

(6) A *social worker* must meet the requirements in part 484.

(7) A *vocational specialist* is a person who has a baccalaureate degree and:

(i) Two years experience in vocational counseling in a rehabilitation setting such as a sheltered workshop, State employment service agency, etc.; or

(ii) At least 18 semester hours in vocational rehabilitation, educational or vocational guidance, psychology, social work, special education or personnel administration, and 1 year of experience in vocational counseling in a rehabilitation setting; or

(iii) A master's degree in vocational counseling.

3. In § 485.711, paragraph (b)(3) is revised to read as follows:

§ 485.711 Conditions of participation: Plan of care and physician involvement.

* * * * *

(b) * * *

(3) The plan of care and results of treatment are reviewed by the physician or by the individual who established the plan at least as often as the patient's condition requires, and the indicated action is taken. (For Medicare patients, the plan must be reviewed by a physician within the first 62 days and at least every 31 days thereafter, in accordance with § 410.61(e) of this chapter.)

* * * * *

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 15, 1998.

Nancy-Ann Min DeParle,

Administrator, Health Care Financing Administration.

Dated: May 21, 1998.

Donna E. Shalala,

Secretary.

Note: The following addendums will not appear in the Code of Federal Regulations.

Addendum A—Description of Clinical Practice Expert Panel Data and Methodology

To aid us in collecting the data to implement our methodology for a resource-based system for determining practice expense RVUs for each physician service, we awarded a contract to Abt Associates in March 1995. Under the contract, Abt used Clinical Practice Expert Panels (CPEPs)

to collect data that could be used to generate direct practice expense RVUs for each service. Through the use of CPEPs, Abt furnished us with the direct inputs of physician services. Direct inputs are the quantity and type of nonphysician labor, medical supplies, and medical equipment associated with a service, such as the minutes of a registered nurse's time, a pair of sterile gloves, and a surgical mask. The CPEPs also reported additional items as direct inputs, such as administrative services, including the amount of time medical secretaries and billing and insurance personnel spend in activities related to specific services. Abt priced the direct inputs and determined the direct costs for each service.

The direct inputs do not include the physician's time. Physician time and effort are components of work RVUs and are paid under the work component of the physician fee schedule.

The general approach for establishing a resource-based practice expense system was to use CPEPs to identify as many direct inputs as possible for a physician service furnished to a typical patient (across all age groups) in various settings.

The CPEPs consisted of panels of physicians, practice administrators, and nonphysicians (such as registered nurses, psychologists, and physical therapists). Physician specialty societies and other groups nominated individuals for these positions. Final selections were made by Abt with our assistance.

In all, there were 15 CPEPs. The panels consisted of over 180 members from more than 61 specialties and subspecialties; approximately 50 percent of the panelists were physicians. Each CPEP consisted of 12 to 15 members.

The CPEPs identified the direct inputs involved in each physician service in an office setting and an out-of-office setting (such as a hospital and an ambulatory surgical center). Generally, if a service was furnished both in an office setting and an out-of-office setting but less than 10 percent of the time in either of these settings, it was not profiled in that setting.

We assisted Abt in identifying approximately 6,300 procedure codes for which resource-based practice expense RVUs were to be developed. Approximately 850 of these procedure codes have both technical components (TCs) and professional components (PCs), and we developed practice expense RVUs for both the TC and PC for each of the 850 procedures.

Abt grouped procedure codes included under the physician fee schedule into families of codes clinically related and with relatively comparable direct costs. The classification system for families of procedure codes is a hybrid of the Ambulatory Patient Groups System developed by 3M and the Berenson-Eggers-Holahan (Urban Institute) system. Abt assigned each family of codes to a CPEP based on the physician specialty that predominantly furnished the services. For example, the panels were categorized as integumentary, male genital and urinary, orthopedics, obstetrics and gynecology, ophthalmology, radiology, evaluation and management, general surgery, otolaryngology, miscellaneous internal medicine, gastroenterology, cardiothoracic and vascular, cardiology, anesthesia and pathology, and neurosurgery CPEPs.

Our medical staff, Abt's clinical consultants, and other advisors reviewed this system. Some families of codes were assigned to more than one CPEP to validate resource inputs across CPEPs. For example, the evaluation and management family of codes was assigned to every CPEP except the radiology CPEP and the anesthesia and pathology CPEP.

Abt selected a reference service for each family of codes. (Abt compiled the initial list of reference services based on recommendations from numerous specialty societies.) The following four criteria were established to guide the selection process for the reference service:

- It had to be commonly performed.
- It had to have a mid-range level of resource use relative to other codes in the family.
- It had to be a code whose definition or coding application has not markedly changed in the last several years.
- It had to be performed with minimal variation by all physicians.

In August 1995, physician specialty groups were given an opportunity to review and comment on a draft document containing the procedure code family classification system, the reference code (to serve as a benchmark for creating resource profiles for the remainder of services within each family of procedure codes), and the CPEP to which the family was assigned. The comments were considered by Abt and HCFA in designing the final classification system including the number of CPEPs.

The final classification system contained 229 unique families of codes assigned to 15 CPEP panels. Twelve to 29 families of procedure codes were assigned to each CPEP with most CPEPs reviewing 19 to 23 families of procedure codes.

The CPEPs met twice. During the first CPEP session in February 1996, the CPEPs identified the direct inputs for designated reference services. The CPEPs met again in June 1996 to identify the inputs for the remaining procedure codes covered under the physician fee schedule.

a. Collection of Information From the Clinical Practice Expert Panels

Abt designed the following four uniform worksheets that were used to collect the inputs identified by the CPEPs:

- Worksheet Package G: Services with a global period.
- Worksheet Package P: Services without a global period.
- Worksheet Package M: Evaluation and Management services.
- Worksheet Package Pa: Pathology services.

For labor inputs, either clinical or administrative, the worksheets identified the function or activity with the occupational category of the individual furnishing the service. For clinical functions, examples of occupational categories included a registered nurse, licensed practical nurse, and certified medical assistant. For administrative functions, examples of occupational categories included medical secretaries, insurance or billing clerks, transcriptionists, and scheduling secretaries. The clinical labor worksheets accumulated labor inputs by preservice, service, and postservice periods for surgical procedures with a global period. For surgical procedures without a global period, evaluation and management services, and pathology services, the worksheets accumulated labor inputs by the service period. The administrative labor worksheets collected labor inputs by preservice and postservice periods.

During the first round of the CPEPs, Abt collected detailed data by each of the functions listed within the preservice, service, and postsurgical visit periods of each service. These were activities performed by nonphysician clinical and administrative personnel, not physicians. For example, the evaluation and management services worksheet listed the following clinical activities in the preservice period:

- Obtain medical history/review patient charts.
- Greet patient/provide gowning.
- Perform room preparation/prepare medical equipment.
- Prepare patient.
- Obtain vital signs.
- Other.

Similarly, the following administrative activities were listed in the preservice period:

- Obtain referral from referring M.D.
- Schedule patient/remind patient of appointment.
- Obtain medical records, manage/recall patient database, assemble/develop patient chart.
- Precertify patient/conduct preservice billing.
- Verify insurance/review coverage/register patient.

For the intraservice period, the following clinical activities were listed:

- Obtain medical history.
- Record notes.
- Other.

The following clinical activities were listed in the postservice period:

- Clean room/equipment/shut down equipment.
- Provide postservice education.
- Complete diagnostic medical forms, x-ray requisitions, prescriptions.
- Review results.
- Checkout/provide discharge instructions/complete nursing forms.
- Conduct follow-up phone calls to patient/respond to patient calls/call-in prescription refills.
- Other.

Similarly the following administrative activities were listed in the postservice period:

- Transcribe results/file and manage patient records.
- Schedule postoperative return evaluation and management services/arrange for hospital readmission.
- Notify and complete reports to referring MDs.
- Conduct billing activities (coordinate bill collection/rebilling, collect coinsurance payments or deductibles, postcertify patient).

During the second round of the CPEPs, Abt collected the inputs by the broader category of service. For example, for additional evaluation and management services codes in the same family as the reference code, Abt collected totals on clinical times for the preservice period, the intraservice period, and the postservice period. Similarly, the same process was followed for administrative inputs. This less detailed, more aggregated, process was used because of the large volume of procedure codes the CPEPs had to review during the second round and because the CPEPs believed this level of detail was sufficient.

b. Pricing of Clinical Practice Expert Panels' Direct Inputs

Having identified the type and quantity of direct inputs from the CPEP process, our methodology required the assignment of a national price for each resource input. Abt priced each of the CPEP direct inputs (nonphysician labor, medical supplies, and medical equipment) using a specific methodology. The methodology for each of these items is discussed below.

(1) Nonphysician Labor

Abt calculated the total compensation per minute for approximately 100 occupational categories that include clinical and administrative staff. The data sources for these staff identified hourly wages, including fringe benefits, per person for 1993 or 1994. These wages were updated to 1995 using the Employment Cost Index for Wages and Salaries in Private Health Industries (published by the Bureau of Labor Statistics). They were converted to total compensation by adjusting the wage rate by a fringe benefits multiplier. The fringe benefits multiplier is 36.6 percent for all occupational categories. This is estimated from the Bureau of Labor Statistics Employer Costs for Employee Compensation for March 1995. Abt calculated the fringe benefit multiplied from the Bureau of Labor Statistics data using the ratio of the total cost of all benefits to the wage rate for all workers in private health services industries.

Three specific data sources were used. They were: (1) The Bureau of Labor Statistics' ''White Collar Pay Survey of Service-Producing Industries'' dated 1989 and the ''Occupational Compensation Survey'' dated 1994; (2) ''The Survey of Hospital and Medical School Salaries'' dated 1994 performed by the University of Texas Medical Branch; and (3) the Current Population Survey dated 1993. Although all three data sources were used, in cases of similar categories across data sets, the Bureau of Labor Statistics data were considered to be the primary data set. The University of Texas Medical Branch and Current Population Survey data were treated as supplements to be used when the Bureau of Labor Statistics' data could not furnish sufficient detail.

Abt categorized all personnel into five broad categories: clinical staff, administrative staff, clinical composite staff, administrative composite staff, and clinical/administrative composite staff. The administrative composite staff refers, for example, to a function described by a CPEP that could be performed by different personnel. A composite labor rate was calculated for this function for this CPEP.

We use the occupational category of the medical secretary to illustrate the mapping of the price for an administrative staff position. Every CPEP reported that a medical secretary performed certain functions as part of the procedure codes reviewed by that CPEP. From the Bureau of Labor Statistics' data, the updated 1995 total compensation, including fringe benefits, for a level II medical secretary is $16.43 per hour. (The Bureau of Labor Statistics furnishes skilled level variations in wages and duties for registered nurses, licensed practical nurses, secretaries, office clerks, and nursing assistants. In general, as we advised, Abt used the Bureau of Labor Statistics' wage for level II staff.) This converts to a total compensation per minute of $0.274 for a medical secretary, and this labor rate was made uniform across all CPEPs. If, for example, a CPEP specified that a medical secretary was needed for 10 minutes to provide administrative services for a specific CPT code, that labor input would be costed at $2.74.

Similarly, we use the occupational category of a registered nurse to illustrate the mapping of the price for a clinical staff position. Every CPEP, except the gastroenterology CPEP, reported that a registered nurse performed certain functions with respect to the procedure codes reviewed by that CPEP. The hourly wage for a level II registered nurse was $18.52 under the Bureau of Labor Statistics' survey. The total compensation, including fringe benefits, for a registered nurse is $25.30 per hour. This converts to a total compensation per minute of $0.422. Thus, for each CPEP, the minutes of a registered nurse's time are costed at $0.422. If, for example, a CPEP specified that a registered nurse was needed for 10 minutes to provide clinical services for a specific CPT code for a patient, that direct input would be costed at $4.22.

(2) Medical Supplies

Overall, the CPEPs identified 665 supply items for which Abt obtained prices from three types of sources:

- Published catalogs—These were used for the most common supplies and CPEP panelists often provided recommendations of catalogs or other sources.
- Contacts with suppliers—This source was used primarily for specialized supplies.
- CPEP members—This source was used if prices were unavailable from catalogs or suppliers.

Examples of medical supplies include disposable gowns, examination table paper, disposable pillow cases, nonsterile or sterile gloves, disposable suture removal kit, Vicryl suture, 4–0 and 5–0, and sterile gauze. Abt used the same prices for these supplies across all CPEPs. For example, for all CPEPs, the

price of the disposable gown is $0.57 per item and is based on a representative price from Baxter Healthcare Corporation, a major medical supplier. Similarly, the price of the disposable suture removal kit for all CPEPs is $5.45 per kit and is based on a representative price from Darby Drug Company.

(3) Medical Equipment

Medical equipment was divided into two categories—procedure-specific equipment and overhead equipment. Procedure-specific medical equipment is used for a specific subset of services within a specialty, such as a stress-test treadmill as part of a cardiology procedure. Overhead medical equipment is either used for all services furnished or is rarely used (for example, a crash cart containing emergency supplies) but is routinely purchased and maintained in a practice and is difficult to attribute to a specific service. Only equipment with costs equal to or exceeding $500 was costed under the medical equipment methodology. The cost per use for equipment costing less than $500 was considered to be trivial.

Information about the type of equipment used to furnish each service was obtained from the CPEPs. Abt applied price data to the resource profiles generated by the CPEPs. In most cases, Abt collected list prices from equipment suppliers. For example, the list price for a flexible laryngoscope is $5,080 (this information is from Welch-Allyn, a medical equipment supplier). Prices were obtained for almost 400 equipment items.

To cost procedure-specific and overhead equipment, Abt assumed 70-percent and 100-percent utilization rates, respectively. Based on comments from the physician specialty groups, we have changed the utilization level for procedure-specific equipment from 70 percent to 50 percent.

Procedure-specific equipment was costed based on the number of minutes the equipment was used for the procedure. The proxy for this is usually technician time. Overhead equipment was costed based on the estimated time for the staff with the most involvement in the procedure. For example, if a procedure involving a piece of equipment was performed in the office and involved 15 minutes of registered nurse time and 30 minutes of physician assistant time, the time of the procedure would be 30 minutes since this is the longest of the nonphysician clinical staff times.

The objective in pricing medical equipment was to establish an equipment cost per minute. The equipment pricing model uses the following variables:

- The purchase price of the equipment with primary sources of information from national manufacturers.
- The useful life of the equipment with primary sources of information from ''Useful Life Guidelines'' from the American Hospital Association.
- The annual maintenance cost with primary sources of information from the Medical Group Management Association.
- The cost of capital.
- The time per procedure with primary sources of information from CPEP labor estimates.
- The hours of practice (that is, 50 hours per week and 50 weeks per year) with primary sources of information from the Medical Group Management Association and the AMA.
- The machine capacity, based on a practice's hours, with the assumption that the equipment operates at a fixed percentage (in this case 50 percent) of capacity.

Ideally, a cost of capital would be established from a nationally representative sample of data containing loan rates and length of loan for physician practices. Such data do not exist. As a result, Abt developed proxy data based on prevailing loan rates for small businesses. In this model, interest rates varied by the loan period (one rate for periods less than or equal to 7 years and another for periods greater than 7 years) and based on the purchase price of the equipment (one rate for equipment costing less than or equal to $25,000 and another for equipment costing more than $25,000).

Amount	Interest rate (percent)	
	Loan period ≤7 years	Loan period >7 Years
>$25,000	9.5	10.
≤$25,000	10.5	11

For example, the cost of capital for an item of medical equipment costing more than $25,000 and with a useful life less than 7 years was assigned an interest rate of 9.5 percent.

The following example illustrates the application of the pricing model for equipment that is used to perform only one type of procedure code, assuming the following:

- The equipment is operated at 50 percent of capacity.
- The practice operates 50 hours per week or 105,000 minutes per year (60 minutes/hour×50 hours/week×50 weeks/year×.50=75,000 minutes).
- The cost of capital (that is, the interest cost of a loan or opportunity cost of invested funds is 9.5 percent).
- The purchase price of the equipment is $30,000.
- The useful life of the equipment is 5 years.
- The annual maintenance costs are 5 percent of the annual purchase price (.05×$30,000) or $1,500.
- The procedure performed on the equipment takes 10 minutes.

Cost per procedure=10×[$30,000/(75,000×3.8397)+1,500/75,000]

Cost per procedure=$1.24

Note: 3.38397 represents $\Sigma 1/(1+r)^t$ where t=0 to 5. The cost of capital is discounted by the number of years of useful life. The annualized capitalized cost for the equipment is $9,313, which is the annual maintenance cost of $1,500, plus the annualized purchase price ($7,813), taking into account the opportunity cost of capital or $30,000 divided by 3.8397.

Addendum B. Resource Based Practice Expense Methodology and Example

Step 1: By specialty, use the American Medical Association's Socioeconomic Monitoring Survey actual cost data for 1995–1997 (SMS data) to determine practice expenses per hour by cost category.

Methodology

(1) Derive the expenses at the physician practice level using the SMS data by cost category. The cost categories are:

(a) total non-physician payroll expenses, which are payroll expenses (including fringe benefits) for non-physician personnel;

(b) administrative payroll expenses, which are payroll expenses (including fringe benefits) for non-physician personnel involved in administrative, secretarial, or clerical activities;

(c) office expenses, which include expenses for rent, mortgage interest, depreciation on medical buildings, utilities, and telephone;

(d) medical material and supply expenses, which include expenses for drugs, x-ray films, and disposable medical products;

(e) medical equipment expenses, which include expenses for depreciation, leases, and rent of medical equipment used in the diagnosis or treatment of patients;

(f) all other expenses, which include expenses for legal services, accounting services, office management services, professional association memberships, journals and continuing education, professional car upkeep and depreciation, and any professional expenses not mentioned above.

We refer to the difference between the total nonphysician payroll expense category and the clerical payroll expense category as the clinical payroll expense category.

(2) Derive the number of hours spent in patient care activities by physicians in the practice.

(3) Divide the expenses at the practice level by the number of hours spent in patient care activities by the physicians in the practice.

Derivations

$$\text{Practice expenses per hour for cost category x of specialty j} = PEHR_{x,j} = \frac{\sum_i \frac{\left(pe_{i,j,x} * o_{i,j}\right)}{\left(rh_{i,j} * o_{i,j}\right) + \left(e_{i,j} * eh_j\right)} * w_{i,j}}{\sum_i w_{i,j}}$$

i,j = respondent physician i of specialty j

$pe_{i,j,x}$ = category x practice expenses for respondent i of specialty j

$o_{i,j}$ = number of physician owners in the practice of respondent i of specialty j

$rh_{i,j}$ = number of hours worked in patient care activities during the year by respondent i of specialty j

$e_{i,j}$ = number of employee physicians in the practice of respondent i of specialty j

eh_j = average number of hours worked in patient care activities for employee physician's in specialty j

$w_{i,j}$= SMS weight for respondent i of specialty j to correct for potential nonresponse bias

Step 2: By specialty, determine the number of physician hours spent treating Medicare patients as reflected in the Medicare claims data.

Methodology

By specialty, determine the number of physician hours reflected in the Medicare physician fee schedule claims data as a weighted sum of the physician time associated with each procedure code on the fee schedule.

$$\text{physician hours for specialty j} = HOURS_J = \sum_k \left(t_k * f_{k,j}\right)$$

K = procedure code performed by specialty j

t_k = the physician time associated with procedure k, taken primarily from the AMA Relative Value Update committee surveys (where available) or surveys done for the initial establishment of the work relative value units

$f_{k,j}$ = the frequency with which procedure code k is performed on Medicare patients by the physicians in specialty j as reflected in the Medicare allowed claims data

Step 3: By specialty, multiply the SMS practice expenses per hour for each cost category (as calculated in Step 1) by the number of physician hours reflected in the Medicare physician fee schedule claims data (as calculated in Step 2).

Methodology

$$\text{The practice expense pool for cost category x of specialty j} = POOL_{X,J} = PEHR_{x,j} * HOURS_J$$

calculated for each × from 1 to 4, with 1 = clinical payroll expense, 2 = medical materials and supplies expense, 3 = medical equipment expense, 4 = a combined category of clerical payroll expense, office expense, and all other expenses.

Step 4: For each specialty and cost category, allocate the practice expense pool calculated in Step 3 to the procedures performed by that specialty.

Methodology

(1) Clinical payroll expense, medical materials and supplies, and medical equipment SMS pools.

The CPEP cost categories of clinical labor, medical supplies, and medical equipment in the facility and nonfacility place of service settings are used to allocate, respectively, the SMS cost category pools for clinical payroll expense, medical materials and supplies, and medical equipment.

$$\text{Practice expense pool allocation for category x to procedure code k for specialty j in place of service p} = costs_{x,k,j,p} = cpep_{x,k,p} * \frac{POOL_{x,j}}{\sum_k \sum_p cpep_{x,k,p} * f_{k,j,p}}$$

p = place of service where the procedure is performed with p=1 the facility setting (eg hospital) and p=2 the nonfacility setting (eg physician's office)

$cpep_{x,k,p}$ = CPEP costs for category x for procedure code k in setting p (procedure codes costed in a setting as nonzero by more than one CPEP are averaged)

$f_{k,j,p}$ = the frequency with which procedure code k was performed in place of service p on Medicare patients by the physicians in

specialty j as reflected in the Medicare allowed claims data

calculate for each × from 1 to 3

(2) Administrative payroll expense, office expense, and other expense SMS pools.

A combination of the clinical payroll, medical materials and supplies, and medical equipment code allocations calculated in (1) and the physician fee schedule work relative value units are used to allocate the combined SMS cost category pool for administrative payroll expense, office expense, and other expense (category 4).

$$\text{Practice expense pool allocation for category 4 to procedure code k for specialty j in setting p} = \text{costs}_{4,k,j,p} = \left[\left(\sum_{x=1}^{3}\text{costs}_{x,k,j,p}\right)+\left(w_k * s\right)\right] * \frac{\text{POOL}_{x,j}}{\sum_k\sum_p\left[\left(\left(\sum_{x=1}^{3}\text{costs}_{x,k,j,p}\right)+\left(w_k * s\right)\right) * f_{k,j,p}\right]}$$

w_k = the work relative value units for procedure code k

s = factor to convert work relative value units to SMS category pool dollars

Step 5: Weight average the allocations calculated in Step 4 to account for procedure codes performed by more than one specialty.

Methodology

For procedure codes performed by only one specialty, use that specialty's allocation. For procedure codes performed by more than one specialty, take a weighted average of the allocations for the specialties which perform the procedure, where the weight is the frequency with which the procedure is performed by that specialty.

Practice expense pool allocation for category x to procedure code k in place of service p = $\text{costs}_{x,k,p}$ =

$$\text{Practice expense pool allocation for category x to procedure code k in place of service p} = \text{costs}_{x,k,p} = \frac{\sum_j\left(\text{costs}_{x,j,k,p} * f_{k,j,p}\right)}{\sum_j f_{k,j,p}}$$

Step 6: From the allocations calculated in Step 5, create the new practice expense relative units by place of service for each procedure code.

Methodology

For each procedure code, multiply the sum of the allocations from Step 5 for the four cost categories by the ratio of the available pool of practice expense relative value units to the weighted sum of all the procedure code allocations. Although not illustrated below, procedure codes with professional and technical components were adjusted as described earlier in this **Federal Register** notice to ensure that the technical and professional components sum to the global for the service. New practice expense relative value unit for procedure code k in place of service p = $\text{rvunew}_{k,p}$ =

$$\text{new practice expense relative value unit for procedure code k in place of service p} = \text{rvunew}_{k,p} = \sum_x \text{costs}_{x,k,p} * \frac{\sum_k\sum_p\left(\text{rvuold}_{k,p} * f_{k,p}\right)}{\sum_k\sum_p\left(\left(\sum_x \text{costs}_{x,k,p}\right) * f_{k,p}\right)}$$

Example

The following example is designed to illustrate the resource based practice expense methodology described above. For simplicity, the entire Medicare physician fee schedule universe is assumed to consist of two specialties and six procedure codes. This example does not yield the actual resource based practice expense relative value units found in Addendum C for the six codes.

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TABLE 1

Step 1: Results of practice expense per hour derivation

	(A)	(B)	(C)	(D)	(E)	(F)	(G)
	Practice Expenses per Hour						
	Clinical Payroll	Medical Materials and Supplies	Medical Equipment	Administrative Payroll	Office Expenses	All Other Expenses	Total*
Family Practice	$15.10	$8.10	$3.60	$15.10	$18.20	$8.60	$68.60
General Surgery	$6.80	$3.10	$2.00	$15.70	$17.20	$9.40	$54.10

*Components may not add to totals due to rounding

TABLE 2

Step 2: Determine the number of hours spent treating Medicare patients as reflected in Medicare claims data

Specialty	CPT	Description	(A) Physician Time for Procedure (mins)	(B) Physician Time for Procedure (hours)	(C) Medicare Frequency	(D) Total Physician Time (hours)
Family Practice						
	99213	Office/outpatient visit, est	23	0.38	17,720,998	6,793,049
	99232	Subsequent hospital care	30	0.50	3,558,740	1,779,370
					Total	8,572,419
General Surgery						
	35301	Rechanneling of artery	390	6.50	35,239	229,054
	44140	Sigmoidoscopy, diagnostic	511	8.52	47,620	405,564
	45330	Partial removal of colon	28	0.47	48,815	22,780
	56340	Laparoscopic cholecystectomy	313	5.22	79,501	414,730
	99213	Office/outpatient visit, est	23	0.38	1,691,272	648,321
	99232	Subsequent hospital care	30	0.50	566,202	283,101
					Total	2,003,550

Notes:
(B) = (A) / 60
(D) = (B) * (C)

TABLE 3

Step 3: Multiply practice expenses per hour (from Step 1) by the number of physician hours (from Step 2)

	(A)	(B)	(C)	(D)	(E)
	Practice Expenses per Hour				Total Physician Time (hours)
	Clinical Payroll	Medical Materials and Supplies	Medical Equipment	Administrative Payroll, Office, and all other	
Family Practice	$15.10	$8.10	$3.60	$41.90	8,572,419
General Surgery	$6.80	$3.10	$2.00	$42.30	2,003,550

	(F)	(G)	(H)	(I)	(J)
	Practice Expense Pool				
	Clinical Payroll	Medical Materials and Supplies	Medical Equipment	Administrative Payroll, Office, and all other	Total
Family Practice	$129,443,530	$69,436,596	$30,860,709	$359,184,366	$588,925,201
General Surgery	$13,624,138	$6,211,004	$4,007,099	$84,750,150	$108,592,391
				Total	$697,517,592

Notes:
(D) = TABLE 1 COL (D) + TABLE 1 COL (E) + TABLE 1 COL (F)
(E) = TABLE 2 COL (D) "TOTAL"
(F) = (A) * (E)
(G) = (B) * (E)
(H) = (C) * (E)
(I) = (D) * (E)
(J) = (F) + (G) + (H) + (I)

TABLE 4

Step 4(1): For clinical, supplies, and equipment, allocate the practice expense pool calculated in Step 3 to the procedure codes

CPEP Data

	(A)	(B)	(C)	(D)	(E)	(F)
	CPEP Facility Data			CPEP Nonfacility Data		
	Clinical	Supplies	Equipment	Clinical	Supplies	Equipment
35301	$144.94	$1.04	$13.97			
44140	$188.13	$1.21	$12.74			
45330	$4.76	$0.00	$0.00	$28.85	$5.47	$116.12
56340	$96.30	$0.86	$8.68			
99213	$8.15	$0.00	$0.00	$16.43	$0.77	$2.85
99232	$3.72	$0.00	$0.00			

TABLE 5

Step 4(1) cont. : For clinical, supplies, and equipment, allocate the practice expense pool calculated in Step 3 to the procedure codes

Medicare Frequency Data

Specialty	CPT	(A) Medicare Frequency Facility	(B) Medicare Frequency Nonfacility	(C) Medicare Frequency Total
Family Practice				
	99213	420,181	17,300,817	17,720,998
	99232	3,558,740	0	3,558,740
General Surgery				
	35301	35,239	0	35,239
	44140	47,620	0	47,620
	45330	19,406	29,409	48,815
	56340	79,501	0	79,501
	99213	49,952	1,641,320	1,691,272
	99232	566,202	0	566,202
		470,133	18,942,137	19,412,270
		4,124,942	0	4,124,942
				23,537,212

TABLE 6

Step 4(1) cont. : For clinical, supplies, and equipment, allocate the practice expense pool calculated in Step 3 to the procedure codes

	CPEP Data * Medicare Frequency					
	(A)	(B)	(C)	(D)	(E)	(F)
	CPEP Facility Data *Medicare Freq			CPEP Nonfacility Data *Medicare Freq		
	Clinical	Supplies	Equipment	Clinical	Supplies	Equipment
Family Practice						
99213	$3,424,055	$0	$0	$284,326,950	$13,272,388	$49,323,188
99232	$13,237,623	$0	$0			
General Surgery						
35301	$5,107,682	$36,596	$492,130			
44140	$8,958,751	$57,715	$606,822			
45330	$92,276	$0	$0	$848,361	$160,729	$3,414,885
56340	$7,656,105	$67,973	$689,989			
99213	$407,059	$0	$0	$26,973,958	$1,259,145	$4,679,267
99232	$2,106,130	$0	$0			

Notes:
(A) = TABLE 4 COL (A) * TABLE 5 COL (A)
(B) = TABLE 4 COL (B) * TABLE 5 COL (A)
(C) = TABLE 4 COL (C) * TABLE 5 COL (A)
(D) = TABLE 4 COL (D) * TABLE 5 COL (B)
(E) = TABLE 4 COL (E) * TABLE 5 COL (B)
(F) = TABLE 4 COL (F) * TABLE 5 COL (B)

TABLE 7

Step 4(1) cont. : For clinical, supplies, and equipment, allocate the practice expense pool calculated in Step 3 to the procedure codes

Calculate Ratios

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)
	Sum Table 6 Facility and Nonfacility			Table 3 Practice Expense Pool			Ratio		
	Clinical	Supplies	Equipment	Clinical Payroll	Medical Mat. and Supplies	Medical Equipment	Clinical Payroll	Medical Mat. and Supplies	Medical Equipment
Family Practice									
99213	$287,751,005	$13,272,388	$49,323,188						
99232	$13,237,623	$0	$0						
Total	$300,988,628	$13,272,388	$49,323,188	$129,443,530	$69,436,596	$30,860,709	0.430	5.232	0.626
General Surgery									
35301	$5,107,682	$36,596	$492,130						
44140	$8,958,751	$57,715	$606,822						
45330	$940,637	$160,729	$3,414,885						
56340	$7,656,105	$67,973	$689,989						
99213	$27,381,017	$1,259,145	$4,679,267						
99232	$2,106,130	$0	$0						
Total	$52,150,321	$1,582,158	$9,883,092	$13,624,138	$6,211,004	$4,007,099	0.261	3.926	0.405

Notes:
(A) = TABLE 6 COL (A) + TABLE 6 COL (D)
(B) = TABLE 6 COL (B) + TABLE 6 COL (E)
(C) = TABLE 6 COL (C) + TABLE 6 COL (F)
(G) = (D) / (A)
(H) = (E) / (B)
(I) = (F) / (C)

TABLE 8

Step 4(1) cont. : For clinical, supplies, and equipment, allocate the practice expense pool calculated in Step 3 to the procedure codes

Apply Ratios to CPEP Data

	(A)	(B)	(C)	(D)	(E)	(F)
	CPEP Facility Data * Ratio			CPEP Nonfacility Data * Ratio		
	Clinical	Supplies	Equipment	Clinical	Supplies	Equipment
Family Practice						
99213	$3.50	$0.00	$0.00	$7.07	$4.01	$1.78
99232	$1.60	$0.00	$0.00			
General Surgery						
35301	$37.87	$4.08	$5.66			
44140	$49.15	$4.76	$5.17			
45330	$1.24	$0.00	$0.00	$7.54	$21.45	$47.08
56340	$25.16	$3.36	$3.52			
99213	$2.13	$0.00	$0.00	$4.29	$3.01	$1.16
99232	$0.97	$0.00	$0.00			

Notes:
(A) = TABLE 4 COL (A) * TABLE 7 COL (G)
(B) = TABLE 4 COL (B) * TABLE 7 COL (H)
(C) = TABLE 4 COL (C) * TABLE 7 COL (I)
(D) = TABLE 4 COL (D) * TABLE 7 COL (G)
(E) = TABLE 4 COL (E) * TABLE 7 COL (H)
(F) = TABLE 4 COL (F) * TABLE 7 COL (I)

TABLE 9

Step 4(2) : For category 4, allocate the practice expense pool calculated in Step 3 to the procedure codes

Determine the Pool 4 Allocators

	(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)	(I)	(J)	(K)
	Table 8 Facility			Table 8 Nonfacility						Pool 4 Allocators	
	Clinical	Supplies	Equip	Clinical	Supplies	Equip	Work RVU	Factor to Convert	Work RVU Converted	Facility	Nonfacility
Family Practice											
99213	$3.50	$0.00	$0.00	$7.07	$4.01	$1.78	0.67	$58.99	$39.53	$43.03	$52.39
99232	$1.60	$0.00	$0.00				1.06	$58.99	$62.53	$64.13	
General Surgery											
35301	$37.87	$4.08	$5.66				18.70	$58.99	$1,103.21	$1,150.81	
44140	$49.15	$4.76	$5.17				18.35	$58.99	$1,082.56	$1,141.63	
45330	$1.24	$0.00	$0.00	$7.54	$21.45	$47.08	0.96	$58.99	$56.64	$57.88	$132.71
56340	$25.16	$3.36	$3.52				11.09	$58.99	$654.25	$686.29	
99213	$2.13	$0.00	$0.00	$4.29	$3.01	$1.16	0.67	$58.99	$39.53	$41.66	$47.99
99232	$0.97	$0.00	$0.00				1.06	$58.99	$62.53	$63.51	

Notes:
(H) = TABLE 3 COL (J) "TOTAL" / TABLE 12 COL (L) "TOTAL 2"
(I) = (G) * (H)
(J) = (A) + (B) + (C) + (I)
(K) = (D) + (E) + (F) + (I) if applicable to nonfacility

TABLE 10

Step 4(2) cont : For category 4, allocate the practice expense pool calculated in Step 3 to the procedure codes

Calculate Pool 4 Allocation

		(A)	(B)	(C)	(D)	(E)	(F)	(G)	(H)
		Medicare Frequency			Pool 4 Allocators		Allocators *	Pool 4 Allocation	
Specialty	CPT	Facility	Nonfacility	Total	Facility	Nonfacility	Medicare Freq	Facility	Nonfacility
Family Practice									
	99213	420,181	17,300,817	17,720,998	$43.03	$52.39	$924,499,497	$13.41	$16.32
	99232	3,558,740	0	3,558,740	$64.13		$228,237,715	$19.98	
						Total	$1,152,737,212		
						Pool 4	$359,184,366		
						Ratio	0.3116		
General Surgery									
	35301	35,239	0	35,239	$1,150.81		$40,553,457	$359.49	
	44140	47,620	0	47,620	$1,141.63		$54,364,478	$356.62	
	45330	19,406	29,409	48,815	$57.88	$132.71	$5,025,916	$18.08	$41.45
	56340	79,501	0	79,501	$686.29		$54,560,622	$214.38	
	99213	49,952	1,641,320	1,691,272	$41.66	$47.99	$80,843,708	$13.01	$14.99
	99232	566,202	0	566,202	$63.51		$35,957,491	$19.84	
						Total	$271,305,673		
						Pool 4	$84,750,150		
						Ratio	0.3124		

Notes:
(F) = [(A) * (D)] + [(B) * (E)]
(G) = (D) * [(F) "Ratio"]
(H) = (E) * [(F) "Ratio"] ,

TABLE 11

Step 5: Weight average the allocations from Step 4

	Facility				Nonfacility				Medicare Frequency	
	Table 8			Table 10	Table 8			Table 10		
	Clinical	Supplies	Equip	Pool 4	Clinical	Supplies	Equip	Pool 4	Facility	Nonfacility
Family Practice										
99213	$3.50	$0.00	$0.00	$13.41	$7.07	$4.01	$1.78	$16.32	420,181	17,300,817
99232	$1.60	$0.00	$0.00	$19.98					3,558,740	0
General Surgery										
35301	$37.87	$4.08	$5.66	$359.49					35,239	0
44140	$49.15	$4.76	$5.17	$356.62					47,620	0
45330	$1.24	$0.00	$0.00	$18.08	$7.54	$21.45	$47.08	$41.45	19,406	29,409
56340	$25.16	$3.36	$3.52	$214.38					79,501	0
99213	$2.13	$0.00	$0.00	$13.01	$4.29	$3.01	$1.16	$14.99	49,952	1,641,320
99232	$0.97	$0.00	$0.00	$19.84					566,202	0

Weighted Average					Total Facility					Total Nonfacility
35301	$37.87	$4.08	$5.66	$359.49	$407.09					
44140	$49.15	$4.76	$5.17	$356.62	$415.69					
45330	$1.24	$0.00	$0.00	$18.08	$19.32	$7.54	$21.45	$47.08	$41.45	$117.53
56340	$25.16	$3.36	$3.52	$214.38	$246.42					
99213	$3.36	$0.00	$0.00	$13.37	$16.72	$6.77	$3.91	$1.72	$16.18	$28.58
99232	$1.51	$0.00	$0.00	$19.96	$21.48					

TABLE 12

Step 6: Create New Practice Expense Relative Value Units

	(A)	(B)	(C)	(D)	(E)	(F)
	Total from Table 11		1998 PERVU		Medicare Frequency	
	Facility	Nonfacility	Facility	Nonfacility	Facility	Nonfacility
35301	$407.09		14.46	14.46	35,239	0
44140	$415.69		11.37	11.37	47,620	0
45330	$19.32	$117.53	0.53	1.23	19,406	29,409
56340	$246.42		7.99	7.99	79,501	0
99213	$16.72	$28.58	0.19	0.43	470,133	18,942,137
99232	$21.48		0.45	0.45	4,124,942	0

	(G)	(H)	(I)	(J)	(K)	(L)
	Total from Table 11 * Medicare Freq			1998 PERVU* Medicare Freq		
	Facility	Nonfacility	Total	Facility	Nonfacility	Total
35301	$14,345,607		$14,345,607	509,556	0	509,556
44140	$19,795,370		$19,795,370	541,439	0	541,439
45330	$374,961	$3,456,297	$3,831,258	10,285	36,173	46,458
56340	$19,590,317		$19,590,317	635,213	0	635,213
99213	$7,862,762	$541,368,781	$549,231,542	89,325	8,145,119	8,234,444
99232	$88,592,748		$88,592,748	1,856,224	0	1,856,224
		Total 1	$695,386,842		Total 2	11,823,335
					Ratio = Total 2 / Total 1 =	0.017

	(M)	(N)
	New RVUPE=Total from Table 11 * Ratio	
	Facility	Nonfacility
35301	6.92	
44140	7.07	
45330	0.33	2.00
56340	4.19	
99213	0.28	0.49
99232	0.37	

Notes:
(C) = 1998 PERVU with 50% reduction for current SOS policy where applicable
(G) = (A) * (E)
(H) = (B) * (F)
(I) = (G) + (H)
(J) = (C) * (E)
(K) = (D) * (F)
(L) = (J) + (K)
(M) = (A) * [(L) "Ratio"]
(N) = (B) * [(L) "Ratio"]

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
10040	.....	A	Acne surgery of skin abscess	1.18	1.47	4.46	0.03	2.68	15.78	010
10060	.....	A	Drainage of skin abscess	1.17	0.86	0.52	0.04	2.07	1.73	010
10061	.....	A	Drainage of skin abscess	2.40	1.49	1.06	0.06	3.95	3.52	010
10080	.....	A	Drainage of pilonidal cyst	1.17	1.41	0.51	0.05	2.63	1.73	010
10081	.....	A	Drainage of pilonidal cyst	2.45	1.95	1.25	0.16	4.56	3.86	010
10120	.....	A	Remove foreign body	1.22	1.23	0.48	0.05	2.50	1.75	010
10121	.....	A	Remove foreign body	2.69	2.08	1.35	0.12	4.89	4.16	010
10140	.....	A	Drainage of hematoma/fluid	1.53	0.94	0.79	0.05	2.52	2.37	010
10160	.....	A	Puncture drainage of lesion	1.20	1.07	0.61	0.05	2.32	1.86	010

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
10180		A	Complex drainage, wound	2.25	1.17	1.18	0.18	3.60	3.61	010
11000		A	Debride infected skin	0.60	0.37	0.24	0.04	1.01	0.88	000
11001		A	Debride infect skin add	0.30	0.20	0.13	0.02	0.52	0.45	ZZZ
11010		A	Debride skin, fx	4.20	2.01	1.78	0.65	6.86	6.63	010
11011		A	Debride skin/muscle, fx	4.95	2.88	2.44	0.77	8.60	8.16	000
11012		A	Debride skin/muscle/bone, fx	6.88	3.82	3.58	1.07	11.77	11.53	000
11040		A	Debride skin partial	0.50	0.32	0.20	0.04	0.86	0.74	000
11041		A	Debride skin full	0.82	0.47	0.35	0.06	1.35	1.23	000
11042		A	Debride skin/tissue	1.12	0.68	0.48	0.08	1.88	1.68	000
11043		A	Debride tissue/muscle	2.38	1.79	1.30	0.34	4.51	4.02	010
11044		A	Debride tissue/muscle/bone	3.06	2.35	1.77	0.49	5.90	5.32	010
11055		R	Trim skin lesion	0.27	0.32	0.12	0.02	0.61	0.41	000
11056		R	Trim 2 to 4 skin lesions	0.39	0.36	0.17	0.03	0.78	0.59	000
11057		R	Trim over 4 skin lesions	0.50	0.41	0.22	0.03	0.94	0.75	000
11100		A	Biopsy of skin lesion	0.81	1.26	0.73	0.04	2.11	1.58	000
11101		A	Biopsy, each added lesion	0.41	0.72	0.53	0.02	1.15	0.96	ZZZ
11200		A	Removal of skin tags	0.77	1.72	0.56	0.04	2.53	1.37	010
11201		A	Removal of added skin tags	0.29	0.69	0.67	0.02	1.00	0.98	ZZZ
11300		A	Shave skin lesion	0.51	1.04	0.70	0.05	1.60	1.26	000
11301		A	Shave skin lesion	0.85	1.10	0.95	0.06	2.01	1.86	000
11302		A	Shave skin lesion	1.05	1.19	1.13	0.09	2.33	2.27	000
11303		A	Shave skin lesion	1.24	1.34	1.29	0.17	2.75	2.70	000
11305		A	Shave skin lesion	0.67	0.81	0.75	0.05	1.53	1.47	000
11306		A	Shave skin lesion	0.99	1.06	1.01	0.07	2.12	2.07	000
11307		A	Shave skin lesion	1.14	1.15	1.12	0.10	2.39	2.36	000
11308		A	Shave skin lesion	1.41	1.21	1.30	0.17	2.79	2.88	000
11310		A	Shave skin lesion	0.73	1.11	0.83	0.06	1.90	1.62	000
11311		A	Shave skin lesion	1.05	1.21	1.12	0.08	2.34	2.25	000
11312		A	Shave skin lesion	1.20	1.27	1.28	0.11	2.58	2.59	000
11313		A	Shave skin lesion	1.62	1.62	1.57	0.15	3.39	3.34	000
11400		A	Removal of skin lesion	0.91	1.57	0.60	0.05	2.53	1.56	010
11401		A	Removal of skin lesion	1.32	1.65	0.77	0.06	3.03	2.15	010
11402		A	Removal of skin lesion	1.61	1.77	0.86	0.09	3.47	2.56	010
11403		A	Removal of skin lesion	1.92	1.67	0.99	0.13	3.72	3.04	010
11404		A	Removal of skin lesion	2.20	1.81	1.10	0.17	4.18	3.47	010
11406		A	Removal of skin lesion	2.76	2.42	1.33	0.33	5.51	4.42	010
11420		A	Removal of skin lesion	1.06	1.33	0.68	0.05	2.44	1.79	010
11421		A	Removal of skin lesion	1.53	1.62	0.90	0.07	3.22	2.50	010
11422		A	Removal of skin lesion	1.76	1.75	0.97	0.10	3.61	2.83	010
11423		A	Removal of skin lesion	2.17	1.77	1.14	0.15	4.09	3.46	010
11424		A	Removal of skin lesion	2.62	1.97	1.33	0.16	4.75	4.11	010
11426		A	Removal of skin lesion	3.78	2.86	1.83	0.29	6.93	5.90	010
11440		A	Removal of skin lesion	1.15	1.72	0.82	0.06	2.93	2.03	010
11441		A	Removal of skin lesion	1.61	1.85	1.05	0.08	3.54	2.74	010
11442		A	Removal of skin lesion	1.87	1.96	1.14	0.11	3.94	3.12	010
11443		A	Removal of skin lesion	2.49	2.39	1.47	0.15	5.03	4.11	010
11444		A	Removal of skin lesion	3.42	2.60	1.96	0.14	6.16	5.52	010
11446		A	Removal of skin lesion	4.49	3.52	2.47	0.18	8.19	7.14	010
11450		A	Removal, sweat gland lesion	2.73	5.45	1.79	0.44	8.62	4.96	090
11451		A	Removal, sweat gland lesion	3.95	7.23	2.48	0.46	11.64	6.89	090
11462		A	Removal, sweat gland lesion	2.51	5.50	1.83	0.36	8.37	4.70	090
11463		A	Removal, sweat gland lesion	3.95	6.91	2.02	0.34	11.20	6.31	090
11470		A	Removal, sweat gland lesion	3.25	6.63	1.90	0.45	10.33	5.60	090
11471		A	Removal, sweat gland lesion	4.41	7.55	2.63	0.48	12.44	7.52	090
11600		A	Removal of skin lesion	1.41	1.75	0.84	0.10	3.26	2.35	010
11601		A	Removal of skin lesion	1.93	2.67	1.11	0.12	4.72	3.16	010
11602		A	Removal of skin lesion	2.09	1.91	1.17	0.16	4.16	3.42	010
11603		A	Removal of skin lesion	2.35	1.86	1.25	0.21	4.42	3.81	010
11604		A	Removal of skin lesion	2.58	1.99	1.35	0.26	4.83	4.19	010
11606		A	Removal of skin lesion	3.43	2.74	1.68	0.49	6.66	5.60	010
11620		A	Removal of skin lesion	1.34	1.71	0.87	0.12	3.17	2.33	010
11621		A	Removal of skin lesion	1.97	1.88	1.20	0.16	4.01	3.33	010
11622		A	Removal of skin lesion	2.34	2.06	1.34	0.19	4.59	3.87	010
11623		A	Removal of skin lesion	2.93	2.17	1.59	0.25	5.35	4.77	010
11624		A	Removal of skin lesion	3.43	2.48	1.86	0.32	6.23	5.61	010
11626		A	Removal of skin lesion	4.30	3.20	2.28	0.51	8.01	7.09	010
11640		A	Removal of skin lesion	1.53	1.77	1.02	0.15	3.45	2.70	010
11641		A	Removal of skin lesion	2.44	2.15	1.51	0.18	4.77	4.13	010
11642		A	Removal of skin lesion	2.93	2.24	1.74	0.23	5.40	4.90	010
11643		A	Removal of skin lesion	3.50	2.57	2.05	0.28	6.35	5.83	010
11644		A	Removal of skin lesion	4.55	3.17	2.61	0.33	8.05	7.49	010
11646		A	Removal of skin lesion	5.95	4.21	3.41	0.60	10.76	9.96	010
11719		R	Trim nail(s)	0.11	0.16	0.05	0.02	0.29	0.18	000
11720		A	Debride nail, 1–5	0.32	0.23	0.21	0.03	0.58	0.56	000

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
11721		A	Debride nail, 6 or more	0.54	0.33	0.31	0.05	0.92	0.90	000
11730		A	Removal of nail plate	1.13	0.59	0.55	0.04	1.76	1.72	000
11731		A	Removal of second nail plate	0.57	0.27	0.27	0.05	0.89	0.89	ZZZ
11732		A	Remove additional nail plate	0.57	0.27	0.30	0.02	0.86	0.89	ZZZ
11740		A	Drain blood from under nail	0.37	0.32	0.08	0.04	0.73	0.49	000
11750		A	Removal of nail bed	1.86	1.37	1.16	0.19	3.42	3.21	010
11752		A	Remove nail bed/finger tip	2.67	1.49	1.93	0.36	4.52	4.96	010
11755		A	Biopsy, nail unit	1.31	0.82	0.96	0.12	2.25	2.39	000
11760		A	Reconstruction of nail bed	1.58	1.10	1.24	0.09	2.77	2.91	010
11762		A	Reconstruction of nail bed	2.89	1.54	2.05	0.24	4.67	5.18	010
11765		A	Excision of nail fold, toe	0.69	0.53	0.55	0.05	1.27	1.29	010
11770		A	Removal of pilonidal lesion	2.61	2.05	1.21	0.44	5.10	4.26	010
11771		A	Removal of pilonidal lesion	5.74	4.26	3.31	0.92	10.92	9.97	090
11772		A	Removal of pilonidal lesion	6.98	5.22	3.81	1.01	13.21	11.80	090
11900		A	Injection into skin lesions	0.52	0.84	0.24	0.02	1.38	0.78	000
11901		A	Added skin lesions injection	0.80	0.97	0.38	0.03	1.80	1.21	000
11920		R	Correct skin color defects	1.61	2.43	0.94	0.23	4.27	2.78	000
11921		R	Correct skin color defects	1.93	1.87	1.13	0.28	4.08	3.34	000
11922		R	Correct skin color defects	0.49	2.10	0.52	0.07	2.66	1.08	ZZZ
11950		R	Therapy for contour defects	0.84	1.01	0.33	0.11	1.96	1.28	000
11951		R	Therapy for contour defects	1.19	1.65	0.77	0.11	2.95	2.07	000
11952		R	Therapy for contour defects	1.69	2.47	0.99	0.11	4.27	2.79	000
11954		R	Therapy for contour defects	1.85	2.20	0.82	0.11	4.16	2.78	000
11960		A	Insert tissue expander(s)	9.08	NA	8.08	1.48	NA	18.64	090
11970		A	Replace tissue expander	7.06	NA	4.67	1.61	NA	13.34	090
11971		A	Remove tissue expander(s)	2.13	4.01	2.53	0.82	6.96	5.48	090
11975		N	Insert contraceptive cap	+1.48	2.81	1.48	0.25	4.54	3.21	XXX
11976		R	Removal of contraceptive cap	1.78	1.34	0.71	0.30	3.42	2.79	XXX
11977		N	Removal/reinsert contra cap	+3.30	4.63	3.30	0.55	8.48	7.15	XXX
12001		A	Repair superficial wound(s)	1.70	1.69	0.53	0.05	3.44	2.28	010
12002		A	Repair superficial wound(s)	1.86	1.78	0.56	0.07	3.71	2.49	010
12004		A	Repair superficial wound(s)	2.24	1.95	0.66	0.10	4.29	3.00	010
12005		A	Repair superficial wound(s)	2.86	2.32	0.87	0.14	5.32	3.87	010
12006		A	Repair superficial wound(s)	3.67	3.11	1.27	0.19	6.97	5.13	010
12007		A	Repair superficial wound(s)	4.12	3.52	1.64	0.19	7.83	5.95	010
12011		A	Repair superficial wound(s)	1.76	1.77	0.52	0.06	3.59	2.34	010
12013		A	Repair superficial wound(s)	1.99	1.88	0.57	0.08	3.95	2.64	010
12014		A	Repair superficial wound(s)	2.46	2.15	0.71	0.10	4.71	3.27	010
12015		A	Repair superficial wound(s)	3.19	2.56	0.83	0.14	5.89	4.16	010
12016		A	Repair superficial wound(s)	3.93	2.85	1.06	0.19	6.97	5.18	010
12017		A	Repair superficial wound(s)	4.71	3.97	1.78	0.31	8.99	6.80	010
12018		A	Repair superficial wound(s)	5.53	3.98	2.22	0.48	9.99	8.23	010
12020		A	Closure of split wound	2.62	2.06	1.36	0.18	4.86	4.16	010
12021		A	Closure of split wound	1.84	1.67	1.03	0.11	3.62	2.98	010
12031		A	Layer closure of wound(s)	2.15	1.98	0.96	0.07	4.20	3.18	010
12032		A	Layer closure of wound(s)	2.47	2.05	0.98	0.10	4.62	3.55	010
12034		A	Layer closure of wound(s)	2.92	2.29	1.13	0.15	5.36	4.20	010
12035		A	Layer closure of wound(s)	3.43	2.44	1.38	0.23	6.10	5.04	010
12036		A	Layer closure of wound(s)	4.05	3.93	2.13	0.37	8.35	6.55	010
12037		A	Layer closure of wound(s)	4.67	3.69	2.57	0.48	8.84	7.72	010
12041		A	Layer closure of wound(s)	2.37	2.19	0.97	0.08	4.64	3.42	010
12042		A	Layer closure of wound(s)	2.74	2.24	1.10	0.12	5.10	3.96	010
12044		A	Layer closure of wound(s)	3.14	2.38	1.30	0.17	5.69	4.61	010
12045		A	Layer closure of wound(s)	3.64	2.67	1.63	0.23	6.54	5.50	010
12046		A	Layer closure of wound(s)	4.25	3.76	2.25	0.37	8.38	6.87	010
12047		A	Layer closure of wound(s)	4.65	4.47	2.50	0.56	9.68	7.71	010
12051		A	Layer closure of wound(s)	2.47	2.18	1.09	0.10	4.75	3.66	010
12052		A	Layer closure of wound(s)	2.77	2.19	0.99	0.14	5.10	3.90	010
12053		A	Layer closure of wound(s)	3.12	2.36	1.08	0.17	5.65	4.37	010
12054		A	Layer closure of wound(s)	3.46	2.64	1.25	0.25	6.35	4.96	010
12055		A	Layer closure of wound(s)	4.43	3.33	1.73	0.37	8.13	6.53	010
12056		A	Layer closure of wound(s)	5.24	4.75	2.72	0.52	10.51	8.48	010
12057		A	Layer closure of wound(s)	5.96	4.47	3.39	0.48	10.91	9.83	010
13100		A	Repair of wound or lesion	3.12	2.60	1.76	0.13	5.85	5.01	010
13101		A	Repair of wound or lesion	3.92	2.88	2.18	0.21	7.01	6.31	010
13120		A	Repair of wound or lesion	3.30	2.73	1.64	0.17	6.20	5.11	010
13121		A	Repair of wound or lesion	4.33	3.12	2.15	0.33	7.78	6.81	010
13131		A	Repair of wound or lesion	3.79	3.02	2.11	0.23	7.04	6.13	010
13132		A	Repair of wound or lesion	5.95	3.98	3.12	0.44	10.37	9.51	010
13150		A	Repair of wound or lesion	3.81	3.86	2.37	0.23	7.90	6.41	010
13151		A	Repair of wound or lesion	4.45	3.92	2.75	0.35	8.72	7.55	010
13152		A	Repair of wound or lesion	6.33	4.71	3.73	0.68	11.72	10.74	010
13160		A	Late closure of wound	10.48	NA	5.87	0.58	NA	16.93	090
13300		A	Repair of wound or lesion	5.27	3.69	2.87	0.86	9.82	9.00	010

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
14000		A	Skin tissue rearrangement	5.89	5.26	3.91	0.38	11.53	10.18	090
14001		A	Skin tissue rearrangement	8.47	6.60	5.33	0.76	15.83	14.56	090
14020		A	Skin tissue rearrangement	6.59	5.78	4.49	0.49	12.86	11.57	090
14021		A	Skin tissue rearrangement	10.06	7.47	6.47	0.94	18.47	17.47	090
14040		A	Skin tissue rearrangement	7.87	6.25	5.40	0.65	14.77	13.92	090
14041		A	Skin tissue rearrangement	11.49	8.13	7.41	1.02	20.64	19.92	090
14060		A	Skin tissue rearrangement	8.50	6.81	6.12	1.04	16.35	15.66	090
14061		A	Skin tissue rearrangement	12.29	8.96	8.34	1.27	22.52	21.90	090
14300		A	Skin tissue rearrangement	11.76	8.29	7.69	1.84	21.89	21.29	090
14350		A	Skin tissue rearrangement	9.61	NA	5.87	1.05	NA	16.53	090
15000		A	Skin graft procedure	1.95	1.26	1.04	0.53	3.74	3.52	ZZZ
15050		A	Skin pinch graft procedure	4.30	3.65	3.16	0.30	8.25	7.76	090
15100		A	Skin split graft procedure	9.05	5.64	6.52	0.89	15.58	16.46	090
15101		A	Skin split graft procedure	1.72	1.16	0.83	0.33	3.21	2.88	ZZZ
15120		A	Skin split graft procedure	9.83	6.78	6.22	0.94	17.55	16.99	090
15121		A	Skin split graft procedure	2.67	1.58	1.40	0.53	4.78	4.60	ZZZ
15200		A	Skin full graft procedure	8.03	7.04	5.00	0.69	15.76	13.72	090
15201		A	Skin full graft procedure	1.32	0.84	0.69	0.50	2.66	2.51	ZZZ
15220		A	Skin full graft procedure	7.87	6.91	5.28	0.85	15.63	14.00	090
15221		A	Skin full graft procedure	1.19	0.77	0.66	0.50	2.46	2.35	ZZZ
15240		A	Skin full graft procedure	9.04	7.11	6.10	1.03	17.18	16.17	090
15241		A	Skin full graft procedure	1.86	1.25	1.04	0.58	3.69	3.48	ZZZ
15260		A	Skin full graft procedure	10.06	7.34	6.92	0.99	18.39	17.97	090
15261		A	Skin full graft procedure	2.23	1.40	1.27	0.60	4.23	4.10	ZZZ
15350		A	Skin homograft procedure	4.36	6.41	5.19	0.42	11.19	9.97	090
15400		A	Skin heterograft procedure	5.78	3.84	4.86	0.17	9.79	10.81	090
15570		A	Form skin pedicle flap	9.21	5.97	6.57	2.08	17.26	17.86	090
15572		A	Form skin pedicle flap	9.27	6.35	6.52	1.86	17.48	17.65	090
15574		A	Form skin pedicle flap	9.88	6.89	6.44	1.66	18.43	17.98	090
15576		A	Form skin pedicle flap	8.69	6.95	5.87	0.60	16.24	15.16	090
15580		A	Attach skin pedicle graft	9.46	NA	6.38	1.30	NA	17.14	090
15600		A	Skin graft procedure	1.91	3.27	1.71	0.88	6.06	4.50	090
15610		A	Skin graft procedure	2.42	3.45	1.90	0.80	6.67	5.12	090
15620		A	Skin graft procedure	2.94	3.88	2.55	0.86	7.68	6.35	090
15625		A	Skin graft procedure	1.91	NA	2.88	0.78	NA	5.57	090
15630		A	Skin graft procedure	3.27	4.16	2.83	0.90	8.33	7.00	090
15650		A	Transfer skin pedicle flap	3.97	4.02	2.95	0.93	8.92	7.85	090
15732		A	Muscle-skin graft, head/neck	17.84	NA	11.45	3.46	NA	32.75	090
15734		A	Muscle-skin graft, trunk	17.79	NA	10.90	3.24	NA	31.93	090
15736		A	Muscle-skin graft, arm	16.27	NA	10.22	3.02	NA	29.51	090
15738		A	Muscle-skin graft, leg	17.92	NA	10.91	3.29	NA	32.12	090
15740		A	Island pedicle flap graft	10.25	7.20	6.61	1.62	19.07	18.48	090
15750		A	Neurovascular pedicle graft	11.41	NA	7.69	2.03	NA	21.13	090
15756		A	Free muscle flap, microvasc	35.23	NA	21.75	5.33	NA	62.31	090
15757		A	Free skin flap, microvasc	35.23	NA	21.75	5.33	NA	62.31	090
15758		A	Free fascial flap, microvasc	35.10	NA	21.68	5.33	NA	62.11	090
15760		A	Composite skin graft	8.74	7.06	7.41	1.11	16.91	17.26	090
15770		A	Derma-fat-fascia graft	7.52	NA	5.51	0.95	NA	13.98	090
15775		R	Hair transplant punch grafts	3.96	6.08	3.99	0.56	10.60	8.51	000
15776		R	Hair transplant punch grafts	5.54	5.09	3.61	0.79	11.42	9.94	000
15780		A	Abrasion treatment of skin	7.29	5.50	5.53	0.13	12.92	12.95	090
15781		A	Abrasion treatment of skin	4.85	3.91	4.03	0.39	9.15	9.27	090
15782		A	Abrasion treatment of skin	4.32	3.14	3.04	0.13	7.59	7.49	090
15783		A	Abrasion treatment of skin	4.29	3.36	3.58	0.19	7.84	8.06	090
15786		A	Abrasion treatment of lesion	2.03	1.40	1.30	0.06	3.49	3.39	010
15787		A	Abrasion, added skin lesions	0.33	0.24	0.20	0.03	0.60	0.56	ZZZ
15788		R	Chemical peel, face, epiderm	2.09	2.41	1.20	0.12	4.62	3.41	090
15789		R	Chemical peel, face, dermal	4.92	4.08	3.54	0.12	9.12	8.58	090
15792		R	Chemical peel, nonfacial	1.86	1.84	1.37	0.05	3.75	3.28	090
15793		A	Chemical peel, nonfacial	3.74	NA	2.90	0.05	NA	6.69	090
15810		A	Salabrasion	4.74	3.54	3.60	0.29	8.57	8.63	090
15811		A	Salabrasion	5.39	4.95	4.14	0.73	11.07	10.26	090
15819		A	Plastic surgery, neck	9.38	NA	5.81	0.87	NA	16.06	090
15820		A	Revision of lower eyelid	5.15	7.71	6.23	0.64	13.50	12.02	090
15821		A	Revision of lower eyelid	5.72	7.98	6.68	0.68	14.38	13.08	090
15822		A	Revision of upper eyelid	4.45	7.04	5.85	0.56	12.05	10.86	090
15823		A	Revision of upper eyelid	7.05	8.71	7.43	0.61	16.37	15.09	090
15831		A	Excise excessive skin tissue	12.40	NA	8.16	2.01	NA	22.57	090
15832		A	Excise excessive skin tissue	11.59	NA	8.09	1.33	NA	21.01	090
15833		A	Excise excessive skin tissue	10.64	NA	7.38	1.12	NA	19.14	090
15834		A	Excise excessive skin tissue	10.85	NA	5.52	1.22	NA	17.59	090
15835		A	Excise excessive skin tissue	11.67	NA	6.43	1.22	NA	19.32	090
15836		A	Excise excessive skin tissue	9.34	NA	7.09	1.10	NA	17.53	090
15837		A	Excise excessive skin tissue	8.43	5.69	5.87	0.85	14.97	15.15	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
15838		A	Excise excessive skin tissue	7.13	NA	5.97	0.73	NA	13.83	090
15839		A	Excise excessive skin tissue	9.38	6.20	5.68	0.46	16.04	15.52	090
15840		A	Graft for face nerve palsy	13.26	NA	9.23	2.28	NA	24.77	090
15841		A	Graft for face nerve palsy	23.26	NA	13.57	2.76	NA	39.59	090
15842		A	Graft for face nerve palsy	37.96	NA	23.74	2.68	NA	64.38	090
15845		A	Skin and muscle repair, face	12.57	NA	8.35	2.54	NA	23.46	090
15850		B	Removal of sutures	+0.78	2.24	0.82	0.04	3.06	1.64	XXX
15851		A	Removal of sutures	0.86	1.17	0.37	0.03	2.06	1.26	000
15852		A	Dressing change,not for burn	0.86	1.14	0.41	0.07	2.07	1.34	000
15860		A	Test for blood flow in graft	1.95	1.26	0.99	0.25	3.46	3.19	000
15920		A	Removal of tail bone ulcer	7.95	NA	4.64	0.63	NA	13.22	090
15922		A	Removal of tail bone ulcer	9.90	NA	5.97	1.19	NA	17.06	090
15931		A	Remove sacrum pressure sore	9.24	NA	4.66	0.55	NA	14.45	090
15933		A	Remove sacrum pressure sore	10.85	NA	6.91	1.43	NA	19.19	090
15934		A	Remove sacrum pressure sore	12.69	NA	7.56	1.50	NA	21.75	090
15935		A	Remove sacrum pressure sore	14.57	NA	9.07	2.27	NA	25.91	090
15936		A	Remove sacrum pressure sore	12.38	NA	7.87	2.05	NA	22.30	090
15937		A	Remove sacrum pressure sore	14.21	NA	9.27	2.67	NA	26.15	090
15940		A	Removal of pressure sore	9.34	NA	5.24	0.73	NA	15.31	090
15941		A	Removal of pressure sore	11.43	NA	8.15	1.39	NA	20.97	090
15944		A	Removal of pressure sore	11.46	NA	7.59	1.82	NA	20.87	090
15945		A	Removal of pressure sore	12.69	NA	8.41	2.09	NA	23.19	090
15946		A	Removal of pressure sore	21.57	NA	13.57	3.24	NA	38.38	090
15950		A	Remove thigh pressure sore	7.54	NA	4.19	0.58	NA	12.31	090
15951		A	Remove thigh pressure sore	10.72	NA	6.78	1.58	NA	19.08	090
15952		A	Remove thigh pressure sore	11.39	NA	6.66	1.37	NA	19.42	090
15953		A	Remove thigh pressure sore	12.63	NA	7.55	1.87	NA	22.05	090
15956		A	Remove thigh pressure sore	15.52	NA	9.76	3.39	NA	28.67	090
15958		A	Remove thigh pressure sore	15.48	NA	9.87	3.76	NA	29.11	090
16000		A	Initial treatment of burn(s)	0.89	0.76	0.21	0.03	1.68	1.13	000
16010		A	Treatment of burn(s)	0.87	0.82	0.34	0.03	1.72	1.24	000
16015		A	Treatment of burn(s)	2.35	1.40	1.08	0.38	4.13	3.81	000
16020		A	Treatment of burn(s)	0.80	0.80	0.23	0.03	1.63	1.06	000
16025		A	Treatment of burn(s)	1.85	1.31	0.64	0.05	3.21	2.54	000
16030		A	Treatment of burn(s)	2.08	1.93	0.99	0.08	4.09	3.15	000
16035		A	Incision of burn scab	4.82	2.95	2.15	0.34	8.11	7.31	090
16040		A	Burn wound excision	1.02	1.63	0.49	0.53	3.18	2.04	000
16041		A	Burn wound excision	2.70	2.10	1.31	0.53	5.33	4.54	000
16042		A	Burn wound excision	2.35	NA	1.17	0.53	NA	4.05	000
17000		A	Destroy benign/premal lesion	0.60	0.86	0.60	0.03	1.49	1.23	010
17003		A	Destroy 2–14 lesions	0.15	0.54	0.38	0.01	0.70	0.54	ZZZ
17004		A	Destroy 15 & more lesions	2.79	2.05	1.74	0.20	5.04	4.73	010
17106		A	Destruction of skin lesions	4.59	3.21	2.78	0.18	7.98	7.55	090
17107		A	Destruction of skin lesions	9.16	5.82	5.26	0.39	15.37	14.81	090
17108		A	Destruction of skin lesions	13.20	8.55	7.73	0.69	22.44	21.62	090
17110		A	Destruct lesion, 1–14	0.65	1.18	0.71	0.03	1.86	1.39	010
17111		A	Destruct lesion, 15 or more	0.92	1.30	0.83	0.05	2.27	1.80	010
17250		A	Chemical cautery, tissue	0.50	0.45	0.20	0.04	0.99	0.74	000
17260		A	Destruction of skin lesions	0.91	1.21	0.56	0.10	2.22	1.57	010
17261		A	Destruction of skin lesions	1.17	1.30	0.70	0.12	2.59	1.99	010
17262		A	Destruction of skin lesions	1.58	1.52	0.91	0.16	3.26	2.65	010
17263		A	Destruction of skin lesions	1.79	1.64	1.00	0.21	3.64	3.00	010
17264		A	Destruction of skin lesions	1.94	1.73	1.11	0.26	3.93	3.31	010
17266		A	Destruction of skin lesions	2.34	1.98	1.21	0.49	4.81	4.04	010
17270		A	Destruction of skin lesions	1.32	1.43	0.77	0.12	2.87	2.21	010
17271		A	Destruction of skin lesions	1.49	1.47	0.87	0.16	3.12	2.52	010
17272		A	Destruction of skin lesions	1.77	1.62	1.01	0.19	3.58	2.97	010
17273		A	Destruction of skin lesions	2.05	1.79	1.14	0.25	4.09	3.44	010
17274		A	Destruction of skin lesions	2.59	2.08	1.30	0.32	4.99	4.21	010
17276		A	Destruction of skin lesions	3.20	2.09	1.76	0.51	5.80	5.47	010
17280		A	Destruction of skin lesions	1.17	1.33	0.70	0.15	2.65	2.02	010
17281		A	Destruction of skin lesions	1.72	1.60	1.01	0.18	3.50	2.91	010
17282		A	Destruction of skin lesions	2.04	1.77	1.19	0.23	4.04	3.46	010
17283		A	Destruction of skin lesions	2.64	2.11	1.51	0.28	5.03	4.43	010
17284		A	Destruction of skin lesions	3.21	2.42	1.86	0.33	5.96	5.40	010
17286		A	Destruction of skin lesions	4.44	2.80	2.58	0.60	7.84	7.62	010
17304		A	Chemosurgery of skin lesion	7.60	5.90	4.28	0.31	13.81	12.19	000
17305		A	2nd stage chemosurgery	2.85	2.23	1.66	0.17	5.25	4.68	000
17306		A	3rd stage chemosurgery	2.85	2.23	1.67	0.11	5.19	4.63	000
17307		A	Followup skin lesion therapy	2.85	2.23	1.69	0.12	5.20	4.66	000
17310		A	Extensive skin chemosurgery	0.95	0.87	0.54	0.01	1.83	1.50	000
17340		A	Cryotherapy of skin	0.76	1.54	0.86	0.02	2.32	1.64	010
17360		A	Skin peel therapy	1.43	1.38	0.91	0.02	2.83	2.36	010
19000		A	Drainage of breast lesion	0.84	1.16	0.28	0.07	2.07	1.19	000

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
19001		A	Drain added breast lesion	0.42	0.86	0.14	0.05	1.33	0.61	ZZZ
19020		A	Incision of breast lesion	3.57	4.63	2.48	0.28	8.48	6.33	090
19030		A	Injection for breast x-ray	1.53	9.38	0.94	0.04	10.95	2.51	000
19100		A	Biopsy of breast	1.27	2.45	0.79	0.13	3.85	2.19	000
19101		A	Biopsy of breast	3.18	5.91	2.32	0.45	9.54	5.95	010
19110		A	Nipple exploration	4.30	5.66	3.12	0.51	10.47	7.93	090
19112		A	Excise breast duct fistula	3.67	4.79	2.33	0.35	8.81	6.35	090
19120		A	Removal of breast lesion	5.56	3.29	4.14	0.60	9.45	10.30	090
19125		A	Excision, breast lesion	6.06	3.61	4.75	0.60	10.27	11.41	090
19126		A	Excision, add/-El breast lesion	2.93	NA	1.28	0.31	NA	4.52	ZZZ
19140		A	Removal of breast tissue	5.14	6.25	2.91	0.91	12.30	8.96	090
19160		A	Removal of breast tissue	5.99	NA	3.57	0.88	NA	10.44	090
19162		A	Remove breast tissue, nodes	13.53	NA	7.01	1.96	NA	22.50	090
19180		A	Removal of breast	8.80	NA	5.01	1.17	NA	14.98	090
19182		A	Removal of breast	7.73	NA	4.40	1.27	NA	13.40	090
19200		A	Removal of breast	15.49	NA	8.03	2.15	NA	25.67	090
19220		A	Removal of breast	15.72	NA	8.48	2.38	NA	26.58	090
19240		A	Removal of breast	16.00	NA	7.96	1.99	NA	25.95	090
19260		A	Removal of chest wall lesion	15.44	NA	10.33	1.04	NA	26.81	090
19271		A	Revision of chest wall	18.90	NA	12.42	2.77	NA	34.09	090
19272		A	Extensive chest wall surgery	21.55	NA	14.21	2.56	NA	38.32	090
19290		A	Place needle wire, breast	1.27	5.74	0.85	0.07	7.08	2.19	000
19291		A	Place needle wire, breast	0.63	3.63	0.65	0.04	4.30	1.32	ZZZ
19316		A	Suspension of breast	10.69	NA	7.01	2.43	NA	20.13	090
19318		A	Reduction of large breast	15.62	NA	9.83	3.23	NA	28.68	090
19324		A	Enlarge breast	5.85	NA	3.44	0.67	NA	9.96	090
19325		A	Enlarge breast with implant	8.45	NA	5.87	1.13	NA	15.45	090
19328		A	Removal of breast implant	5.68	NA	3.94	0.73	NA	10.35	090
19330		A	Removal of implant material	7.59	NA	4.90	0.75	NA	13.24	090
19340		A	Immediate breast prosthesis	6.33	NA	3.57	2.06	NA	11.96	ZZZ
19342		A	Delayed breast prosthesis	11.20	NA	7.32	2.03	NA	20.55	090
19350		A	Breast reconstruction	8.92	9.60	6.05	1.38	19.90	16.35	090
19355		A	Correct inverted nipple(s)	7.57	10.44	5.12	1.00	19.01	13.69	090
19357		A	Breast reconstruction	18.16	NA	12.25	2.37	NA	32.78	090
19361		A	Breast reconstruction	19.26	NA	11.82	3.88	NA	34.96	090
19364		A	Breast reconstruction	29.04	NA	17.48	3.58	NA	50.10	090
19366		A	Breast reconstruction	21.28	NA	11.46	3.18	NA	35.92	090
19367		A	Breast reconstruction	25.73	NA	15.21	3.88	NA	44.82	090
19368		A	Breast reconstruction	32.42	NA	19.61	3.88	NA	55.91	090
19369		A	Breast reconstruction	29.82	NA	17.91	3.88	NA	51.61	090
19370		A	Surgery of breast capsule	8.05	NA	5.49	1.19	NA	14.73	090
19371		A	Removal of breast capsule	9.35	NA	5.70	1.54	NA	16.59	090
19380		A	Revise breast reconstruction	9.14	NA	6.24	1.57	NA	16.95	090
19396		A	Design custom breast implant	2.17	2.97	1.26	0.31	5.45	3.74	000
20000		A	Incision of abscess	2.12	1.59	1.03	0.08	3.79	3.23	010
20005		A	Incision of deep abscess	3.42	2.27	1.92	0.28	5.97	5.62	010
20100		A	Explore wound, neck	10.08	5.22	4.35	1.16	16.46	15.59	010
20101		A	Explore wound, chest	3.22	1.73	1.49	0.37	5.32	5.08	010
20102		A	Explore wound, abdomen	3.94	2.50	1.78	0.45	6.89	6.17	010
20103		A	Explore wound, extremity	5.30	3.52	2.68	0.60	9.42	8.58	010
20150		A	Excise epiphyseal bar	13.69	NA	19.46	2.03	NA	35.18	090
20200		A	Muscle biopsy	1.46	1.28	0.64	0.18	2.92	2.28	000
20205		A	Deep muscle biopsy	2.35	3.17	1.14	0.33	5.85	3.82	000
20206		A	Needle biopsy, muscle	0.99	2.14	0.92	0.14	3.27	2.05	000
20220		A	Bone biopsy, trocar/needle	1.27	1.67	1.36	0.09	3.03	2.72	000
20225		A	Bone biopsy, trocar/needle	1.87	0.73	1.76	0.28	2.88	3.91	000
20240		A	Bone biopsy, excisional	3.23	NA	2.69	0.18	NA	6.10	010
20245		A	Bone biopsy, excisional	3.95	NA	3.60	0.44	NA	7.99	010
20250		A	Open bone biopsy	5.03	NA	3.61	0.76	NA	9.40	010
20251		A	Open bone biopsy	5.56	NA	4.37	0.92	NA	10.85	010
20500		A	Injection of sinus tract	1.23	2.80	2.12	0.04	4.07	3.39	010
20501		A	Inject sinus tract for x-ray	0.76	7.35	0.42	0.02	8.13	1.20	000
20520		A	Removal of foreign body	1.85	3.00	1.93	0.08	4.93	3.86	010
20525		A	Removal of foreign body	3.50	3.75	3.05	0.33	7.58	6.88	010
20550		A	Inj tendon/ligament/cyst	0.86	2.07	0.29	0.04	2.97	1.19	000
20600		A	Drain/inject joint/bursa	0.66	1.25	0.39	0.05	1.96	1.10	000
20605		A	Drain/inject joint/bursa	0.68	1.76	0.38	0.05	2.49	1.11	000
20610		A	Drain/inject joint/bursa	0.79	1.38	0.45	0.05	2.22	1.29	000
20615		A	Treatment of bone cyst	2.28	2.75	1.84	0.06	5.09	4.18	010
20650		A	Insert and remove bone pin	2.23	2.45	2.05	0.14	4.82	4.42	010
20660		A	Apply,remove fixation device	2.51	NA	1.40	0.21	NA	4.12	000
20661		A	Application of head brace	4.89	NA	5.01	0.65	NA	10.55	090
20662		A	Application of pelvis brace	6.07	NA	4.67	1.03	NA	11.77	090
20663		A	Application of thigh brace	5.43	NA	4.52	0.76	NA	10.71	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
20664		A	Halo brace application	8.06	NA	6.77	0.65	NA	15.48	090
20665		A	Removal of fixation device	1.31	1.31	1.09	0.07	2.69	2.47	010
20670		A	Removal of support implant	1.74	3.72	2.50	0.11	5.57	4.35	010
20680		A	Removal of support implant	3.35	3.33	6.39	0.51	7.19	10.25	090
20690		A	Apply bone fixation device	3.52	NA	2.31	0.58	NA	6.41	ZZZ
20692		A	Apply bone fixation device	6.41	NA	3.92	0.89	NA	11.22	ZZZ
20693		A	Adjust bone fixation device	5.86	NA	8.69	0.42	NA	14.97	090
20694		A	Remove bone fixation device	4.16	6.02	4.74	0.41	10.59	9.31	090
20802		A	Replantation, arm, complete	41.15	NA	29.93	6.17	NA	77.25	090
20805		A	Replant forearm, complete	50.00	NA	34.58	7.56	NA	92.14	090
20808		A	Replantation, hand, complete	61.65	NA	46.78	9.40	NA	117.83	090
20816		A	Replantation digit, complete	30.94	NA	34.06	4.63	NA	69.63	090
20822		A	Replantation digit, complete	25.59	NA	27.59	3.83	NA	57.01	090
20824		A	Replantation thumb, complete	30.94	NA	25.23	4.63	NA	60.80	090
20827		A	Replantation thumb, complete	26.41	NA	29.76	3.94	NA	60.11	090
20838		A	Replantation, foot, complete	41.41	NA	28.93	6.17	NA	76.51	090
20900		A	Removal of bone for graft	5.58	4.53	5.00	0.45	10.56	11.03	090
20902		A	Removal of bone for graft	7.55	NA	7.14	0.80	NA	15.49	090
20910		A	Remove cartilage for graft	5.34	5.32	4.76	0.09	10.75	10.19	090
20912		A	Remove cartilage for graft	6.35	NA	4.97	0.64	NA	11.96	090
20920		A	Removal of fascia for graft	5.31	NA	4.72	0.50	NA	10.53	090
20922		A	Removal of fascia for graft	6.61	5.86	5.18	0.71	13.18	12.50	090
20924		A	Removal of tendon for graft	6.48	NA	5.62	0.85	NA	12.95	090
20926		A	Removal of tissue for graft	5.53	NA	4.71	0.39	NA	10.63	090
20931		A	Spinal bone allograft	1.81	NA	1.24	0.28	NA	3.33	ZZZ
20937		A	Spinal bone autograft	2.79	NA	1.84	0.44	NA	5.07	ZZZ
20938		A	Spinal bone autograft	3.02	NA	1.93	0.47	NA	5.42	ZZZ
20950		A	Record fluid pressure,muscle	1.26	NA	1.54	0.17	NA	2.97	000
20955		A	Fibula bone graft, microvasc	39.21	NA	26.94	5.87	NA	72.02	090
20956		A	Iliac bone graft, microvasc	39.27	NA	49.63	5.26	NA	94.16	090
20957		A	Mt bone graft, microvasc	40.65	NA	51.01	5.45	NA	97.11	090
20962		A	Other bone graft, microvasc	39.27	NA	25.47	5.26	NA	70.00	090
20969		A	Bone/skin graft, microvasc	43.92	NA	28.73	6.57	NA	79.22	090
20970		A	Bone/skin graft, iliac crest	43.06	NA	28.02	6.44	NA	77.52	090
20972		A	Bone-skin graft, metatarsal	42.99	NA	19.72	6.49	NA	69.20	090
20973		A	Bone-skin graft, great toe	45.76	NA	28.05	6.91	NA	80.72	090
20974		A	Electrical bone stimulation	0.62	0.32	0.35	0.53	1.47	1.50	000
20975		A	Electrical bone stimulation	2.60	NA	1.48	0.56	NA	4.64	ZZZ
21010		A	Incision of jaw joint	10.14	NA	7.03	0.93	NA	18.10	090
21015		A	Resection of facial tumor	5.29	NA	5.98	1.13	NA	12.40	090
21025		A	Excision of bone, lower jaw	10.06	6.82	6.53	0.38	17.26	16.97	090
21026		A	Excision of facial bone(s)	4.85	4.64	4.23	0.28	9.77	9.36	090
21029		A	Contour of face bone lesion	7.71	5.81	5.77	0.78	14.30	14.26	090
21030		A	Removal of face bone lesion	6.46	5.05	4.42	0.29	11.80	11.17	090
21031		A	Remove exostosis, mandible	3.24	3.24	2.14	0.32	6.80	5.70	090
21032		A	Remove exostosis, maxilla	3.24	3.21	2.19	0.35	6.80	5.78	090
21034		A	Removal of face bone lesion	16.17	9.87	10.61	0.89	26.93	27.67	090
21040		A	Removal of jaw bone lesion	2.11	2.89	1.77	0.24	5.24	4.12	090
21041		A	Removal of jaw bone lesion	6.71	5.24	4.24	0.50	12.45	11.45	090
21044		A	Removal of jaw bone lesion	11.86	NA	7.91	1.11	NA	20.88	090
21045		A	Extensive jaw surgery	16.17	NA	10.49	1.58	NA	28.24	090
21050		A	Removal of jaw joint	10.77	NA	10.16	1.08	NA	22.01	090
21060		A	Remove jaw joint cartilage	10.23	NA	8.88	1.04	NA	20.15	090
21070		A	Remove coronoid process	8.20	NA	6.32	0.82	NA	15.34	090
21076		A	Prepare face/oral prosthesis	13.42	6.70	5.60	1.35	21.47	20.37	010
21077		A	Prepare face/oral prosthesis	33.75	14.90	17.42	3.39	52.04	54.56	090
21079		A	Prepare face/oral prosthesis	22.34	10.55	9.52	2.25	35.14	34.11	090
21080		A	Prepare face/oral prosthesis	25.10	11.63	10.47	2.52	39.25	38.09	090
21081		A	Prepare face/oral prosthesis	22.88	10.89	9.62	2.30	36.07	34.80	090
21082		A	Prepare face/oral prosthesis	20.87	9.85	8.69	2.10	32.82	31.66	090
21083		A	Prepare face/oral prosthesis	19.30	9.20	8.08	1.94	30.44	29.32	090
21084		A	Prepare face/oral prosthesis	22.51	12.25	12.54	2.28	37.04	37.33	090
21085		A	Prepare face/oral prosthesis	9.00	5.01	3.87	0.90	14.91	13.77	010
21086		A	Prepare face/oral prosthesis	24.92	12.00	13.68	2.51	39.43	41.11	090
21087		A	Prepare face/oral prosthesis	24.92	11.66	11.30	2.51	39.09	38.73	090
21100		A	Maxillofacial fixation	4.22	4.14	3.69	0.11	8.47	8.02	090
21110		A	Interdental fixation	5.21	4.75	3.82	0.46	10.42	9.49	090
21116		A	Injection, jaw joint x-ray	0.81	5.51	0.27	0.06	6.38	1.14	000
21120		A	Reconstruction of chin	4.93	5.71	5.13	0.42	11.06	10.48	090
21121		A	Reconstruction of chin	7.64	6.30	6.30	0.66	14.60	14.60	090
21122		A	Reconstruction of chin	8.52	NA	7.00	0.73	NA	16.25	090
21123		A	Reconstruction of chin	11.16	NA	20.06	0.95	NA	32.17	090
21125		A	Augmentation lower jaw bone	10.62	7.69	7.67	0.54	18.85	18.83	090
21127		A	Augmentation lower jaw bone	11.12	8.30	7.47	0.92	20.34	19.51	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
21137		A	Reduction of forehead	9.82	NA	7.29	0.83	NA	17.94	090
21138		A	Reduction of forehead	12.19	NA	7.64	1.04	NA	20.87	090
21139		A	Reduction of forehead	14.61	NA	11.04	1.25	NA	26.90	090
21141		A	Reconstruct midface, lefort	18.10	NA	10.89	1.68	NA	30.67	090
21142		A	Reconstruct midface, lefort	18.81	NA	13.27	1.74	NA	33.82	090
21143		A	Reconstruct midface, lefort	19.58	NA	11.67	1.81	NA	33.06	090
21145		A	Reconstruct midface, lefort	19.94	NA	11.71	1.68	NA	33.33	090
21146		A	Reconstruct midface, lefort	20.71	NA	12.56	1.74	NA	35.01	090
21147		A	Reconstruct midface, lefort	21.77	NA	13.16	1.81	NA	36.74	090
21150		A	Reconstruct midface, lefort	25.24	NA	15.59	2.17	NA	43.00	090
21151		A	Reconstruct midface, lefort	28.30	NA	15.30	2.42	NA	46.02	090
21154		A	Reconstruct midface, lefort	30.52	NA	22.04	2.59	NA	55.15	090
21155		A	Reconstruct midface, lefort	34.45	NA	51.03	2.94	NA	88.42	090
21159		A	Reconstruct midface, lefort	42.38	NA	60.58	3.63	NA	106.59	090
21160		A	Reconstruct midface, lefort	46.44	NA	64.64	3.98	NA	115.06	090
21172		A	Reconstruct orbit/forehead	27.80	NA	21.24	2.37	NA	51.41	090
21175		A	Reconstruct orbit/forehead	33.17	NA	24.31	2.85	NA	60.33	090
21179		A	Reconstruct entire forehead	22.25	NA	18.66	1.90	NA	42.81	090
21180		A	Reconstruct entire forehead	25.19	NA	24.32	2.17	NA	51.68	090
21181		A	Contour cranial bone lesion	9.90	NA	8.05	0.83	NA	18.78	090
21182		A	Reconstruct cranial bone	32.19	NA	24.10	2.77	NA	59.06	090
21183		A	Reconstruct cranial bone	35.31	NA	25.88	3.03	NA	64.22	090
21184		A	Reconstruct cranial bone	38.24	NA	29.40	3.28	NA	70.92	090
21188		A	Reconstruction of midface	22.46	NA	18.26	1.90	NA	42.62	090
21193		A	Reconstruct lower jaw bone	17.15	NA	10.91	1.44	NA	29.50	090
21194		A	Reconstruct lower jaw bone	19.84	NA	12.92	1.67	NA	34.43	090
21195		A	Reconstruct lower jaw bone	17.24	NA	11.08	1.44	NA	29.76	090
21196		A	Reconstruct lower jaw bone	18.91	NA	13.53	1.58	NA	34.02	090
21198		A	Reconstruct lower jaw bone	14.16	NA	10.93	1.74	NA	26.83	090
21206		A	Reconstruct upper jaw bone	14.10	NA	10.52	1.19	NA	25.81	090
21208		A	Augmentation of facial bones	10.23	7.88	8.26	1.07	19.18	19.56	090
21209		A	Reduction of facial bones	6.72	6.05	6.22	0.76	13.53	13.70	090
21210		A	Face bone graft	10.23	7.72	7.87	1.29	19.24	19.39	090
21215		A	Lower jaw bone graft	10.77	7.83	7.13	1.42	20.02	19.32	090
21230		A	Rib cartilage graft	10.77	NA	9.34	1.69	NA	21.80	090
21235		A	Ear cartilage graft	6.72	8.15	7.42	1.09	15.96	15.23	090
21240		A	Reconstruction of jaw joint	14.05	NA	10.46	2.09	NA	26.60	090
21242		A	Reconstruction of jaw joint	12.95	NA	10.05	2.25	NA	25.25	090
21243		A	Reconstruction of jaw joint	20.79	NA	13.24	1.68	NA	35.71	090
21244		A	Reconstruction of lower jaw	11.86	NA	9.33	1.93	NA	23.12	090
21245		A	Reconstruction of jaw	11.86	8.63	9.93	1.31	21.80	23.10	090
21246		A	Reconstruction of jaw	12.47	8.83	9.24	1.04	22.34	22.75	090
21247		A	Reconstruct lower jaw bone	22.63	NA	14.51	2.27	NA	39.41	090
21248		A	Reconstruction of jaw	11.48	7.91	7.71	1.75	21.14	20.94	090
21249		A	Reconstruction of jaw	17.52	10.43	10.44	3.29	31.24	31.25	090
21255		A	Reconstruct lower jaw bone	16.72	NA	11.63	1.68	NA	30.03	090
21256		A	Reconstruction of orbit	16.19	NA	14.89	1.63	NA	32.71	090
21260		A	Revise eye sockets	16.52	NA	14.04	1.66	NA	32.22	090
21261		A	Revise eye sockets	31.49	NA	17.06	1.65	NA	50.20	090
21263		A	Revise eye sockets	28.42	NA	45.24	2.86	NA	76.52	090
21267		A	Revise eye sockets	18.90	NA	20.67	2.13	NA	41.70	090
21268		A	Revise eye sockets	24.48	NA	18.34	3.13	NA	45.95	090
21270		A	Augmentation cheek bone	10.23	5.40	9.69	1.41	17.04	21.33	090
21275		A	Revision orbitofacial bones	11.24	NA	13.42	1.26	NA	25.92	090
21280		A	Revision of eyelid	6.03	NA	8.21	0.61	NA	14.85	090
21282		A	Revision of eyelid	3.49	NA	6.72	0.79	NA	11.00	090
21295		A	Revision of jaw muscle/bone	1.53	NA	3.72	0.13	NA	5.38	090
21296		A	Revision of jaw muscle/bone	4.25	NA	5.02	0.22	NA	9.49	090
21300		A	Treatment of skull fracture	0.72	3.32	0.21	0.11	4.15	1.04	000
21310		A	Treatment of nose fracture	0.58	2.47	0.11	0.09	3.14	0.78	000
21315		A	Treatment of nose fracture	1.51	2.93	0.89	0.21	4.65	2.61	010
21320		A	Treatment of nose fracture	1.85	3.06	1.65	0.34	5.25	3.84	010
21325		A	Repair of nose fracture	3.77	NA	2.81	0.52	NA	7.10	090
21330		A	Repair of nose fracture	5.38	NA	5.97	0.86	NA	12.21	090
21335		A	Repair of nose fracture	8.61	NA	8.02	1.56	NA	18.19	090
21336		A	Repair nasal septal fracture	5.72	NA	5.91	0.52	NA	12.15	090
21337		A	Repair nasal septal fracture	2.70	4.38	2.39	0.38	7.46	5.47	090
21338		A	Repair nasoethmoid fracture	6.46	NA	6.39	0.66	NA	13.51	090
21339		A	Repair nasoethmoid fracture	8.09	NA	7.31	0.70	NA	16.10	090
21340		A	Repair of nose fracture	10.77	NA	9.73	1.04	NA	21.54	090
21343		A	Repair of sinus fracture	12.95	NA	9.61	1.08	NA	23.64	090
21344		A	Repair of sinus fracture	19.72	NA	14.46	1.08	NA	35.26	090
21345		A	Repair of nose/jaw fracture	8.16	7.04	7.45	0.81	16.01	16.42	090
21346		A	Repair of nose/jaw fracture	10.61	NA	9.74	1.04	NA	21.39	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
21347		A	Repair of nose/jaw fracture	12.69	NA	9.53	1.36	NA	23.58	090
21348		A	Repair of nose/jaw fracture	16.69	NA	12.22	2.22	NA	31.13	090
21355		A	Repair cheek bone fracture	3.77	3.40	1.74	0.17	7.34	5.68	010
21356		A	Repair cheek bone fracture	4.15	NA	4.79	0.89	NA	9.83	010
21360		A	Repair cheek bone fracture	6.46	NA	6.84	0.89	NA	14.19	090
21365		A	Repair cheek bone fracture	14.95	NA	11.74	1.63	NA	28.32	090
21366		A	Repair cheek bone fracture	17.77	NA	9.32	2.36	NA	29.45	090
21385		A	Repair eye socket fracture	9.16	NA	7.61	1.13	NA	17.90	090
21386		A	Repair eye socket fracture	9.16	NA	8.63	1.25	NA	19.04	090
21387		A	Repair eye socket fracture	9.70	NA	9.10	0.96	NA	19.76	090
21390		A	Repair eye socket fracture	10.13	NA	10.45	1.37	NA	21.95	090
21395		A	Repair eye socket fracture	12.68	NA	10.66	1.37	NA	24.71	090
21400		A	Treat eye socket fracture	1.40	3.31	0.65	0.17	4.88	2.22	090
21401		A	Repair eye socket fracture	3.26	3.98	2.31	0.32	7.56	5.89	090
21406		A	Repair eye socket fracture	7.01	NA	7.24	0.74	NA	14.99	090
21407		A	Repair eye socket fracture	8.61	NA	8.85	0.78	NA	18.24	090
21408		A	Repair eye socket fracture	12.38	NA	9.57	0.99	NA	22.94	090
21421		A	Treat mouth roof fracture	5.14	6.15	5.17	0.62	11.91	10.93	090
21422		A	Repair mouth roof fracture	8.32	NA	7.33	1.19	NA	16.84	090
21423		A	Repair mouth roof fracture	10.40	NA	8.31	1.19	NA	19.90	090
21431		A	Treat craniofacial fracture	7.05	NA	5.95	0.71	NA	13.71	090
21432		A	Repair craniofacial fracture	8.61	NA	7.78	0.84	NA	17.23	090
21433		A	Repair craniofacial fracture	25.35	NA	17.90	2.10	NA	45.35	090
21435		A	Repair craniofacial fracture	17.25	NA	13.29	1.88	NA	32.42	090
21436		A	Repair craniofacial fracture	28.04	NA	17.06	2.08	NA	47.18	090
21440		A	Repair dental ridge fracture	2.70	4.56	3.56	0.28	7.54	6.54	090
21445		A	Repair dental ridge fracture	5.38	5.56	5.29	0.56	11.50	11.23	090
21450		A	Treat lower jaw fracture	2.97	4.24	3.45	0.26	7.47	6.68	090
21451		A	Treat lower jaw fracture	4.87	5.43	4.60	0.74	11.04	10.21	090
21452		A	Treat lower jaw fracture	1.98	6.58	3.89	0.17	8.73	6.04	090
21453		A	Treat lower jaw fracture	5.54	5.95	5.49	0.55	12.04	11.58	090
21454		A	Treat lower jaw fracture	6.46	NA	5.76	1.42	NA	13.64	090
21461		A	Repair lower jaw fracture	8.09	8.12	7.14	1.30	17.51	16.53	090
21462		A	Repair lower jaw fracture	9.79	8.46	7.77	1.34	19.59	18.90	090
21465		A	Repair lower jaw fracture	11.91	NA	8.02	0.99	NA	20.92	090
21470		A	Repair lower jaw fracture	15.34	NA	10.11	1.74	NA	27.19	090
21480		A	Reset dislocated jaw	0.61	1.75	0.16	0.09	2.45	0.86	000
21485		A	Reset dislocated jaw	3.99	3.72	2.48	0.20	7.91	6.67	090
21490		A	Repair dislocated jaw	11.86	NA	7.48	0.52	NA	19.86	090
21493		A	Treat hyoid bone fracture	1.27	0.59	3.15	0.13	1.99	4.55	090
21494		A	Repair hyoid bone fracture	6.28	2.63	3.70	0.63	9.54	10.61	090
21495		A	Repair hyoid bone fracture	5.69	NA	5.95	0.51	NA	12.15	090
21497		A	Interdental wiring	3.86	4.11	3.29	0.38	8.35	7.53	090
21501		A	Drain neck/chest lesion	3.81	3.16	2.67	0.26	7.23	6.74	090
21502		A	Drain chest lesion	7.12	NA	9.17	0.75	NA	17.04	090
21510		A	Drainage of bone lesion	5.74	NA	7.85	0.50	NA	14.09	090
21550		A	Biopsy of neck/chest	2.06	1.72	1.17	0.12	3.90	3.35	010
21555		A	Remove lesion neck/chest	4.35	3.34	2.37	0.25	7.94	6.97	090
21556		A	Remove lesion neck/chest	5.57	NA	3.17	0.64	NA	9.38	090
21557		A	Remove tumor, neck or chest	8.88	NA	8.79	1.41	NA	19.08	090
21600		A	Partial removal of rib	6.89	NA	8.31	0.88	NA	16.08	090
21610		A	Partial removal of rib	14.61	NA	9.89	0.76	NA	25.26	090
21615		A	Removal of rib	9.87	NA	8.38	1.96	NA	20.21	090
21616		A	Removal of rib and nerves	12.04	NA	9.33	1.50	NA	22.87	090
21620		A	Partial removal of sternum	6.79	NA	7.60	1.23	NA	15.62	090
21627		A	Sternal debridement	6.81	NA	12.71	0.90	NA	20.42	090
21630		A	Extensive sternum surgery	17.38	NA	15.34	2.40	NA	35.12	090
21632		A	Extensive sternum surgery	18.14	NA	13.05	2.22	NA	33.41	090
21700		A	Revision of neck muscle	6.19	5.11	4.88	0.50	11.80	11.57	090
21705		A	Revision of neck muscle/rib	9.60	NA	10.23	0.96	NA	20.79	090
21720		A	Revision of neck muscle	5.68	6.36	4.90	0.52	12.56	11.10	090
21725		A	Revision of neck muscle	6.99	NA	6.16	0.74	NA	13.89	090
21740		A	Reconstruction of sternum	16.50	NA	13.90	1.64	NA	32.04	090
21750		A	Repair of sternum separation	10.77	NA	9.53	1.43	NA	21.73	090
21800		A	Treatment of rib fracture	0.96	1.33	0.63	0.07	2.36	1.66	090
21805		A	Treatment of rib fracture	2.75	NA	3.08	0.17	NA	6.00	090
21810		A	Treatment of rib fracture(s)	6.86	NA	8.65	0.61	NA	16.12	090
21820		A	Treat sternum fracture	1.28	1.74	0.99	0.17	3.19	2.44	090
21825		A	Repair sternum fracture	7.41	NA	7.42	1.12	NA	15.95	090
21920		A	Biopsy soft tissue of back	2.06	1.75	0.85	0.11	3.92	3.02	010
21925		A	Biopsy soft tissue of back	4.49	7.49	3.55	0.32	12.30	8.36	090
21930		A	Remove lesion, back or flank	5.00	3.64	2.52	0.49	9.13	8.01	090
21935		A	Remove tumor of back	17.96	NA	11.23	1.30	NA	30.49	090
22100		A	Remove part of neck vertebra	9.73	NA	7.68	1.09	NA	18.50	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
22101		A	Remove part, thorax vertebra	9.81	NA	7.77	1.38	NA	18.96	090
22102		A	Remove part, lumbar vertebra	9.81	NA	7.35	0.67	NA	17.83	090
22103		A	Remove extra spine segment	2.34	NA	1.45	0.37	NA	4.16	ZZZ
22110		A	Remove part of neck vertebra	12.74	NA	9.72	1.64	NA	24.10	090
22112		A	Remove part, thorax vertebra	12.81	NA	9.70	1.63	NA	24.14	090
22114		A	Remove part, lumbar vertebra	12.81	NA	9.69	1.17	NA	23.67	090
22116		A	Remove extra spine segment	2.32	NA	1.42	0.36	NA	4.10	ZZZ
22210		A	Revision of neck spine	23.82	NA	16.43	2.43	NA	42.68	090
22212		A	Revision of thorax spine	19.42	NA	14.76	2.83	NA	37.01	090
22214		A	Revision of lumbar spine	19.45	NA	13.95	2.68	NA	36.08	090
22216		A	Revise, extra spine segment	6.04	NA	3.51	0.89	NA	10.44	ZZZ
22220		A	Revision of neck spine	21.37	NA	14.66	2.63	NA	38.66	090
22222		A	Revision of thorax spine	21.52	NA	13.03	1.58	NA	36.13	090
22224		A	Revision of lumbar spine	21.52	NA	14.52	2.66	NA	38.70	090
22226		A	Revise, extra spine segment	6.04	NA	3.43	0.89	NA	10.36	ZZZ
22305		A	Treat spine process fracture	2.05	2.22	1.58	0.37	4.64	4.00	090
22310		A	Treat spine fracture	2.61	3.25	2.82	0.69	6.55	6.12	090
22315		A	Treat spine fracture	8.84	NA	7.92	0.86	NA	17.62	090
22325		A	Repair of spine fracture	18.30	NA	11.68	1.34	NA	31.32	090
22326		A	Repair neck spine fracture	19.59	NA	14.02	2.74	NA	36.35	090
22327		A	Repair thorax spine fracture	19.20	NA	13.47	2.35	NA	35.02	090
22328		A	Repair each add spine fx	4.61	NA	2.57	0.72	NA	7.90	ZZZ
22505		A	Manipulation of spine	1.87	2.43	1.66	0.17	4.47	3.70	010
22548		A	Neck spine fusion	25.82	NA	17.17	3.82	NA	46.81	090
22554		A	Neck spine fusion	18.62	NA	12.68	3.52	NA	34.82	090
22556		A	Thorax spine fusion	23.46	NA	16.24	3.58	NA	43.28	090
22558		A	Lumbar spine fusion	22.28	NA	15.16	3.38	NA	40.82	090
22585		A	Additional spinal fusion	5.53	NA	3.18	0.93	NA	9.64	ZZZ
22590		A	Spine & skull spinal fusion	20.51	NA	14.43	3.44	NA	38.38	090
22595		A	Neck spinal fusion	19.39	NA	13.40	3.87	NA	36.66	090
22600		A	Neck spine fusion	16.14	NA	11.81	3.32	NA	31.27	090
22610		A	Thorax spine fusion	16.02	NA	12.11	2.75	NA	30.88	090
22612		A	Lumbar spine fusion	21.00	NA	14.94	3.33	NA	39.27	090
22614		A	Spine fusion, extra segment	6.44	NA	3.78	0.92	NA	11.14	ZZZ
22630		A	Lumbar spine fusion	20.84	NA	14.85	3.15	NA	38.84	090
22632		A	Spine fusion, extra segment	5.23	NA	3.01	0.82	NA	9.06	ZZZ
22800		A	Fusion of spine	18.25	NA	13.50	3.58	NA	35.33	090
22802		A	Fusion of spine	30.88	NA	21.23	4.61	NA	56.72	090
22804		A	Fusion of spine	36.27	NA	24.20	4.61	NA	65.08	090
22808		A	Fusion of spine	26.27	NA	18.13	3.15	NA	47.55	090
22810		A	Fusion of spine	30.27	NA	19.97	3.15	NA	53.39	090
22812		A	Fusion of spine	32.70	NA	21.49	4.24	NA	58.43	090
22818		A	Kyphectomy, 1–2 segments	31.83	NA	19.42	4.85	NA	56.10	090
22819		A	Kyphectomy, 3 & more segment	36.44	NA	21.75	4.85	NA	63.04	090
22830		A	Exploration of spinal fusion	10.85	NA	8.96	2.18	NA	21.99	090
22840		A	Insert spine fixation device	12.54	NA	7.94	0.98	NA	21.46	ZZZ
22842		A	Insert spine fixation device	12.58	NA	7.54	1.12	NA	21.24	ZZZ
22843		A	Insert spine fixation device	13.46	NA	8.67	1.40	NA	23.53	ZZZ
22844		A	Insert spine fixation device	16.44	NA	10.38	1.71	NA	28.53	ZZZ
22845		A	Insert spine fixation device	11.96	NA	7.56	0.93	NA	20.45	ZZZ
22846		A	Insert spine fixation device	12.42	NA	7.87	1.29	NA	21.58	ZZZ
22847		A	Insert spine fixation device	13.80	NA	8.62	1.44	NA	23.86	ZZZ
22848		A	Insert pelvic fixation device	6.00	NA	4.63	0.94	NA	11.57	ZZZ
22849		A	Reinsert spinal fixation	18.51	NA	13.16	1.97	NA	33.64	090
22850		A	Remove spine fixation device	9.52	NA	7.79	1.50	NA	18.81	090
22851		A	Apply spine prosth device	6.71	NA	4.70	1.05	NA	12.46	ZZZ
22852		A	Remove spine fixation device	9.01	NA	7.52	1.57	NA	18.10	090
22855		A	Remove spine fixation device	15.13	NA	10.74	1.25	NA	27.12	090
22900		A	Remove abdominal wall lesion	5.80	NA	3.87	0.60	NA	10.27	090
23000		A	Removal of calcium deposits	4.36	5.42	5.20	0.47	10.25	10.03	090
23020		A	Release shoulder joint	8.93	NA	8.38	1.09	NA	18.40	090
23030		A	Drain shoulder lesion	3.43	3.56	3.34	0.35	7.34	7.12	010
23031		A	Drain shoulder bursa	2.74	3.26	3.12	0.05	6.05	5.91	010
23035		A	Drain shoulder bone lesion	8.61	NA	11.29	1.04	NA	20.94	090
23040		A	Exploratory shoulder surgery	9.20	NA	9.44	1.47	NA	20.11	090
23044		A	Exploratory shoulder surgery	7.12	NA	7.98	1.18	NA	16.28	090
23065		A	Biopsy shoulder tissues	2.27	2.22	1.28	0.09	4.58	3.64	010
23066		A	Biopsy shoulder tissues	4.16	4.62	4.33	0.10	8.88	8.59	090
23075		A	Removal of shoulder lesion	2.39	2.93	2.25	0.29	5.61	4.93	010
23076		A	Removal of shoulder lesion	7.63	NA	6.07	0.65	NA	14.35	090
23077		A	Remove tumor of shoulder	16.09	NA	11.47	1.38	NA	28.94	090
23100		A	Biopsy of shoulder joint	6.03	NA	6.40	1.24	NA	13.67	090
23101		A	Shoulder joint surgery	5.58	NA	6.34	1.21	NA	13.13	090
23105		A	Remove shoulder joint lining	8.23	NA	7.89	1.73	NA	17.85	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
23106		A	Incision of collarbone joint	5.96	NA	6.22	0.80	NA	12.98	090
23107		A	Explore,treat shoulder joint	8.62	NA	8.13	1.60	NA	18.35	090
23120		A	Partial removal, collar bone	7.11	NA	7.35	0.74	NA	15.20	090
23125		A	Removal of collarbone	9.39	NA	8.49	1.27	NA	19.15	090
23130		A	Partial removal, shoulderbone	7.55	NA	7.61	1.14	NA	16.30	090
23140		A	Removal of bone lesion	6.89	NA	5.98	0.73	NA	13.60	090
23145		A	Removal of bone lesion	9.09	NA	8.41	1.33	NA	18.83	090
23146		A	Removal of bone lesion	7.83	NA	17.31	1.01	NA	26.15	090
23150		A	Removal of humerus lesion	8.48	NA	7.89	1.01	NA	17.38	090
23155		A	Removal of humerus lesion	10.35	NA	9.85	1.37	NA	21.57	090
23156		A	Removal of humerus lesion	8.68	NA	8.40	1.25	NA	18.33	090
23170		A	Remove collarbone lesion	6.86	NA	7.68	0.78	NA	15.32	090
23172		A	Remove shoulder blade lesion	6.90	NA	7.76	0.73	NA	15.39	090
23174		A	Remove humerus lesion	9.51	NA	9.23	1.21	NA	19.95	090
23180		A	Remove collar bone lesion	8.53	NA	11.46	0.67	NA	20.66	090
23182		A	Remove shoulder blade lesion	8.15	NA	10.95	1.13	NA	20.23	090
23184		A	Remove humerus lesion	9.38	NA	12.03	1.48	NA	22.89	090
23190		A	Partial removal of scapula	7.24	NA	6.52	0.98	NA	14.74	090
23195		A	Removal of head of humerus	9.81	NA	8.88	1.45	NA	20.14	090
23200		A	Removal of collar bone	12.08	NA	9.81	1.26	NA	23.15	090
23210		A	Removal of shoulderblade	12.49	NA	10.38	1.41	NA	24.28	090
23220		A	Partial removal of humerus	14.56	NA	12.42	2.03	NA	29.01	090
23221		A	Partial removal of humerus	17.74	NA	13.26	1.19	NA	32.19	090
23222		A	Partial removal of humerus	23.92	NA	17.77	2.30	NA	43.99	090
23330		A	Remove shoulder foreign body	1.85	3.00	2.14	0.07	4.92	4.06	010
23331		A	Remove shoulder foreign body	7.38	NA	7.54	0.38	NA	15.30	090
23332		A	Remove shoulder foreign body	11.62	NA	10.00	1.57	NA	23.19	090
23350		A	Injection for shoulder x-ray	1.00	7.27	0.32	0.05	8.32	1.37	000
23395		A	Muscle transfer, shoulder/arm	16.85	NA	12.50	1.84	NA	31.19	090
23397		A	Muscle transfers	16.13	NA	12.69	2.34	NA	31.16	090
23400		A	Fixation of shoulder blade	13.54	NA	11.05	1.68	NA	26.27	090
23405		A	Incision of tendon & muscle	8.37	NA	7.26	0.99	NA	16.62	090
23406		A	Incise tendon(s) & muscle(s)	10.79	NA	9.63	1.58	NA	22.00	090
23410		A	Repair of tendon(s)	12.45	NA	10.34	1.75	NA	24.54	090
23412		A	Repair of tendon(s)	13.31	NA	10.87	2.16	NA	26.34	090
23415		A	Release of shoulder ligament	9.97	NA	8.38	0.83	NA	19.18	090
23420		A	Repair of shoulder	13.30	NA	11.39	2.34	NA	27.03	090
23430		A	Repair biceps tendon	9.98	NA	8.91	1.19	NA	20.08	090
23440		A	Removal/transplant tendon	10.48	NA	9.31	1.17	NA	20.96	090
23450		A	Repair shoulder capsule	13.40	NA	10.73	2.04	NA	26.17	090
23455		A	Repair shoulder capsule	14.37	NA	11.51	2.50	NA	28.38	090
23460		A	Repair shoulder capsule	15.37	NA	6.49	2.24	NA	24.10	090
23462		A	Repair shoulder capsule	15.30	NA	12.08	2.48	NA	29.86	090
23465		A	Repair shoulder capsule	15.85	NA	12.50	2.27	NA	30.62	090
23466		A	Repair shoulder capsule	14.22	NA	11.54	2.67	NA	28.43	090
23470		A	Reconstruct shoulder joint	17.15	NA	13.00	2.65	NA	32.80	090
23472		A	Reconstruct shoulder joint	16.92	NA	13.09	4.89	NA	34.90	090
23480		A	Revision of collarbone	11.18	NA	9.78	1.02	NA	21.98	090
23485		A	Revision of collar bone	13.43	NA	11.19	1.87	NA	26.49	090
23490		A	Reinforce clavicle	11.86	NA	9.43	0.80	NA	22.09	090
23491		A	Reinforce shoulder bones	14.21	NA	11.56	2.11	NA	27.88	090
23500		A	Treat clavicle fracture	2.08	2.63	1.61	0.21	4.92	3.90	090
23505		A	Treat clavicle fracture	3.69	4.24	3.17	0.38	8.31	7.24	090
23515		A	Repair clavicle fracture	7.41	NA	6.65	1.12	NA	15.18	090
23520		A	Treat clavicle dislocation	2.16	2.54	1.82	0.19	4.89	4.17	090
23525		A	Treat clavicle dislocation	3.60	4.07	3.00	0.27	7.94	6.87	090
23530		A	Repair clavicle dislocation	7.31	NA	5.55	0.91	NA	13.77	090
23532		A	Repair clavicle dislocation	8.01	NA	7.16	1.19	NA	16.36	090
23540		A	Treat clavicle dislocation	2.23	3.04	1.43	0.19	5.46	3.85	090
23545		A	Treat clavicle dislocation	3.25	3.55	2.57	0.29	7.09	6.11	090
23550		A	Repair clavicle dislocation	7.24	NA	6.40	1.46	NA	15.10	090
23552		A	Repair clavicle dislocation	8.45	NA	7.05	1.17	NA	16.67	090
23570		A	Treat shoulderblade fracture	2.23	2.68	2.01	0.25	5.16	4.49	090
23575		A	Treat shoulderblade fracture	4.06	4.54	3.46	0.43	9.03	7.95	090
23585		A	Repair scapula fracture	8.96	NA	7.78	1.29	NA	18.03	090
23600		A	Treat humerus fracture	2.93	4.15	2.57	0.43	7.51	5.93	090
23605		A	Treat humerus fracture	4.87	6.21	5.13	0.76	11.84	10.76	090
23615		A	Repair humerus fracture	9.35	NA	8.32	1.78	NA	19.45	090
23616		A	Repair humerus fracture	21.27	NA	14.86	3.54	NA	39.67	090
23620		A	Treat humerus fracture	2.40	3.85	2.21	0.46	6.71	5.07	090
23625		A	Treat humerus fracture	3.93	5.44	4.29	0.60	9.97	8.82	090
23630		A	Repair humerus fracture	7.35	NA	6.58	1.40	NA	15.33	090
23650		A	Treat shoulder dislocation	3.39	3.73	1.91	0.24	7.36	5.54	090
23655		A	Treat shoulder dislocation	4.57	NA	3.11	0.44	NA	8.12	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
23660		A	Repair shoulder dislocation	7.49	NA	6.16	1.40	NA	15.05	090
23665		A	Treat dislocation/fracture	4.47	5.60	4.59	0.51	10.58	9.57	090
23670		A	Repair dislocation/fracture	7.90	NA	7.09	1.85	NA	16.84	090
23675		A	Treat dislocation/fracture	6.05	6.66	5.56	0.61	13.32	12.22	090
23680		A	Repair dislocation/fracture	10.06	NA	8.32	2.13	NA	20.51	090
23700		A	Fixation of shoulder	2.52	NA	2.79	0.34	NA	5.65	010
23800		A	Fusion of shoulder joint	14.16	NA	11.49	2.63	NA	28.28	090
23802		A	Fusion of shoulder joint	16.60	NA	13.56	2.24	NA	32.40	090
23900		A	Amputation of arm & girdle	19.72	NA	13.23	2.40	NA	35.35	090
23920		A	Amputation at shoulder joint	14.61	NA	11.09	2.54	NA	28.24	090
23921		A	Amputation follow-up surgery	5.49	6.05	4.83	0.74	12.28	11.06	090
23930		A	Drainage of arm lesion	2.94	3.45	2.68	0.24	6.63	5.86	010
23931		A	Drainage of arm bursa	1.79	3.20	2.61	0.11	5.10	4.51	010
23935		A	Drain arm/elbow bone lesion	6.09	NA	8.88	0.78	NA	15.75	090
24000		A	Exploratory elbow surgery	5.82	NA	5.29	1.44	NA	12.55	090
24006		A	Release elbow joint	9.31	NA	7.32	1.17	NA	17.80	090
24065		A	Biopsy arm/elbow soft tissue	2.08	2.91	2.19	0.10	5.09	4.37	010
24066		A	Biopsy arm/elbow soft tissue	5.21	5.26	4.91	0.41	10.88	10.53	090
24075		A	Remove arm/elbow lesion	3.92	4.47	3.94	0.35	8.74	8.21	090
24076		A	Remove arm/elbow lesion	6.30	NA	5.29	0.67	NA	12.26	090
24077		A	Remove tumor of arm/elbow	11.76	NA	9.56	1.87	NA	23.19	090
24100		A	Biopsy elbow joint lining	4.93	NA	4.41	0.69	NA	10.03	090
24101		A	Explore/treat elbow joint	6.13	NA	5.48	1.41	NA	13.02	090
24102		A	Remove elbow joint lining	8.03	NA	5.02	1.81	NA	14.86	090
24105		A	Removal of elbow bursa	3.61	NA	3.83	0.63	NA	8.07	090
24110		A	Remove humerus lesion	7.39	NA	7.38	1.22	NA	15.99	090
24115		A	Remove/graft bone lesion	9.63	NA	9.08	1.33	NA	20.04	090
24116		A	Remove/graft bone lesion	11.81	NA	10.34	1.47	NA	23.62	090
24120		A	Remove elbow lesion	6.65	NA	5.69	0.98	NA	13.32	090
24125		A	Remove/graft bone lesion	7.89	NA	6.71	0.61	NA	15.21	090
24126		A	Remove/graft bone lesion	8.31	NA	5.16	1.21	NA	14.68	090
24130		A	Removal of head of radius	6.25	NA	5.61	1.08	NA	12.94	090
24134		A	Removal of arm bone lesion	9.73	NA	11.90	1.24	NA	22.87	090
24136		A	Remove radius bone lesion	7.99	NA	5.46	0.92	NA	14.37	090
24138		A	Remove elbow bone lesion	8.05	NA	6.86	1.06	NA	15.97	090
24140		A	Partial removal of arm bone	9.18	NA	12.04	1.45	NA	22.67	090
24145		A	Partial removal of radius	7.58	NA	8.91	1.03	NA	17.52	090
24147		A	Partial removal of elbow	7.54	NA	8.68	1.08	NA	17.30	090
24149		A	Radical resection of elbow	14.20	NA	9.65	2.07	NA	25.92	090
24150		A	Extensive humerus surgery	13.27	NA	11.56	2.24	NA	27.07	090
24151		A	Extensive humerus surgery	15.58	NA	12.80	2.11	NA	30.49	090
24152		A	Extensive radius surgery	10.06	NA	8.54	1.16	NA	19.76	090
24153		A	Extensive radius surgery	11.54	NA	6.20	1.71	NA	19.45	090
24155		A	Removal of elbow joint	11.73	NA	8.35	1.72	NA	21.80	090
24160		A	Remove elbow joint implant	7.83	NA	6.62	0.80	NA	15.25	090
24164		A	Remove radius head implant	6.23	NA	5.52	0.90	NA	12.65	090
24200		A	Removal of arm foreign body	1.76	2.87	1.96	0.06	4.69	3.78	010
24201		A	Removal of arm foreign body	4.56	5.46	4.53	0.49	10.51	9.58	090
24220		A	Injection for elbow x-ray	1.31	8.29	0.43	0.05	9.65	1.79	000
24301		A	Muscle/tendon transfer	10.20	NA	7.76	1.23	NA	19.19	090
24305		A	Arm tendon lengthening	7.45	NA	6.23	0.29	NA	13.97	090
24310		A	Revision of arm tendon	5.98	NA	6.20	0.48	NA	12.66	090
24320		A	Repair of arm tendon	10.56	NA	7.53	1.29	NA	19.38	090
24330		A	Revision of arm muscles	9.60	NA	7.25	1.43	NA	18.28	090
24331		A	Revision of arm muscles	10.65	NA	8.39	1.57	NA	20.61	090
24340		A	Repair of biceps tendon	7.89	NA	6.50	1.13	NA	15.52	090
24341		A	Repair tendon/muscle arm	7.90	NA	6.57	1.14	NA	15.61	090
24342		A	Repair of ruptured tendon	10.62	NA	8.13	1.76	NA	20.51	090
24350		A	Repair of tennis elbow	5.25	NA	4.97	0.69	NA	10.91	090
24351		A	Repair of tennis elbow	5.91	NA	5.44	0.73	NA	12.08	090
24352		A	Repair of tennis elbow	6.43	NA	5.76	0.93	NA	13.12	090
24354		A	Repair of tennis elbow	6.48	NA	5.81	0.94	NA	13.23	090
24356		A	Revision of tennis elbow	6.68	NA	5.85	1.18	NA	13.71	090
24360		A	Reconstruct elbow joint	12.34	NA	9.03	2.47	NA	23.84	090
24361		A	Reconstruct elbow joint	14.08	NA	10.28	2.00	NA	26.36	090
24362		A	Reconstruct elbow joint	14.99	NA	8.91	0.80	NA	24.70	090
24363		A	Replace elbow joint	18.49	NA	12.86	4.13	NA	35.48	090
24365		A	Reconstruct head of radius	8.39	NA	6.95	1.19	NA	16.53	090
24366		A	Reconstruct head of radius	9.13	NA	7.19	1.80	NA	18.12	090
24400		A	Revision of humerus	11.06	NA	10.14	1.37	NA	22.57	090
24410		A	Revision of humerus	14.82	NA	11.94	2.06	NA	28.82	090
24420		A	Revision of humerus	13.44	NA	13.08	2.01	NA	28.53	090
24430		A	Repair of humerus	12.81	NA	10.71	2.34	NA	25.86	090
24435		A	Repair humerus with graft	13.17	NA	11.46	2.84	NA	27.47	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
24470		A	Revision of elbow joint	8.74	NA	4.63	1.30	NA	14.67	090
24495		A	Decompression of forearm	8.12	NA	7.31	1.10	NA	16.53	090
24498		A	Reinforce humerus	11.92	NA	10.21	1.62	NA	23.75	090
24500		A	Treat humerus fracture	3.21	5.47	2.28	0.36	9.04	5.85	090
24505		A	Treat humerus fracture	5.17	8.36	5.37	0.71	14.24	11.25	090
24515		A	Repair humerus fracture	11.65	NA	9.55	1.54	NA	22.74	090
24516		A	Repair humerus fracture	11.65	NA	9.97	1.54	NA	23.16	090
24530		A	Treat humerus fracture	3.50	6.29	3.38	0.42	10.21	7.30	090
24535		A	Treat humerus fracture	6.87	8.76	5.80	0.78	16.41	13.45	090
24538		A	Treat humerus fracture	9.43	NA	8.63	1.26	NA	19.32	090
24545		A	Repair humerus fracture	10.46	NA	8.63	1.59	NA	20.68	090
24546		A	Repair humerus fracture	15.69	NA	11.88	1.59	NA	29.16	090
24560		A	Treat humerus fracture	2.80	5.22	1.84	0.30	8.32	4.94	090
24565		A	Treat humerus fracture	5.56	7.80	4.89	0.54	13.90	10.99	090
24566		A	Treat humerus fracture	7.79	NA	7.72	0.96	NA	16.47	090
24575		A	Repair humerus fracture	10.66	NA	7.63	1.24	NA	19.53	090
24576		A	Treat humerus fracture	2.86	5.19	2.32	0.33	8.38	5.51	090
24577		A	Treat humerus fracture	5.79	8.10	5.13	0.61	14.50	11.53	090
24579		A	Repair humerus fracture	11.60	NA	9.50	1.35	NA	22.45	090
24582		A	Treat humerus fracture	8.55	NA	7.95	1.06	NA	17.56	090
24586		A	Repair elbow fracture	15.21	NA	10.29	2.36	NA	27.86	090
24587		A	Repair elbow fracture	15.16	NA	10.16	2.17	NA	27.49	090
24600		A	Treat elbow dislocation	4.23	6.87	3.19	0.26	11.36	7.68	090
24605		A	Treat elbow dislocation	5.42	NA	4.19	0.37	NA	9.98	090
24615		A	Repair elbow dislocation	9.42	NA	7.03	1.48	NA	17.93	090
24620		A	Treat elbow fracture	6.98	NA	5.53	0.57	NA	13.08	090
24635		A	Repair elbow fracture	13.19	NA	17.15	1.78	NA	32.12	090
24640		A	Treat elbow dislocation	1.20	3.49	0.77	0.08	4.77	2.05	010
24650		A	Treat radius fracture	2.16	4.93	1.72	0.33	7.42	4.21	090
24655		A	Treat radius fracture	4.40	7.15	4.13	0.45	12.00	8.98	090
24665		A	Repair radius fracture	8.14	NA	7.41	1.14	NA	16.69	090
24666		A	Repair radius fracture	9.49	NA	8.31	1.60	NA	19.40	090
24670		A	Treatment of ulna fracture	2.54	4.99	2.09	0.27	7.80	4.90	090
24675		A	Treatment of ulna fracture	4.72	7.44	4.48	0.54	12.70	9.74	090
24685		A	Repair ulna fracture	8.80	NA	7.82	1.34	NA	17.96	090
24800		A	Fusion of elbow joint	11.20	NA	8.22	1.55	NA	20.97	090
24802		A	Fusion/graft of elbow joint	13.69	NA	10.51	1.99	NA	26.19	090
24900		A	Amputation of upper arm	9.60	NA	8.14	1.39	NA	19.13	090
24920		A	Amputation of upper arm	9.54	NA	9.61	1.19	NA	20.34	090
24925		A	Amputation follow-up surgery	7.07	NA	6.11	0.75	NA	13.93	090
24930		A	Amputation follow-up surgery	10.25	NA	9.60	1.17	NA	21.02	090
24931		A	Amputate upper arm & implant	12.72	NA	11.49	1.84	NA	26.05	090
24935		A	Revision of amputation	15.56	NA	10.07	2.24	NA	27.87	090
25000		A	Incision of tendon sheath	3.38	NA	5.29	0.62	NA	9.29	090
25020		A	Decompression of forearm	5.92	NA	7.99	0.77	NA	14.68	090
25023		A	Decompression of forearm	12.96	NA	13.16	0.94	NA	27.06	090
25028		A	Drainage of forearm lesion	5.25	NA	6.95	0.36	NA	12.56	090
25031		A	Drainage of forearm bursa	4.14	NA	6.81	0.09	NA	11.04	090
25035		A	Treat forearm bone lesion	7.36	NA	11.52	1.01	NA	19.89	090
25040		A	Explore/treat wrist joint	7.18	NA	7.45	0.90	NA	15.53	090
25065		A	Biopsy forearm soft tissues	1.99	1.90	2.55	0.09	3.98	4.63	010
25066		A	Biopsy forearm soft tissues	4.13	NA	6.13	0.22	NA	10.48	090
25075		A	Removal of forearm lesion	3.74	NA	5.14	0.37	NA	9.25	090
25076		A	Removal of forearm lesion	4.92	NA	8.53	0.67	NA	14.12	090
25077		A	Remove tumor, forearm/wrist	9.76	NA	10.69	1.67	NA	22.12	090
25085		A	Incision of wrist capsule	5.50	NA	7.81	0.71	NA	14.02	090
25100		A	Biopsy of wrist joint	3.90	NA	5.49	0.79	NA	10.18	090
25101		A	Explore/treat wrist joint	4.69	NA	5.99	0.98	NA	11.66	090
25105		A	Remove wrist joint lining	5.85	NA	8.15	1.19	NA	15.19	090
25107		A	Remove wrist joint cartilage	6.43	NA	8.52	0.89	NA	15.84	090
25110		A	Remove wrist tendon lesion	3.92	NA	5.83	0.46	NA	10.21	090
25111		A	Remove wrist tendon lesion	3.39	NA	4.52	0.55	NA	8.46	090
25112		A	Reremove wrist tendon lesion	4.53	NA	5.26	0.66	NA	10.45	090
25115		A	Remove wrist/forearm lesion	8.82	NA	11.76	1.23	NA	21.81	090
25116		A	Remove wrist/forearm lesion	7.11	NA	10.94	1.38	NA	19.43	090
25118		A	Excise wrist tendon sheath	4.37	NA	5.83	1.02	NA	11.22	090
25119		A	Partial removal of ulna	6.04	NA	8.38	1.32	NA	15.74	090
25120		A	Removal of forearm lesion	6.10	NA	10.24	1.14	NA	17.48	090
25125		A	Remove/graft forearm lesion	7.48	NA	10.82	1.04	NA	19.34	090
25126		A	Remove/graft forearm lesion	7.55	NA	11.84	1.12	NA	20.51	090
25130		A	Removal of wrist lesion	5.26	NA	6.41	0.67	NA	12.34	090
25135		A	Remove & graft wrist lesion	6.89	NA	7.29	0.97	NA	15.15	090
25136		A	Remove & graft wrist lesion	5.97	NA	6.61	0.85	NA	13.43	090
25145		A	Remove forearm bone lesion	6.37	NA	10.24	0.75	NA	17.36	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
25150		A	Partial removal of ulna	7.09	NA	8.99	1.12	NA	17.20	090
25151		A	Partial removal of radius	7.39	NA	11.22	1.02	NA	19.63	090
25170		A	Extensive forearm surgery	11.09	NA	12.78	1.51	NA	25.38	090
25210		A	Removal of wrist bone	5.95	NA	6.68	0.80	NA	13.43	090
25215		A	Removal of wrist bones	7.89	NA	9.32	1.42	NA	18.63	090
25230		A	Partial removal of radius	5.23	NA	6.38	0.85	NA	12.46	090
25240		A	Partial removal of ulna	5.17	NA	7.82	0.86	NA	13.85	090
25246		A	Injection for wrist x-ray	1.45	8.10	0.47	0.05	9.60	1.97	000
25248		A	Remove forearm foreign body	5.14	NA	6.89	0.37	NA	12.40	090
25250		A	Removal of wrist prosthesis	6.60	NA	7.13	0.91	NA	14.64	090
25251		A	Removal of wrist prosthesis	9.57	NA	10.66	1.39	NA	21.62	090
25260		A	Repair forearm tendon/muscle	7.80	NA	11.24	0.78	NA	19.82	090
25263		A	Repair forearm tendon/muscle	7.82	NA	10.83	1.03	NA	19.68	090
25265		A	Repair forearm tendon/muscle	9.88	NA	12.92	1.41	NA	24.21	090
25270		A	Repair forearm tendon/muscle	6.00	NA	10.35	0.55	NA	16.90	090
25272		A	Repair forearm tendon/muscle	7.04	NA	10.95	0.54	NA	18.53	090
25274		A	Repair forearm tendon/muscle	8.75	NA	11.62	1.13	NA	21.50	090
25280		A	Revise wrist/forearm tendon	7.22	NA	11.21	0.69	NA	19.12	090
25290		A	Incise wrist/forearm tendon	5.29	NA	12.04	0.41	NA	17.74	090
25295		A	Release wrist/forearm tendon	6.55	NA	9.86	0.52	NA	16.93	090
25300		A	Fusion of tendons at wrist	8.80	NA	8.20	1.19	NA	18.19	090
25301		A	Fusion of tendons at wrist	8.40	NA	7.92	1.18	NA	17.50	090
25310		A	Transplant forearm tendon	8.14	NA	11.53	1.17	NA	20.84	090
25312		A	Transplant forearm tendon	9.57	NA	12.17	1.31	NA	23.05	090
25315		A	Revise palsy hand tendon(s)	10.20	NA	13.02	1.34	NA	24.56	090
25316		A	Revise palsy hand tendon(s)	12.33	NA	14.28	1.78	NA	28.39	090
25320		A	Repair/revise wrist joint	10.77	NA	9.55	1.45	NA	21.77	090
25332		A	Revise wrist joint	11.41	NA	9.84	1.61	NA	22.86	090
25335		A	Realignment of hand	12.88	NA	12.17	1.56	NA	26.61	090
25337		A	Reconstruct ulna/radioulnar	10.17	NA	10.87	1.45	NA	22.49	090
25350		A	Revision of radius	8.78	NA	11.95	1.26	NA	21.99	090
25355		A	Revision of radius	10.17	NA	12.54	1.49	NA	24.20	090
25360		A	Revision of ulna	8.43	NA	11.72	0.99	NA	21.14	090
25365		A	Revise radius & ulna	12.40	NA	13.58	1.57	NA	27.55	090
25370		A	Revise radius or ulna	13.36	NA	15.03	1.92	NA	30.31	090
25375		A	Revise radius & ulna	13.04	NA	14.84	0.87	NA	28.75	090
25390		A	Shorten radius/ulna	10.40	NA	13.14	1.50	NA	25.04	090
25391		A	Lengthen radius/ulna	13.65	NA	14.69	1.93	NA	30.27	090
25392		A	Shorten radius & ulna	13.95	NA	13.19	2.04	NA	29.18	090
25393		A	Lengthen radius & ulna	15.87	NA	16.01	2.32	NA	34.20	090
25400		A	Repair radius or ulna	10.92	NA	13.41	1.75	NA	26.08	090
25405		A	Repair/graft radius or ulna	14.38	NA	15.51	2.02	NA	31.91	090
25415		A	Repair radius & ulna	13.35	NA	14.84	1.92	NA	30.11	090
25420		A	Repair/graft radius & ulna	16.33	NA	16.41	2.28	NA	35.02	090
25425		A	Repair/graft radius or ulna	13.21	NA	19.06	1.87	NA	34.14	090
25426		A	Repair/graft radius & ulna	15.82	NA	15.54	2.13	NA	33.49	090
25440		A	Repair/graft wrist bone	10.44	NA	9.35	1.50	NA	21.29	090
25441		A	Reconstruct wrist joint	12.90	NA	10.57	1.89	NA	25.36	090
25442		A	Reconstruct wrist joint	10.85	NA	9.78	1.22	NA	21.85	090
25443		A	Reconstruct wrist joint	10.39	NA	11.14	1.52	NA	23.05	090
25444		A	Reconstruct wrist joint	11.15	NA	11.18	1.66	NA	23.99	090
25445		A	Reconstruct wrist joint	9.69	NA	10.54	1.72	NA	21.95	090
25446		A	Wrist replacement	16.55	NA	12.82	3.49	NA	32.86	090
25447		A	Repair wrist joint(s)	10.37	NA	9.41	1.56	NA	21.34	090
25449		A	Remove wrist joint implant	14.49	NA	13.45	1.16	NA	29.10	090
25450		A	Revision of wrist joint	7.87	NA	6.29	1.19	NA	15.35	090
25455		A	Revision of wrist joint	9.49	NA	12.73	1.42	NA	23.64	090
25490		A	Reinforce radius	9.54	NA	12.48	1.42	NA	23.44	090
25491		A	Reinforce ulna	9.96	NA	12.22	1.49	NA	23.67	090
25492		A	Reinforce radius and ulna	12.33	NA	14.20	1.84	NA	28.37	090
25500		A	Treat fracture of radius	2.45	4.50	1.75	0.29	7.24	4.49	090
25505		A	Treat fracture of radius	5.21	7.56	4.57	0.51	13.28	10.29	090
25515		A	Repair fracture of radius	9.18	NA	8.04	1.22	NA	18.44	090
25520		A	Repair fracture of radius	6.26	7.33	5.16	0.94	14.53	12.36	090
25525		A	Repair fracture of radius	12.24	NA	9.89	1.83	NA	23.96	090
25526		A	Repair fracture of radius	12.98	NA	14.96	1.94	NA	29.88	090
25530		A	Treat fracture of ulna	2.09	4.66	1.88	0.35	7.10	4.32	090
25535		A	Treat fracture of ulna	5.14	7.62	4.56	0.54	13.30	10.24	090
25545		A	Repair fracture of ulna	8.90	NA	7.87	1.20	NA	17.97	090
25560		A	Treat fracture radius & ulna	2.44	4.72	1.52	0.27	7.43	4.23	090
25565		A	Treat fracture radius & ulna	5.63	7.84	4.83	0.70	14.17	11.16	090
25574		A	Treat fracture radius & ulna	7.01	NA	6.77	1.73	NA	15.51	090
25575		A	Repair fracture radius/ulna	10.45	NA	8.74	1.73	NA	20.92	090
25600		A	Treat fracture radius/ulna	2.63	5.04	1.96	0.42	8.09	5.01	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
25605		A	Treat fracture radius/ulna	5.81	8.09	5.07	0.61	14.51	11.49	090
25611		A	Repair fracture radius/ulna	7.77	NA	7.72	0.97	NA	16.46	090
25620		A	Repair fracture radius/ulna	8.55	NA	7.68	1.14	NA	17.37	090
25622		A	Treat wrist bone fracture	2.61	4.94	1.89	0.33	7.88	4.83	090
25624		A	Treat wrist bone fracture	4.53	7.20	4.03	0.57	12.30	9.13	090
25628		A	Repair wrist bone fracture	8.43	NA	7.54	1.16	NA	17.13	090
25630		A	Treat wrist bone fracture	2.88	5.15	1.89	0.30	8.33	5.07	090
25635		A	Treat wrist bone fracture	4.39	7.04	2.65	0.50	11.93	7.54	090
25645		A	Repair wrist bone fracture	7.25	NA	6.63	0.95	NA	14.83	090
25650		A	Repair wrist bone fracture	3.05	5.07	1.85	0.36	8.48	5.26	090
25660		A	Treat wrist dislocation	4.76	NA	3.77	0.26	NA	8.79	090
25670		A	Repair wrist dislocation	7.92	NA	7.24	1.12	NA	16.28	090
25675		A	Treat wrist dislocation	4.67	6.88	3.73	0.34	11.89	8.74	090
25676		A	Repair wrist dislocation	8.04	NA	7.31	1.11	NA	16.46	090
25680		A	Treat wrist fracture	5.99	NA	4.82	0.36	NA	11.17	090
25685		A	Repair wrist fracture	9.78	NA	8.08	1.44	NA	19.30	090
25690		A	Treat wrist dislocation	5.50	NA	5.30	0.73	NA	11.53	090
25695		A	Repair wrist dislocation	8.34	NA	7.53	1.17	NA	17.04	090
25800		A	Fusion of wrist joint	9.76	NA	9.00	1.80	NA	20.56	090
25805		A	Fusion/graft of wrist joint	11.28	NA	9.89	2.09	NA	23.26	090
25810		A	Fusion/graft of wrist joint	10.57	NA	9.51	2.06	NA	22.14	090
25820		A	Fusion of hand bones	7.45	NA	7.22	1.48	NA	16.15	090
25825		A	Fusion hand bones with graft	9.27	NA	8.75	1.99	NA	20.01	090
25830		A	Fusion radioulnar jnt/ulna	10.06	NA	12.33	1.45	NA	23.84	090
25900		A	Amputation of forearm	9.01	NA	10.20	1.31	NA	20.52	090
25905		A	Amputation of forearm	9.12	NA	10.56	1.15	NA	20.83	090
25907		A	Amputation follow-up surgery	7.80	NA	9.44	1.00	NA	18.24	090
25909		A	Amputation follow-up surgery	8.96	NA	9.25	1.06	NA	19.27	090
25915		A	Amputation of forearm	17.08	NA	27.86	2.59	NA	47.53	090
25920		A	Amputate hand at wrist	8.68	NA	7.64	1.20	NA	17.52	090
25922		A	Amputate hand at wrist	7.42	NA	8.39	1.02	NA	16.83	090
25924		A	Amputation follow-up surgery	8.46	NA	6.74	1.22	NA	16.42	090
25927		A	Amputation of hand	8.80	NA	9.39	1.22	NA	19.41	090
25929		A	Amputation follow-up surgery	7.59	NA	5.42	0.96	NA	13.97	090
25931		A	Amputation follow-up surgery	7.81	NA	9.81	0.90	NA	18.52	090
26010		A	Drainage of finger abscess	1.54	3.16	2.25	0.05	4.75	3.84	010
26011		A	Drainage of finger abscess	2.19	4.46	4.45	0.24	6.89	6.88	010
26020		A	Drain hand tendon sheath	4.67	NA	8.66	0.63	NA	13.96	090
26025		A	Drainage of palm bursa	4.82	NA	8.82	0.76	NA	14.40	090
26030		A	Drainage of palm bursa(s)	5.93	NA	9.38	0.98	NA	16.29	090
26034		A	Treat hand bone lesion	6.23	NA	10.41	0.71	NA	17.35	090
26035		A	Decompress fingers/hand	9.51	NA	11.92	0.86	NA	22.29	090
26037		A	Decompress fingers/hand	7.25	NA	7.75	1.05	NA	16.05	090
26040		A	Release palm contracture	3.33	NA	7.99	0.49	NA	11.81	090
26045		A	Release palm contracture	5.56	NA	9.39	0.81	NA	15.76	090
26055		A	Incise finger tendon sheath	2.69	5.15	8.67	0.56	8.40	11.92	090
26060		A	Incision of finger tendon	2.81	NA	5.19	0.17	NA	8.17	090
26070		A	Explore/treat hand joint	3.69	NA	7.33	0.42	NA	11.44	090
26075		A	Explore/treat finger joint	3.79	NA	7.85	0.62	NA	12.26	090
26080		A	Explore/treat finger joint	4.24	NA	8.63	0.51	NA	13.38	090
26100		A	Biopsy hand joint lining	3.67	NA	5.43	0.45	NA	9.55	090
26105		A	Biopsy finger joint lining	3.71	NA	8.19	0.67	NA	12.57	090
26110		A	Biopsy finger joint lining	3.53	NA	7.67	0.50	NA	11.70	090
26115		A	Removal of hand lesion	3.86	4.94	9.00	0.34	9.14	13.20	090
26116		A	Removal of hand lesion	5.53	NA	9.13	0.62	NA	15.28	090
26117		A	Remove tumor, hand/finger	8.55	NA	10.50	0.91	NA	19.96	090
26121		A	Release palm contracture	7.54	NA	10.65	1.61	NA	19.80	090
26123		A	Release palm contracture	9.29	NA	11.74	1.53	NA	22.56	090
26125		A	Release palm contracture	4.61	NA	2.91	0.45	NA	7.97	ZZZ
26130		A	Remove wrist joint lining	5.42	NA	10.50	0.86	NA	16.78	090
26135		A	Revise finger joint, each	6.96	NA	11.26	0.82	NA	19.04	090
26140		A	Revise finger joint, each	6.17	NA	10.68	0.75	NA	17.60	090
26145		A	Tendon excision, palm/finger	6.32	NA	10.64	0.80	NA	17.76	090
26160		A	Remove tendon sheath lesion	3.15	4.64	8.83	0.40	8.19	12.38	090
26170		A	Removal of palm tendon, each	4.77	NA	6.08	0.45	NA	11.30	090
26180		A	Removal of finger tendon	5.18	NA	6.32	0.71	NA	12.21	090
26185		A	Remove finger bone	5.25	NA	11.35	0.41	NA	17.01	090
26200		A	Remove hand bone lesion	5.51	NA	9.13	0.72	NA	15.36	090
26205		A	Remove/graft bone lesion	7.70	NA	10.26	1.03	NA	18.99	090
26210		A	Removal of finger lesion	5.15	NA	9.15	0.64	NA	14.94	090
26215		A	Remove/graft finger lesion	7.10	NA	10.24	0.94	NA	18.28	090
26230		A	Partial removal of hand bone	6.33	NA	9.17	0.69	NA	16.19	090
26235		A	Partial removal, finger bone	6.19	NA	8.93	0.71	NA	15.83	090
26236		A	Partial removal, finger bone	5.32	NA	8.66	0.66	NA	14.64	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
26250		A	Extensive hand surgery	7.55	NA	11.60	1.07	NA	20.22	090
26255		A	Extensive hand surgery	12.43	NA	13.32	1.54	NA	27.29	090
26260		A	Extensive finger surgery	7.03	NA	10.85	0.97	NA	18.85	090
26261		A	Extensive finger surgery	9.09	NA	12.59	1.31	NA	22.99	090
26262		A	Partial removal of finger	5.67	NA	9.35	0.76	NA	15.78	090
26320		A	Removal of implant from hand	3.98	NA	8.38	0.57	NA	12.93	090
26350		A	Repair finger/hand tendon	5.99	NA	11.30	0.99	NA	18.28	090
26352		A	Repair/graft hand tendon	7.68	NA	13.41	1.10	NA	22.19	090
26356		A	Repair finger/hand tendon	8.07	NA	13.66	1.24	NA	22.97	090
26357		A	Repair finger/hand tendon	8.58	NA	14.49	1.19	NA	24.26	090
26358		A	Repair/graft hand tendon	9.14	NA	14.42	1.27	NA	24.83	090
26370		A	Repair finger/hand tendon	7.11	NA	13.28	1.13	NA	21.52	090
26372		A	Repair/graft hand tendon	8.76	NA	14.09	1.15	NA	24.00	090
26373		A	Repair finger/hand tendon	8.16	NA	12.55	1.11	NA	21.82	090
26390		A	Revise hand/finger tendon	9.19	NA	11.26	1.23	NA	21.68	090
26392		A	Repair/graft hand tendon	10.26	NA	14.13	1.26	NA	25.65	090
26410		A	Repair hand tendon	4.63	NA	10.00	0.51	NA	15.14	090
26412		A	Repair/graft hand tendon	6.31	NA	11.04	0.97	NA	18.32	090
26415		A	Excision, hand/finger tendon	8.34	NA	11.11	0.90	NA	20.35	090
26416		A	Graft hand or finger tendon	9.37	NA	12.62	1.41	NA	23.40	090
26418		A	Repair finger tendon	4.25	NA	9.77	0.59	NA	14.61	090
26420		A	Repair/graft finger tendon	6.77	NA	11.47	0.96	NA	19.20	090
26426		A	Repair finger/hand tendon	6.15	NA	11.03	1.07	NA	18.25	090
26428		A	Repair/graft finger tendon	7.21	NA	11.25	1.00	NA	19.46	090
26432		A	Repair finger tendon	4.02	NA	8.58	0.51	NA	13.11	090
26433		A	Repair finger tendon	4.56	NA	9.01	0.66	NA	14.23	090
26434		A	Repair/graft finger tendon	6.09	NA	9.84	0.84	NA	16.77	090
26437		A	Realignment of tendons	5.82	NA	9.50	0.68	NA	16.00	090
26440		A	Release palm/finger tendon	5.02	NA	11.65	0.59	NA	17.26	090
26442		A	Release palm & finger tendon	8.16	NA	13.05	0.59	NA	21.80	090
26445		A	Release hand/finger tendon	4.31	NA	10.94	0.54	NA	15.79	090
26449		A	Release forearm/hand tendon	7.00	NA	12.08	0.96	NA	20.04	090
26450		A	Incision of palm tendon	3.67	NA	5.96	0.36	NA	9.99	090
26455		A	Incision of finger tendon	3.64	NA	5.84	0.33	NA	9.81	090
26460		A	Incise hand/finger tendon	3.46	NA	5.58	0.30	NA	9.34	090
26471		A	Fusion of finger tendons	5.73	NA	9.06	0.67	NA	15.46	090
26474		A	Fusion of finger tendons	5.32	NA	9.37	0.75	NA	15.44	090
26476		A	Tendon lengthening	5.18	NA	8.35	0.27	NA	13.80	090
26477		A	Tendon shortening	5.15	NA	9.42	0.73	NA	15.30	090
26478		A	Lengthening of hand tendon	5.80	NA	9.83	0.72	NA	16.35	090
26479		A	Shortening of hand tendon	5.74	NA	9.62	0.86	NA	16.22	090
26480		A	Transplant hand tendon	6.69	NA	12.55	1.11	NA	20.35	090
26483		A	Transplant/graft hand tendon	8.29	NA	13.35	1.40	NA	23.04	090
26485		A	Transplant palm tendon	7.70	NA	13.33	1.08	NA	22.11	090
26489		A	Transplant/graft palm tendon	9.55	NA	11.16	0.51	NA	21.22	090
26490		A	Revise thumb tendon	8.41	NA	11.00	1.28	NA	20.69	090
26492		A	Tendon transfer with graft	9.62	NA	11.46	1.21	NA	22.29	090
26494		A	Hand tendon/muscle transfer	8.47	NA	9.62	1.23	NA	19.32	090
26496		A	Revise thumb tendon	9.59	NA	11.45	1.53	NA	22.57	090
26497		A	Finger tendon transfer	9.57	NA	11.79	1.38	NA	22.74	090
26498		A	Finger tendon transfer	14.00	NA	14.34	2.04	NA	30.38	090
26499		A	Revision of finger	8.98	NA	9.91	1.25	NA	20.14	090
26500		A	Hand tendon reconstruction	5.96	NA	9.52	0.60	NA	16.08	090
26502		A	Hand tendon reconstruction	7.14	NA	10.61	0.95	NA	18.70	090
26504		A	Hand tendon reconstruction	7.47	NA	11.04	1.11	NA	19.62	090
26508		A	Release thumb contracture	6.01	NA	8.30	0.72	NA	15.03	090
26510		A	Thumb tendon transfer	5.43	NA	9.31	0.68	NA	15.42	090
26516		A	Fusion of knuckle joint	7.15	NA	10.32	0.67	NA	18.14	090
26517		A	Fusion of knuckle joints	8.83	NA	10.98	1.23	NA	21.04	090
26518		A	Fusion of knuckle joints	9.02	NA	11.97	1.22	NA	22.21	090
26520		A	Release knuckle contracture	5.30	NA	11.54	0.71	NA	17.55	090
26525		A	Release finger contracture	5.33	NA	11.66	0.62	NA	17.61	090
26530		A	Revise knuckle joint	6.69	NA	12.18	0.85	NA	19.72	090
26531		A	Revise knuckle with implant	7.91	NA	13.33	1.11	NA	22.35	090
26535		A	Revise finger joint	5.24	NA	5.91	0.58	NA	11.73	090
26536		A	Revise/implant finger joint	6.37	NA	11.33	1.19	NA	18.89	090
26540		A	Repair hand joint	6.43	NA	9.89	1.12	NA	17.44	090
26541		A	Repair hand joint with graft	8.62	NA	11.26	1.47	NA	21.35	090
26542		A	Repair hand joint with graft	6.78	NA	10.32	0.97	NA	18.07	090
26545		A	Reconstruct finger joint	6.92	NA	10.33	0.94	NA	18.19	090
26546		A	Repair non-union hand	8.92	NA	18.85	1.33	NA	29.10	090
26548		A	Reconstruct finger joint	8.03	NA	10.73	1.00	NA	19.76	090
26550		A	Construct thumb replacement	21.24	NA	20.05	3.24	NA	44.53	090
26551		A	Great toe-hand transfer	46.58	NA	60.48	6.92	NA	113.98	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
26553		A	Single toe-hand transfer	46.27	NA	60.17	6.87	NA	113.31	090
26554		A	Double toe-hand transfer	54.95	NA	68.86	8.20	NA	132.01	090
26555		A	Positional change of finger	16.63	NA	16.58	2.52	NA	35.73	090
26556		A	Toe joint transfer	47.26	NA	61.16	6.99	NA	115.41	090
26560		A	Repair of web finger	5.38	NA	8.35	0.66	NA	14.39	090
26561		A	Repair of web finger	10.92	NA	13.22	1.56	NA	25.70	090
26562		A	Repair of web finger	9.68	NA	12.46	0.82	NA	22.96	090
26565		A	Correct metacarpal flaw	6.74	NA	10.26	0.85	NA	17.85	090
26567		A	Correct finger deformity	6.82	NA	9.90	0.67	NA	17.39	090
26568		A	Lengthen metacarpal/finger	9.08	NA	11.61	1.06	NA	21.75	090
26580		A	Repair hand deformity	18.18	NA	12.16	2.76	NA	33.10	090
26585		A	Repair finger deformity	14.05	NA	12.14	2.12	NA	28.31	090
26590		A	Repair finger deformity	17.96	NA	13.66	2.72	NA	34.34	090
26591		A	Repair muscles of hand	3.25	NA	7.72	0.39	NA	11.36	090
26593		A	Release muscles of hand	5.31	NA	9.00	0.70	NA	15.01	090
26596		A	Excision constricting tissue	8.95	NA	7.08	1.35	NA	17.38	090
26597		A	Release of scar contracture	9.82	NA	11.96	1.37	NA	23.15	090
26600		A	Treat metacarpal fracture	1.96	4.60	1.62	0.22	6.78	3.80	090
26605		A	Treat metacarpal fracture	2.85	5.96	3.11	0.36	9.17	6.32	090
26607		A	Treat metacarpal fracture	5.36	NA	6.40	0.57	NA	12.33	090
26608		A	Treat metacarpal fracture	5.36	NA	6.27	0.57	NA	12.20	090
26615		A	Repair metacarpal fracture	5.33	NA	5.76	0.80	NA	11.89	090
26641		A	Treat thumb dislocation	3.94	5.89	2.68	0.14	9.97	6.76	090
26645		A	Treat thumb fracture	4.41	6.82	3.68	0.33	11.56	8.42	090
26650		A	Repair thumb fracture	5.72	NA	6.42	0.64	NA	12.78	090
26665		A	Repair thumb fracture	7.60	NA	6.85	1.09	NA	15.54	090
26670		A	Treat hand dislocation	3.69	6.06	2.34	0.10	9.85	6.13	090
26675		A	Treat hand dislocation	4.64	5.89	3.88	0.60	11.13	9.12	090
26676		A	Pin hand dislocation	5.52	NA	6.35	0.67	NA	12.54	090
26685		A	Repair hand dislocation	6.98	NA	6.54	0.91	NA	14.43	090
26686		A	Repair hand dislocation	7.94	NA	7.17	1.04	NA	16.15	090
26700		A	Treat knuckle dislocation	3.69	3.41	1.51	0.10	7.20	5.30	090
26705		A	Treat knuckle dislocation	4.19	5.82	3.33	0.27	10.28	7.79	090
26706		A	Pin knuckle dislocation	5.12	NA	4.71	0.75	NA	10.58	090
26715		A	Repair knuckle dislocation	5.74	NA	6.05	0.66	NA	12.45	090
26720		A	Treat finger fracture, each	1.66	2.06	1.08	0.15	3.87	2.89	090
26725		A	Treat finger fracture, each	3.33	3.74	2.59	0.23	7.30	6.15	090
26727		A	Treat finger fracture, each	5.23	NA	6.14	0.38	NA	11.75	090
26735		A	Repair finger fracture, each	5.98	NA	6.06	0.61	NA	12.65	090
26740		A	Treat finger fracture, each	1.94	2.52	1.77	0.16	4.62	3.87	090
26742		A	Treat finger fracture, each	3.85	6.77	3.77	0.32	10.94	7.94	090
26746		A	Repair finger fracture, each	5.81	NA	6.06	0.80	NA	12.67	090
26750		A	Treat finger fracture, each	1.70	2.33	1.28	0.10	4.13	3.08	090
26755		A	Treat finger fracture, each	3.10	3.50	2.15	0.15	6.75	5.40	090
26756		A	Pin finger fracture, each	4.39	NA	5.69	0.33	NA	10.41	090
26765		A	Repair finger fracture, each	4.17	NA	4.92	0.45	NA	9.54	090
26770		A	Treat finger dislocation	3.02	3.17	1.37	0.08	6.27	4.47	090
26775		A	Treat finger dislocation	3.71	5.64	2.73	0.17	9.52	6.61	090
26776		A	Pin finger dislocation	4.80	NA	5.88	0.35	NA	11.03	090
26785		A	Repair finger dislocation	4.21	NA	5.08	0.48	NA	9.77	090
26820		A	Thumb fusion with graft	8.26	NA	11.44	1.05	NA	20.75	090
26841		A	Fusion of thumb	7.13	NA	10.68	1.00	NA	18.81	090
26842		A	Thumb fusion with graft	8.24	NA	11.52	1.37	NA	21.13	090
26843		A	Fusion of hand joint	7.61	NA	10.80	1.10	NA	19.51	090
26844		A	Fusion/graft of hand joint	8.73	NA	11.85	1.19	NA	21.77	090
26850		A	Fusion of knuckle	6.97	NA	10.39	0.76	NA	18.12	090
26852		A	Fusion of knuckle with graft	8.46	NA	11.32	1.00	NA	20.78	090
26860		A	Fusion of finger joint	4.69	NA	8.73	0.68	NA	14.10	090
26861		A	Fusion of finger joint, added	1.74	NA	1.24	0.43	NA	3.41	ZZZ
26862		A	Fusion/graft of finger joint	7.37	NA	10.40	0.85	NA	18.62	090
26863		A	Fuse/graft added joint	3.90	NA	2.53	0.57	NA	7.00	ZZZ
26910		A	Amputate metacarpal bone	7.60	NA	9.46	0.93	NA	17.99	090
26951		A	Amputation of finger/thumb	4.59	NA	8.17	0.49	NA	13.25	090
26952		A	Amputation of finger/thumb	6.31	NA	9.37	0.69	NA	16.37	090
26990		A	Drainage of pelvis lesion	7.48	NA	11.61	0.51	NA	19.60	090
26991		A	Drainage of pelvis bursa	6.68	6.46	7.02	0.29	13.43	13.99	090
26992		A	Drainage of bone lesion	13.02	NA	16.12	1.05	NA	30.19	090
27000		A	Incision of hip tendon	5.62	NA	5.77	0.24	NA	11.63	090
27001		A	Incision of hip tendon	6.94	NA	6.57	0.38	NA	13.89	090
27003		A	Incision of hip tendon	7.34	NA	7.34	1.08	NA	15.76	090
27005		A	Incision of hip tendon	9.66	NA	8.44	0.54	NA	18.64	090
27006		A	Incision of hip tendons	9.68	NA	8.57	0.77	NA	19.02	090
27025		A	Incision of hip/thigh fascia	11.16	NA	8.69	1.02	NA	20.87	090
27030		A	Drainage of hip joint	13.01	NA	10.67	1.86	NA	25.54	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
27033		A	Exploration of hip joint	13.39	NA	10.76	1.85	NA	26.00	090
27035		A	Denervation of hip joint	16.69	NA	13.32	2.21	NA	32.22	090
27036		A	Excision of hip joint/muscle	12.88	NA	22.96	1.87	NA	37.71	090
27040		A	Biopsy of soft tissues	2.87	3.49	2.69	0.11	6.47	5.67	010
27041		A	Biopsy of soft tissues	9.89	NA	6.86	0.44	NA	17.19	090
27047		A	Remove hip/pelvis lesion	7.45	6.09	5.33	0.32	13.86	13.10	090
27048		A	Remove hip/pelvis lesion	6.25	NA	5.67	0.82	NA	12.74	090
27049		A	Remove tumor, hip/pelvis	13.66	NA	9.93	1.87	NA	25.46	090
27050		A	Biopsy of sacroiliac joint	4.36	NA	5.40	0.90	NA	10.66	090
27052		A	Biopsy of hip joint	6.23	NA	6.46	1.59	NA	14.28	090
27054		A	Removal of hip joint lining	8.54	NA	8.31	2.26	NA	19.11	090
27060		A	Removal of ischial bursa	5.43	NA	5.20	0.68	NA	11.31	090
27062		A	Remove femur lesion/bursa	5.37	NA	5.67	0.70	NA	11.74	090
27065		A	Removal of hip bone lesion	5.90	NA	6.39	0.90	NA	13.19	090
27066		A	Removal of hip bone lesion	10.33	NA	9.79	1.30	NA	21.42	090
27067		A	Remove/graft hip bone lesion	13.83	NA	12.28	1.93	NA	28.04	090
27070		A	Partial removal of hip bone	10.72	NA	14.61	1.21	NA	26.54	090
27071		A	Partial removal of hip bone	11.46	NA	14.77	1.45	NA	27.68	090
27075		A	Extensive hip surgery	17.23	NA	12.72	2.32	NA	32.27	090
27076		A	Extensive hip surgery	22.12	NA	16.75	2.61	NA	41.48	090
27077		A	Extensive hip surgery	23.13	NA	16.40	3.24	NA	42.77	090
27078		A	Extensive hip surgery	13.44	NA	12.41	1.67	NA	27.52	090
27079		A	Extensive hip surgery	13.75	NA	10.65	1.66	NA	26.06	090
27080		A	Removal of tail bone	6.39	NA	5.55	0.87	NA	12.81	090
27086		A	Remove hip foreign body	1.87	3.23	2.61	0.07	5.17	4.55	010
27087		A	Remove hip foreign body	8.54	NA	7.34	0.60	NA	16.48	090
27090		A	Removal of hip prosthesis	11.15	NA	9.72	1.46	NA	22.33	090
27091		A	Removal of hip prosthesis	22.14	NA	16.12	3.16	NA	41.42	090
27093		A	Injection for hip x-ray	1.30	7.97	0.49	0.11	9.38	1.90	000
27095		A	Injection for hip x-ray	1.50	8.30	0.50	0.13	9.93	2.13	000
27097		A	Revision of hip tendon	8.80	NA	8.03	1.26	NA	18.09	090
27098		A	Transfer tendon to pelvis	8.83	NA	7.42	1.26	NA	17.51	090
27100		A	Transfer of abdominal muscle	11.08	NA	9.91	1.42	NA	22.41	090
27105		A	Transfer of spinal muscle	11.77	NA	6.42	1.36	NA	19.55	090
27110		A	Transfer of iliopsoas muscle	13.26	NA	10.43	1.86	NA	25.55	090
27111		A	Transfer of iliopsoas muscle	12.15	NA	8.05	1.65	NA	21.85	090
27120		A	Reconstruction of hip socket	18.01	NA	13.42	2.95	NA	34.38	090
27122		A	Reconstruction of hip socket	14.98	NA	12.41	2.94	NA	30.33	090
27125		A	Partial hip replacement	14.69	NA	11.92	3.01	NA	29.62	090
27130		A	Total hip replacement	20.12	NA	15.19	4.58	NA	39.89	090
27132		A	Total hip replacement	23.30	NA	17.05	5.09	NA	45.44	090
27134		A	Revise hip joint replacement	28.52	NA	19.95	5.96	NA	54.43	090
27137		A	Revise hip joint replacement	21.17	NA	15.94	4.82	NA	41.93	090
27138		A	Revise hip joint replacement	22.17	NA	16.55	4.58	NA	43.30	090
27140		A	Transplant of femur ridge	12.24	NA	10.20	1.71	NA	24.15	090
27146		A	Incision of hip bone	17.43	NA	13.63	1.35	NA	32.41	090
27147		A	Revision of hip bone	20.58	NA	15.63	2.76	NA	38.97	090
27151		A	Incision of hip bones	22.51	NA	15.69	2.90	NA	41.10	090
27156		A	Revision of hip bones	24.63	NA	18.51	3.08	NA	46.22	090
27158		A	Revision of pelvis	19.74	NA	14.29	2.64	NA	36.67	090
27161		A	Incision of neck of femur	16.71	NA	12.80	2.31	NA	31.82	090
27165		A	Incision/fixation of femur	17.91	NA	13.59	2.63	NA	34.13	090
27170		A	Repair/graft femur head/neck	16.07	NA	12.55	2.65	NA	31.27	090
27175		A	Treat slipped epiphysis	8.46	NA	7.03	0.18	NA	15.67	090
27176		A	Treat slipped epiphysis	12.05	NA	9.33	1.70	NA	23.08	090
27177		A	Repair slipped epiphysis	15.08	NA	10.93	2.05	NA	28.06	090
27178		A	Repair slipped epiphysis	11.99	NA	8.19	1.55	NA	21.73	090
27179		A	Revise head/neck of femur	12.98	NA	18.75	1.83	NA	33.56	090
27181		A	Repair slipped epiphysis	14.68	NA	11.12	2.16	NA	27.96	090
27185		A	Revision of femur epiphysis	9.18	NA	8.55	0.87	NA	18.60	090
27187		A	Reinforce hip bones	13.54	NA	11.36	2.76	NA	27.66	090
27193		A	Treat pelvic ring fracture	5.56	5.61	4.69	0.39	11.56	10.64	090
27194		A	Treat pelvic ring fracture	9.65	8.18	7.22	0.50	18.33	17.37	090
27200		A	Treat tail bone fracture	1.84	2.14	1.29	0.17	4.15	3.30	090
27202		A	Repair tail bone fracture	7.04	NA	9.32	0.89	NA	17.25	090
27215		A	Pelvic fracture(s) treatment	10.05	NA	7.12	2.33	NA	19.50	090
27216		A	Treat pelvic ring fracture	15.19	NA	12.70	0.66	NA	28.55	090
27217		A	Treat pelvic ring fracture	14.11	NA	11.11	2.33	NA	27.55	090
27218		A	Treat pelvic ring fracture	20.15	NA	14.75	2.33	NA	37.23	090
27220		A	Treat hip socket fracture	6.18	5.95	5.07	0.64	12.77	11.89	090
27222		A	Treat hip socket fracture	12.70	NA	9.89	1.03	NA	23.62	090
27226		A	Treat hip wall fracture	14.91	NA	11.22	2.52	NA	28.65	090
27227		A	Treat hip fracture(s)	23.45	NA	15.66	3.20	NA	42.31	090
27228		A	Treat hip fracture(s)	27.16	NA	18.73	3.20	NA	49.09	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
27230		A	Treat fracture of thigh	5.50	5.79	4.53	0.41	11.70	10.44	090
27232		A	Treat fracture of thigh	10.68	NA	9.07	1.46	NA	21.21	090
27235		A	Repair of thigh fracture	12.16	NA	10.54	2.60	NA	25.30	090
27236		A	Repair of thigh fracture	15.60	NA	12.42	2.71	NA	30.73	090
27238		A	Treatment of thigh fracture	5.52	NA	4.93	0.71	NA	11.16	090
27240		A	Treatment of thigh fracture	12.50	NA	10.45	1.53	NA	24.48	090
27244		A	Repair of thigh fracture	15.94	NA	12.69	2.62	NA	31.25	090
27245		A	Repair of thigh fracture	20.31	NA	15.31	2.62	NA	38.24	090
27246		A	Treatment of thigh fracture	4.71	5.45	4.88	0.60	10.76	10.19	090
27248		A	Repair of thigh fracture	10.45	NA	9.43	2.11	NA	21.99	090
27250		A	Treat hip dislocation	6.95	NA	4.07	0.45	NA	11.47	090
27252		A	Treat hip dislocation	10.39	NA	7.43	0.68	NA	18.50	090
27253		A	Repair of hip dislocation	12.92	NA	9.77	2.11	NA	24.80	090
27254		A	Repair of hip dislocation	18.26	NA	12.68	2.27	NA	33.21	090
27256		A	Treatment of hip dislocation	4.12	NA	3.03	0.31	NA	7.46	010
27257		A	Treatment of hip dislocation	5.22	NA	3.86	0.73	NA	9.81	010
27258		A	Repair of hip dislocation	15.43	NA	12.39	2.25	NA	30.07	090
27259		A	Repair of hip dislocation	21.55	NA	14.58	2.82	NA	38.95	090
27265		A	Treatment of hip dislocation	5.05	NA	4.66	0.54	NA	10.25	090
27266		A	Treatment of hip dislocation	7.49	NA	6.43	0.71	NA	14.63	090
27275		A	Manipulation of hip joint	2.27	NA	2.72	0.30	NA	5.29	010
27280		A	Fusion of sacroiliac joint	13.39	NA	11.68	1.77	NA	26.84	090
27282		A	Fusion of pubic bones	11.34	NA	9.76	1.69	NA	22.79	090
27284		A	Fusion of hip joint	16.76	NA	13.03	2.40	NA	32.19	090
27286		A	Fusion of hip joint	16.79	NA	13.64	2.26	NA	32.69	090
27290		A	Amputation of leg at hip	23.28	NA	15.18	4.70	NA	43.16	090
27295		A	Amputation of leg at hip	18.65	NA	12.45	2.95	NA	34.05	090
27301		A	Drain thigh/knee lesion	6.49	8.70	8.59	0.40	15.59	15.48	090
27303		A	Drainage of bone lesion	8.28	NA	10.78	0.96	NA	20.02	090
27305		A	Incise thigh tendon & fascia	5.92	NA	6.41	0.68	NA	13.01	090
27306		A	Incision of thigh tendon	4.62	NA	5.49	0.32	NA	10.43	090
27307		A	Incision of thigh tendons	5.80	NA	6.03	0.48	NA	12.31	090
27310		A	Exploration of knee joint	9.27	NA	8.60	1.51	NA	19.38	090
27315		A	Partial removal, thigh nerve	6.97	NA	4.64	0.96	NA	12.57	090
27320		A	Partial removal, thigh nerve	6.30	NA	4.45	0.73	NA	11.48	090
27323		A	Biopsy thigh soft tissues	2.28	3.08	2.40	0.13	5.49	4.81	010
27324		A	Biopsy thigh soft tissues	4.90	NA	4.93	0.45	NA	10.28	090
27327		A	Removal of thigh lesion	4.47	4.69	4.36	0.40	9.56	9.23	090
27328		A	Removal of thigh lesion	5.57	NA	5.11	0.73	NA	11.41	090
27329		A	Remove tumor, thigh/knee	14.14	NA	10.87	2.14	NA	27.15	090
27330		A	Biopsy knee joint lining	4.97	NA	5.09	1.19	NA	11.25	090
27331		A	Explore/treat knee joint	5.88	NA	6.01	1.49	NA	13.38	090
27332		A	Removal of knee cartilage	8.27	NA	7.21	1.73	NA	17.21	090
27333		A	Removal of knee cartilage	7.30	NA	6.73	2.52	NA	16.55	090
27334		A	Remove knee joint lining	8.70	NA	7.78	1.77	NA	18.25	090
27335		A	Remove knee joint lining	10.00	NA	8.93	2.05	NA	20.98	090
27340		A	Removal of kneecap bursa	4.18	NA	4.60	0.62	NA	9.40	090
27345		A	Removal of knee cyst	5.92	NA	5.87	0.95	NA	12.74	090
27350		A	Removal of kneecap	8.17	NA	7.36	1.54	NA	17.07	090
27355		A	Remove femur lesion	7.65	NA	7.95	1.23	NA	16.83	090
27356		A	Remove femur lesion/graft	9.48	NA	9.14	1.34	NA	19.96	090
27357		A	Remove femur lesion/graft	10.53	NA	9.44	1.43	NA	21.40	090
27358		A	Remove femur lesion/fixation	4.74	NA	2.94	0.72	NA	8.40	ZZZ
27360		A	Partial removal leg bone(s)	10.50	NA	14.47	1.40	NA	26.37	090
27365		A	Extensive leg surgery	16.27	NA	12.69	2.43	NA	31.39	090
27370		A	Injection for knee x-ray	0.96	7.73	0.31	0.05	8.74	1.32	000
27372		A	Removal of foreign body	5.07	5.07	4.89	0.54	10.68	10.50	090
27380		A	Repair of kneecap tendon	7.16	NA	7.06	1.29	NA	15.51	090
27381		A	Repair/graft kneecap tendon	10.34	NA	8.92	1.82	NA	21.08	090
27385		A	Repair of thigh muscle	7.76	NA	7.40	1.42	NA	16.58	090
27386		A	Repair/graft of thigh muscle	10.56	NA	9.31	2.02	NA	21.89	090
27390		A	Incision of thigh tendon	5.33	NA	5.82	0.71	NA	11.86	090
27391		A	Incision of thigh tendons	7.20	NA	7.09	0.90	NA	15.19	090
27392		A	Incision of thigh tendons	9.20	NA	8.49	1.28	NA	18.97	090
27393		A	Lengthening of thigh tendon	6.39	NA	6.44	0.93	NA	13.76	090
27394		A	Lengthening of thigh tendons	8.50	NA	8.42	0.94	NA	17.86	090
27395		A	Lengthening of thigh tendons	11.73	NA	10.86	1.65	NA	24.24	090
27396		A	Transplant of thigh tendon	7.86	NA	8.07	1.11	NA	17.04	090
27397		A	Transplants of thigh tendons	11.28	NA	9.88	1.45	NA	22.61	090
27400		A	Revise thigh muscles/tendons	9.02	NA	8.62	1.24	NA	18.88	090
27403		A	Repair of knee cartilage	8.33	NA	7.30	1.44	NA	17.07	090
27405		A	Repair of knee ligament	8.65	NA	7.90	1.67	NA	18.22	090
27407		A	Repair of knee ligament	10.28	NA	8.42	1.42	NA	20.12	090
27409		A	Repair of knee ligaments	12.90	NA	10.23	2.48	NA	25.61	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
27418		A	Repair degenerated kneecap	10.85	NA	9.39	1.85	NA	22.09	090
27420		A	Revision of unstable kneecap	9.83	NA	8.26	1.74	NA	19.83	090
27422		A	Revision of unstable kneecap	9.78	NA	8.37	1.83	NA	19.98	090
27424		A	Revision/removal of kneecap	9.81	NA	8.18	1.89	NA	19.88	090
27425		A	Lateral retinacular release	5.22	NA	5.58	1.08	NA	11.88	090
27427		A	Reconstruction, knee	9.36	NA	8.06	2.25	NA	19.67	090
27428		A	Reconstruction, knee	14.00	NA	10.92	2.71	NA	27.63	090
27429		A	Reconstruction, knee	15.52	NA	12.11	1.83	NA	29.46	090
27430		A	Revision of thigh muscles	9.67	NA	8.21	1.50	NA	19.38	090
27435		A	Incision of knee joint	9.49	NA	8.02	1.13	NA	18.64	090
27437		A	Revise kneecap	8.46	NA	7.01	1.55	NA	17.02	090
27438		A	Revise kneecap with implant	11.23	NA	9.40	2.14	NA	22.77	090
27440		A	Revision of knee joint	10.43	NA	8.60	2.10	NA	21.13	090
27441		A	Revision of knee joint	10.82	NA	9.37	1.51	NA	21.70	090
27442		A	Revision of knee joint	11.89	NA	9.63	3.05	NA	24.57	090
27443		A	Revision of knee joint	10.93	NA	9.71	3.34	NA	23.98	090
27445		A	Revision of knee joint	17.68	NA	13.38	4.21	NA	35.27	090
27446		A	Revision of knee joint	15.84	NA	11.45	3.87	NA	31.16	090
27447		A	Total knee replacement	21.48	NA	15.54	4.95	NA	41.97	090
27448		A	Incision of thigh	11.06	NA	9.86	2.09	NA	23.01	090
27450		A	Incision of thigh	13.98	NA	11.94	2.36	NA	28.28	090
27454		A	Realignment of thigh bone	17.56	NA	13.71	2.82	NA	34.09	090
27455		A	Realignment of knee	12.82	NA	10.77	1.95	NA	25.54	090
27457		A	Realignment of knee	13.45	NA	10.24	2.14	NA	25.83	090
27465		A	Shortening of thigh bone	13.87	NA	11.42	2.00	NA	27.29	090
27466		A	Lengthening of thigh bone	16.33	NA	13.67	2.27	NA	32.27	090
27468		A	Shorten/lengthen thighs	18.97	NA	29.82	2.75	NA	51.54	090
27470		A	Repair of thigh	16.07	NA	13.53	2.60	NA	32.20	090
27472		A	Repair/graft of thigh	17.72	NA	14.45	3.16	NA	35.33	090
27475		A	Surgery to stop leg growth	8.64	NA	7.93	1.27	NA	17.84	090
27477		A	Surgery to stop leg growth	9.85	NA	8.01	2.57	NA	20.43	090
27479		A	Surgery to stop leg growth	12.80	NA	10.49	1.89	NA	25.18	090
27485		A	Surgery to stop leg growth	8.84	NA	7.73	1.30	NA	17.87	090
27486		A	Revise knee joint replace	19.27	NA	14.36	4.26	NA	37.89	090
27487		A	Revise knee joint replace	25.27	NA	17.79	5.97	NA	49.03	090
27488		A	Removal of knee prosthesis	15.74	NA	12.45	2.58	NA	30.77	090
27495		A	Reinforce thigh	15.55	NA	13.08	2.82	NA	31.45	090
27496		A	Decompression of thigh/knee	6.11	NA	5.36	0.74	NA	12.21	090
27497		A	Decompression of thigh/knee	7.17	NA	6.09	0.91	NA	14.17	090
27498		A	Decompression of thigh/knee	7.99	NA	5.92	1.04	NA	14.95	090
27499		A	Decompression of thigh/knee	9.00	NA	7.44	1.19	NA	17.63	090
27500		A	Treatment of thigh fracture	5.92	11.07	5.44	0.82	17.81	12.18	090
27501		A	Treatment of thigh fracture	5.92	11.72	6.52	0.82	18.46	13.26	090
27502		A	Treatment of thigh fracture	10.58	NA	9.32	1.21	NA	21.11	090
27503		A	Treatment of thigh fracture	10.58	NA	9.44	1.21	NA	21.23	090
27506		A	Repair of thigh fracture	17.45	NA	12.72	2.56	NA	32.73	090
27507		A	Treatment of thigh fracture	13.99	NA	11.03	2.56	NA	27.58	090
27508		A	Treatment of thigh fracture	5.83	7.50	4.61	0.65	13.98	11.09	090
27509		A	Treatment of thigh fracture	7.71	NA	7.80	0.65	NA	16.16	090
27510		A	Treatment of thigh fracture	9.13	NA	6.77	1.09	NA	16.99	090
27511		A	Treatment of thigh fracture	13.64	NA	11.72	2.56	NA	27.92	090
27513		A	Treatment of thigh fracture	17.92	NA	13.58	2.56	NA	34.06	090
27514		A	Repair of thigh fracture	17.30	NA	13.40	2.53	NA	33.23	090
27516		A	Repair of thigh growth plate	5.37	7.59	4.90	0.71	13.67	10.98	090
27517		A	Repair of thigh growth plate	8.78	9.97	6.87	1.28	20.03	16.93	090
27519		A	Repair of thigh growth plate	15.02	NA	12.54	2.05	NA	29.61	090
27520		A	Treat kneecap fracture	2.86	5.74	2.53	0.45	9.05	5.84	090
27524		A	Repair of kneecap fracture	10.00	NA	7.92	1.65	NA	19.57	090
27530		A	Treatment of knee fracture	3.78	6.31	3.37	0.51	10.60	7.66	090
27532		A	Treatment of knee fracture	7.30	6.38	5.78	0.91	14.59	13.99	090
27535		A	Treatment of knee fracture	11.50	NA	10.54	1.88	NA	23.92	090
27536		A	Repair of knee fracture	15.65	NA	11.30	1.88	NA	28.83	090
27538		A	Treat knee fracture(s)	4.87	7.56	4.48	0.51	12.94	9.86	090
27540		A	Repair of knee fracture	13.10	NA	9.57	1.74	NA	24.41	090
27550		A	Treat knee dislocation	5.76	7.18	3.99	0.36	13.30	10.11	090
27552		A	Treat knee dislocation	7.90	NA	6.78	0.53	NA	15.21	090
27556		A	Repair of knee dislocation	14.41	NA	12.43	1.95	NA	28.79	090
27557		A	Repair of knee dislocation	16.77	NA	14.14	2.43	NA	33.34	090
27558		A	Repair of knee dislocation	17.72	NA	14.48	2.43	NA	34.63	090
27560		A	Treat kneecap dislocation	3.82	6.18	2.00	0.16	10.16	5.98	090
27562		A	Treat kneecap dislocation	5.79	NA	4.57	0.76	NA	11.12	090
27566		A	Repair kneecap dislocation	12.23	NA	9.13	1.67	NA	23.03	090
27570		A	Fixation of knee joint	1.74	NA	2.47	0.28	NA	4.49	010
27580		A	Fusion of knee	19.37	NA	14.92	2.56	NA	36.85	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
27590		A	Amputate leg at thigh	12.03	NA	8.47	1.80	NA	22.30	090
27591		A	Amputate leg at thigh	12.68	NA	10.89	2.11	NA	25.68	090
27592		A	Amputate leg at thigh	10.02	NA	8.01	1.61	NA	19.64	090
27594		A	Amputation follow-up surgery	6.92	NA	5.82	0.68	NA	13.42	090
27596		A	Amputation follow-up surgery	10.60	NA	8.42	1.42	NA	20.44	090
27598		A	Amputate lower leg at knee	10.53	NA	8.21	1.78	NA	20.52	090
27600		A	Decompression of lower leg	5.65	NA	4.80	0.64	NA	11.09	090
27601		A	Decompression of lower leg	5.64	NA	4.66	0.67	NA	10.97	090
27602		A	Decompression of lower leg	7.35	NA	5.39	0.77	NA	13.51	090
27603		A	Drain lower leg lesion	4.94	8.33	6.14	0.41	13.68	11.49	090
27604		A	Drain lower leg bursa	4.47	5.29	4.08	0.14	9.90	8.69	090
27605		A	Incision of achilles tendon	2.87	6.16	2.85	0.14	9.17	5.86	010
27606		A	Incision of achilles tendon	4.14	9.65	4.04	0.35	14.14	8.53	010
27607		A	Treat lower leg bone lesion	7.97	NA	10.46	0.98	NA	19.41	090
27610		A	Explore/treat ankle joint	8.34	NA	7.48	1.13	NA	16.95	090
27612		A	Exploration of ankle joint	7.33	NA	6.22	1.30	NA	14.85	090
27613		A	Biopsy lower leg soft tissue	2.17	3.22	1.92	0.10	5.49	4.19	010
27614		A	Biopsy lower leg soft tissue	5.66	6.67	5.06	0.38	12.71	11.10	090
27615		A	Remove tumor, lower leg	12.56	NA	11.29	1.42	NA	25.27	090
27618		A	Remove lower leg lesion	5.09	6.78	4.63	0.32	12.19	10.04	090
27619		A	Remove lower leg lesion	8.40	8.20	6.66	0.67	17.27	15.73	090
27620		A	Explore, treat ankle joint	5.98	NA	6.09	0.96	NA	13.03	090
27625		A	Remove ankle joint lining	8.30	NA	7.31	1.27	NA	16.88	090
27626		A	Remove ankle joint lining	8.91	NA	8.21	1.25	NA	18.37	090
27630		A	Removal of tendon lesion	4.80	6.25	4.87	0.46	11.51	10.13	090
27635		A	Remove lower leg bone lesion	7.78	NA	8.23	1.27	NA	17.28	090
27637		A	Remove/graft leg bone lesion	9.85	NA	9.84	1.40	NA	21.09	090
27638		A	Remove/graft leg bone lesion	10.57	NA	10.21	1.52	NA	22.30	090
27640		A	Partial removal of tibia	11.37	NA	13.25	1.57	NA	26.19	090
27641		A	Partial removal of fibula	9.24	NA	11.40	1.18	NA	21.82	090
27645		A	Extensive lower leg surgery	14.17	NA	13.99	1.98	NA	30.14	090
27646		A	Extensive lower leg surgery	12.66	NA	12.92	1.71	NA	27.29	090
27647		A	Extensive ankle/heel surgery	12.24	NA	8.33	1.35	NA	21.92	090
27648		A	Injection for ankle x-ray	0.96	6.60	0.33	0.05	7.61	1.34	000
27650		A	Repair achilles tendon	9.69	NA	7.90	1.41	NA	19.00	090
27652		A	Repair/graft achilles tendon	10.33	NA	7.94	1.56	NA	19.83	090
27654		A	Repair of achilles tendon	10.02	NA	8.49	1.65	NA	20.16	090
27656		A	Repair leg fascia defect	4.57	7.73	4.37	0.54	12.84	9.48	090
27658		A	Repair of leg tendon, each	4.98	6.07	6.15	0.60	11.65	11.73	090
27659		A	Repair of leg tendon, each	6.81	13.52	6.92	0.86	21.19	14.59	090
27664		A	Repair of leg tendon, each	4.59	11.75	5.94	0.52	16.86	11.05	090
27665		A	Repair of leg tendon, each	5.40	12.69	6.38	0.76	18.85	12.54	090
27675		A	Repair lower leg tendons	7.18	NA	6.29	0.94	NA	14.41	090
27676		A	Repair lower leg tendons	8.42	NA	7.44	1.14	NA	17.00	090
27680		A	Release of lower leg tendon	5.74	NA	5.60	0.61	NA	11.95	090
27681		A	Release of lower leg tendons	6.82	NA	6.59	0.86	NA	14.27	090
27685		A	Revision of lower leg tendon	6.50	4.66	6.08	0.41	11.57	12.99	090
27686		A	Revise lower leg tendons	7.46	5.57	7.66	0.90	13.93	16.02	090
27687		A	Revision of calf tendon	6.24	NA	5.40	0.76	NA	12.40	090
27690		A	Revise lower leg tendon	8.71	NA	7.22	0.88	NA	16.81	090
27691		A	Revise lower leg tendon	9.96	NA	8.91	1.23	NA	20.10	090
27692		A	Revise additional leg tendon	1.87	NA	1.29	0.29	NA	3.45	ZZZ
27695		A	Repair of ankle ligament	6.51	NA	6.79	1.32	NA	14.62	090
27696		A	Repair of ankle ligaments	8.27	NA	7.80	1.16	NA	17.23	090
27698		A	Repair of ankle ligament	9.36	NA	7.13	1.86	NA	18.35	090
27700		A	Revision of ankle joint	9.29	NA	6.00	1.51	NA	16.80	090
27702		A	Reconstruct ankle joint	13.67	NA	11.18	3.99	NA	28.84	090
27703		A	Reconstruction, ankle joint	15.87	NA	11.86	2.25	NA	29.98	090
27704		A	Removal of ankle implant	7.62	NA	7.48	0.98	NA	16.08	090
27705		A	Incision of tibia	10.38	NA	9.24	1.76	NA	21.38	090
27707		A	Incision of fibula	4.37	NA	5.92	0.79	NA	11.08	090
27709		A	Incision of tibia & fibula	9.95	NA	9.21	2.14	NA	21.30	090
27712		A	Realignment of lower leg	14.25	NA	11.78	1.63	NA	27.66	090
27715		A	Revision of lower leg	14.39	NA	12.54	1.88	NA	28.81	090
27720		A	Repair of tibia	11.79	NA	10.92	2.25	NA	24.96	090
27722		A	Repair/graft of tibia	11.82	NA	11.09	1.64	NA	24.55	090
27724		A	Repair/graft of tibia	14.99	NA	12.75	2.87	NA	30.61	090
27725		A	Repair of lower leg	15.59	NA	13.20	1.53	NA	30.32	090
27727		A	Repair of lower leg	14.01	NA	12.46	1.84	NA	28.31	090
27730		A	Repair of tibia epiphysis	7.41	11.61	7.25	0.84	19.86	15.50	090
27732		A	Repair of fibula epiphysis	5.32	6.26	3.86	0.79	12.37	9.97	090
27734		A	Repair lower leg epiphyses	8.48	NA	8.56	1.23	NA	18.27	090
27740		A	Repair of leg epiphyses	9.30	3.15	6.39	1.36	13.81	17.05	090
27742		A	Repair of leg epiphyses	10.30	15.04	9.64	1.52	26.86	21.46	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
27745		A	Reinforce tibia	10.07	NA	9.10	1.39	NA	20.56	090
27750		A	Treatment of tibia fracture	3.19	5.92	2.96	0.50	9.61	6.65	090
27752		A	Treatment of tibia fracture	5.84	8.11	5.23	0.81	14.76	11.88	090
27756		A	Repair of tibia fracture	6.78	NA	7.87	1.70	NA	16.35	090
27758		A	Repair of tibia fracture	11.67	NA	10.04	2.22	NA	23.93	090
27759		A	Repair of tibia fracture	13.76	NA	11.36	2.22	NA	27.34	090
27760		A	Treatment of ankle fracture	3.01	5.55	2.40	0.37	8.93	5.78	090
27762		A	Treatment of ankle fracture	5.25	7.28	4.63	0.50	13.03	10.38	090
27766		A	Repair of ankle fracture	8.36	NA	7.06	1.26	NA	16.68	090
27780		A	Treatment of fibula fracture	2.65	3.74	2.30	0.26	6.65	5.21	090
27781		A	Treatment of fibula fracture	4.40	6.67	3.89	0.49	11.56	8.78	090
27784		A	Repair of fibula fracture	7.11	NA	6.76	0.87	NA	14.74	090
27786		A	Treatment of ankle fracture	2.84	5.55	2.43	0.38	8.77	5.65	090
27788		A	Treatment of ankle fracture	4.45	6.64	3.75	0.50	11.59	8.70	090
27792		A	Repair of ankle fracture	7.66	NA	6.66	1.17	NA	15.49	090
27808		A	Treatment of ankle fracture	2.83	6.23	2.93	0.39	9.45	6.15	090
27810		A	Treatment of ankle fracture	5.13	7.60	4.66	0.80	13.53	10.59	090
27814		A	Repair of ankle fracture	10.68	NA	9.06	1.60	NA	21.34	090
27816		A	Treatment of ankle fracture	2.89	5.90	2.93	0.55	9.34	6.37	090
27818		A	Treatment of ankle fracture	5.50	8.00	4.84	1.06	14.56	11.40	090
27822		A	Repair of ankle fracture	9.20	NA	26.99	1.88	NA	38.07	090
27823		A	Repair of ankle fracture	11.80	NA	28.40	2.05	NA	42.25	090
27824		A	Treat lower leg fracture	2.89	6.16	3.15	0.55	9.60	6.59	090
27825		A	Treat lower leg fracture	6.19	7.96	5.44	1.06	15.21	12.69	090
27826		A	Treat lower leg fracture	8.54	NA	26.59	1.88	NA	37.01	090
27827		A	Treat lower leg fracture	14.06	NA	29.89	1.88	NA	45.83	090
27828		A	Treat lower leg fracture	16.23	NA	31.03	2.05	NA	49.31	090
27829		A	Treat lower leg joint	5.49	NA	19.75	1.37	NA	26.61	090
27830		A	Treat lower leg dislocation	3.79	5.77	3.25	0.46	10.02	7.50	090
27831		A	Treat lower leg dislocation	4.56	NA	4.53	0.59	NA	9.68	090
27832		A	Repair lower leg dislocation	6.49	NA	7.05	0.89	NA	14.43	090
27840		A	Treat ankle dislocation	4.58	NA	3.17	0.21	NA	7.96	090
27842		A	Treat ankle dislocation	6.21	NA	4.00	0.34	NA	10.55	090
27846		A	Repair ankle dislocation	9.79	NA	8.29	1.37	NA	19.45	090
27848		A	Repair ankle dislocation	11.20	NA	22.13	1.32	NA	34.65	090
27860		A	Fixation of ankle joint	2.34	NA	2.68	0.23	NA	5.25	010
27870		A	Fusion of ankle joint	13.91	NA	11.49	2.22	NA	27.62	090
27871		A	Fusion of tibiofibular joint	9.17	NA	8.82	1.21	NA	19.20	090
27880		A	Amputation of lower leg	11.85	NA	8.36	1.60	NA	21.81	090
27881		A	Amputation of lower leg	12.34	NA	10.11	1.87	NA	24.32	090
27882		A	Amputation of lower leg	8.94	NA	8.19	1.42	NA	18.55	090
27884		A	Amputation follow-up surgery	8.21	NA	7.12	0.61	NA	15.94	090
27886		A	Amputation follow-up surgery	9.32	NA	7.73	1.34	NA	18.39	090
27888		A	Amputation of foot at ankle	9.67	NA	8.39	1.65	NA	19.71	090
27889		A	Amputation of foot at ankle	9.98	NA	7.15	1.55	NA	18.68	090
27892		A	Decompression of leg	7.39	NA	5.48	0.64	NA	13.51	090
27893		A	Decompression of leg	7.35	NA	5.87	0.67	NA	13.89	090
27894		A	Decompression of leg	10.49	NA	7.07	0.77	NA	18.33	090
28001		A	Drainage of bursa of foot	2.73	2.36	2.64	0.05	5.14	5.42	010
28002		A	Treatment of foot infection	4.62	3.28	3.68	0.33	8.23	8.63	010
28003		A	Treatment of foot infection	8.41	5.39	7.51	0.59	14.39	16.51	090
28005		A	Treat foot bone lesion	8.68	NA	7.52	0.61	NA	16.81	090
28008		A	Incision of foot fascia	4.45	3.40	3.82	0.29	8.14	8.56	090
28010		A	Incision of toe tendon	2.84	3.00	3.35	0.33	6.17	6.52	090
28011		A	Incision of toe tendons	4.14	4.82	4.92	0.19	9.15	9.25	090
28020		A	Exploration of a foot joint	5.01	4.78	4.46	0.56	10.35	10.03	090
28022		A	Exploration of a foot joint	4.67	3.52	4.02	0.31	8.50	9.00	090
28024		A	Exploration of a toe joint	4.38	3.91	3.97	0.24	8.53	8.59	090
28030		A	Removal of foot nerve	6.15	NA	3.17	0.42	NA	9.74	090
28035		A	Decompression of tibia nerve	5.09	4.87	4.14	0.90	10.86	10.13	090
28043		A	Excision of foot lesion	3.54	3.36	3.49	0.20	7.10	7.23	090
28045		A	Excision of foot lesion	4.72	3.80	3.88	0.46	8.98	9.06	090
28046		A	Resection of tumor, foot	10.18	7.36	7.71	0.79	18.33	18.68	090
28050		A	Biopsy of foot joint lining	4.25	3.01	3.79	0.53	7.79	8.57	090
28052		A	Biopsy of foot joint lining	3.94	3.12	4.25	0.43	7.49	8.62	090
28054		A	Biopsy of toe joint lining	3.45	4.08	4.07	0.28	7.81	7.80	090
28060		A	Partial removal foot fascia	5.23	4.14	4.05	0.53	9.90	9.81	090
28062		A	Removal of foot fascia	6.52	4.32	4.26	0.86	11.70	11.64	090
28070		A	Removal of foot joint lining	5.10	3.53	3.99	0.48	9.11	9.57	090
28072		A	Removal of foot joint lining	4.58	3.68	4.67	0.42	8.68	9.67	090
28080		A	Removal of foot lesion	3.58	3.13	3.36	0.45	7.16	7.39	090
28086		A	Excise foot tendon sheath	4.78	5.90	5.34	0.46	11.14	10.58	090
28088		A	Excise foot tendon sheath	3.86	4.26	4.80	0.40	8.52	9.06	090
28090		A	Removal of foot lesion	4.41	3.52	3.73	0.29	8.22	8.43	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
28092		A	Removal of toe lesions	3.64	3.86	3.97	0.25	7.75	7.86	090
28100		A	Removal of ankle/heel lesion	5.66	6.43	5.26	0.56	12.65	11.48	090
28102		A	Remove/graft foot lesion	7.73	NA	6.81	0.85	NA	15.39	090
28103		A	Remove/graft foot lesion	6.50	4.89	5.49	0.69	12.08	12.68	090
28104		A	Removal of foot lesion	5.12	3.88	4.63	0.49	9.49	10.24	090
28106		A	Remove/graft foot lesion	7.16	NA	5.32	0.79	NA	13.27	090
28107		A	Remove/graft foot lesion	5.56	3.69	5.13	0.48	9.73	11.17	090
28108		A	Removal of toe lesions	4.16	3.08	3.44	0.38	7.62	7.98	090
28110		A	Part removal of metatarsal	4.08	3.49	4.07	0.39	7.96	8.54	090
28111		A	Part removal of metatarsal	5.01	4.27	4.80	0.65	9.93	10.46	090
28112		A	Part removal of metatarsal	4.49	3.84	4.60	0.45	8.78	9.54	090
28113		A	Part removal of metatarsal	4.79	3.80	4.31	0.48	9.07	9.58	090
28114		A	Removal of metatarsal heads	9.79	8.36	8.15	1.42	19.57	19.36	090
28116		A	Revision of foot	7.75	4.54	5.19	0.57	12.86	13.51	090
28118		A	Removal of heel bone	5.96	4.43	4.86	0.66	11.05	11.48	090
28119		A	Removal of heel spur	5.39	3.77	4.09	0.57	9.73	10.05	090
28120		A	Part removal of ankle/heel	5.40	5.08	6.36	0.67	11.15	12.43	090
28122		A	Partial removal of foot bone	7.29	5.33	6.53	0.54	13.16	14.36	090
28124		A	Partial removal of toe	4.81	3.80	4.88	0.37	8.98	10.06	090
28126		A	Partial removal of toe	3.52	3.08	4.12	0.36	6.96	8.00	090
28130		A	Removal of ankle bone	8.11	NA	6.47	0.88	NA	15.46	090
28140		A	Removal of metatarsal	6.91	4.68	5.42	0.62	12.21	12.95	090
28150		A	Removal of toe	4.09	3.60	4.60	0.38	8.07	9.07	090
28153		A	Partial removal of toe	3.66	3.05	2.86	0.36	7.07	6.88	090
28160		A	Partial removal of toe	3.74	3.18	4.38	0.38	7.30	8.50	090
28171		A	Extensive foot surgery	9.60	NA	5.64	0.88	NA	16.12	090
28173		A	Extensive foot surgery	8.80	6.10	6.02	0.74	15.64	15.56	090
28175		A	Extensive foot surgery	6.05	4.62	4.13	0.58	11.25	10.76	090
28190		A	Removal of foot foreign body	1.96	2.82	1.70	0.05	4.83	3.71	010
28192		A	Removal of foot foreign body	4.64	4.21	3.75	0.24	9.09	8.63	090
28193		A	Removal of foot foreign body	5.73	4.89	4.33	0.30	10.92	10.36	090
28200		A	Repair of foot tendon	4.60	3.65	4.03	0.50	8.75	9.13	090
28202		A	Repair/graft of foot tendon	6.84	4.25	5.68	0.77	11.86	13.29	090
28208		A	Repair of foot tendon	4.37	3.33	3.57	0.28	7.98	8.22	090
28210		A	Repair/graft of foot tendon	6.35	4.43	4.37	0.60	11.38	11.32	090
28220		A	Release of foot tendon	4.53	3.27	3.85	0.43	8.23	8.81	090
28222		A	Release of foot tendons	5.62	3.78	4.41	0.63	10.03	10.66	090
28225		A	Release of foot tendon	3.66	3.15	3.53	0.25	7.06	7.44	090
28226		A	Release of foot tendons	4.53	3.24	3.86	0.40	8.17	8.79	090
28230		A	Incision of foot tendon(s)	4.24	3.29	4.49	0.22	7.75	8.95	090
28232		A	Incision of toe tendon	3.39	3.12	4.14	0.15	6.66	7.68	090
28234		A	Incision of foot tendon	3.37	2.99	3.82	0.14	6.50	7.33	090
28238		A	Revision of foot tendon	7.73	5.32	5.38	0.85	13.90	13.96	090
28240		A	Release of big toe	4.36	3.22	3.97	0.23	7.81	8.56	090
28250		A	Revision of foot fascia	5.92	4.03	4.24	0.50	10.45	10.66	090
28260		A	Release of midfoot joint	7.96	5.31	5.36	0.48	13.75	13.80	090
28261		A	Revision of foot tendon	11.73	6.39	7.41	0.58	18.70	19.72	090
28262		A	Revision of foot and ankle	15.83	8.31	12.72	1.44	25.58	29.99	090
28264		A	Release of midfoot joint	10.35	5.92	6.61	1.17	17.44	18.13	090
28270		A	Release of foot contracture	4.76	3.51	4.31	0.23	8.50	9.30	090
28272		A	Release of toe joint, each	3.80	2.94	3.54	0.18	6.92	7.52	090
28280		A	Fusion of toes	5.19	4.73	5.19	0.30	10.22	10.68	090
28285		A	Repair of hammertoe	4.59	3.54	4.03	0.39	8.52	9.01	090
28286		A	Repair of hammertoe	4.56	3.52	4.01	0.38	8.46	8.95	090
28288		A	Partial removal of foot bone	4.74	3.93	5.42	0.43	9.10	10.59	090
28290		A	Correction of bunion	5.66	4.30	6.27	0.63	10.59	12.56	090
28292		A	Correction of bunion	7.04	4.62	5.09	0.74	12.40	12.87	090
28293		A	Correction of bunion	9.15	5.73	5.49	0.98	15.86	15.62	090
28294		A	Correction of bunion	8.56	5.35	5.12	0.86	14.77	14.54	090
28296		A	Correction of bunion	9.18	5.60	6.12	0.98	15.76	16.28	090
28297		A	Correction of bunion	9.18	9.18	7.35	1.05	19.41	17.58	090
28298		A	Correction of bunion	7.94	5.03	5.50	0.79	13.76	14.23	090
28299		A	Correction of bunion	8.88	5.32	5.58	1.08	15.28	15.54	090
28300		A	Incision of heel bone	9.54	6.28	7.24	0.79	16.61	17.57	090
28302		A	Incision of ankle bone	9.55	5.33	6.63	1.12	16.00	17.30	090
28304		A	Incision of midfoot bones	9.16	5.85	6.00	0.70	15.71	15.86	090
28305		A	Incise/graft midfoot bones	10.50	7.76	7.22	1.03	19.29	18.75	090
28306		A	Incision of metatarsal	5.86	4.29	4.37	0.47	10.62	10.70	090
28307		A	Incision of metatarsal	6.33	5.57	6.27	0.76	12.66	13.36	090
28308		A	Incision of metatarsal	5.29	3.50	3.50	0.50	9.29	9.29	090
28309		A	Incision of metatarsals	12.78	NA	9.00	1.00	NA	22.78	090
28310		A	Revision of big toe	5.43	3.82	3.97	0.42	9.67	9.82	090
28312		A	Revision of toe	4.55	3.53	4.34	0.45	8.53	9.34	090
28313		A	Repair deformity of toe	5.01	3.89	6.32	0.31	9.21	11.64	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
28315		A	Removal of sesamoid bone	4.86	3.47	3.57	0.41	8.74	8.84	090
28320		A	Repair of foot bones	9.18	NA	7.29	1.03	NA	17.50	090
28322		A	Repair of metatarsals	8.34	5.66	6.58	0.52	14.52	15.44	090
28340		A	Resect enlarged toe tissue	6.98	4.31	4.45	0.91	12.20	12.34	090
28341		A	Resect enlarged toe	8.41	4.94	5.65	0.96	14.31	15.02	090
28344		A	Repair extra toe(s)	4.26	3.01	4.00	0.60	7.87	8.86	090
28345		A	Repair webbed toe(s)	5.92	4.96	5.47	0.73	11.61	12.12	090
28360		A	Reconstruct cleft foot	13.34	NA	12.53	1.95	NA	27.82	090
28400		A	Treatment of heel fracture	2.16	5.37	3.00	0.40	7.93	5.56	090
28405		A	Treatment of heel fracture	4.57	6.46	4.76	0.58	11.61	9.91	090
28406		A	Treatment of heel fracture	6.31	NA	6.85	0.93	NA	14.09	090
28415		A	Repair of heel fracture	15.97	NA	28.96	1.39	NA	46.32	090
28420		A	Repair/graft heel fracture	16.64	NA	30.12	1.63	NA	48.39	090
28430		A	Treatment of ankle fracture	2.09	5.07	2.26	0.35	7.51	4.70	090
28435		A	Treatment of ankle fracture	3.40	5.14	3.72	0.50	9.04	7.62	090
28436		A	Treatment of ankle fracture	4.71	NA	5.92	0.68	NA	11.31	090
28445		A	Repair of ankle fracture	9.33	NA	8.25	1.40	NA	18.98	090
28450		A	Treat midfoot fracture, each	1.90	4.76	2.28	0.25	6.91	4.43	090
28455		A	Treat midfoot fracture, each	3.09	4.07	3.81	0.34	7.50	7.24	090
28456		A	Repair midfoot fracture	2.68	NA	4.36	0.38	NA	7.42	090
28465		A	Repair midfoot fracture, each	7.01	NA	15.39	0.81	NA	23.21	090
28470		A	Treat metatarsal fracture	1.99	4.39	1.94	0.23	6.61	4.16	090
28475		A	Treat metatarsal fracture	2.97	4.47	3.30	0.30	7.74	6.57	090
28476		A	Repair metatarsal fracture	3.38	NA	4.92	0.45	NA	8.75	090
28485		A	Repair metatarsal fracture	5.71	NA	16.10	0.60	NA	22.41	090
28490		A	Treat big toe fracture	1.09	1.50	1.10	0.10	2.69	2.29	090
28495		A	Treat big toe fracture	1.58	1.50	1.56	0.13	3.21	3.27	090
28496		A	Repair big toe fracture	2.33	3.13	3.93	0.31	5.77	6.57	090
28505		A	Repair big toe fracture	3.81	11.81	12.54	0.43	16.05	16.78	090
28510		A	Treatment of toe fracture	1.09	1.26	1.02	0.09	2.44	2.20	090
28515		A	Treatment of toe fracture	1.46	1.35	1.31	0.11	2.92	2.88	090
28525		A	Repair of toe fracture	3.32	10.38	14.94	0.29	13.99	18.55	090
28530		A	Treat sesamoid bone fracture	1.06	1.70	1.61	0.10	2.86	2.77	090
28531		A	Treat sesamoid bone fracture	2.35	2.86	12.41	0.32	5.53	15.08	090
28540		A	Treat foot dislocation	2.04	2.37	2.11	0.06	4.47	4.21	090
28545		A	Treat foot dislocation	2.45	1.84	3.50	0.14	4.43	6.09	090
28546		A	Treat foot dislocation	3.20	7.60	4.19	0.45	11.25	7.84	090
28555		A	Repair foot dislocation	6.30	21.63	17.07	0.73	28.66	24.10	090
28570		A	Treat foot dislocation	1.66	3.36	2.59	0.17	5.19	4.42	090
28575		A	Treat foot dislocation	3.31	4.96	4.00	0.42	8.69	7.73	090
28576		A	Treat foot dislocation	4.17	6.82	5.28	0.42	11.41	9.87	090
28585		A	Repair foot dislocation	7.99	8.08	15.29	0.55	16.62	23.83	090
28600		A	Treat foot dislocation	1.89	3.83	2.55	0.08	5.80	4.52	090
28605		A	Treat foot dislocation	2.71	3.53	3.68	0.34	6.58	6.73	090
28606		A	Treat foot dislocation	4.90	5.37	5.57	0.55	10.82	11.02	090
28615		A	Repair foot dislocation	7.77	NA	20.06	0.78	NA	28.61	090
28630		A	Treat toe dislocation	1.70	1.64	1.21	0.11	3.45	3.02	010
28635		A	Treat toe dislocation	1.91	1.94	2.13	0.18	4.03	4.22	010
28636		A	Treat toe dislocation	2.77	1.93	2.86	0.42	5.12	6.05	010
28645		A	Repair toe dislocation	4.22	3.54	6.04	0.38	8.14	10.64	090
28660		A	Treat toe dislocation	1.23	2.55	1.12	0.06	3.84	2.41	010
28665		A	Treat toe dislocation	1.92	1.93	2.12	0.11	3.96	4.15	010
28666		A	Treat toe dislocation	2.66	8.44	2.68	0.40	11.50	5.74	010
28675		A	Repair of toe dislocation	2.92	4.34	9.17	0.41	7.67	12.50	090
28705		A	Fusion of foot bones	15.21	NA	11.62	2.35	NA	29.18	090
28715		A	Fusion of foot bones	13.10	NA	10.62	1.89	NA	25.61	090
28725		A	Fusion of foot bones	11.61	NA	9.76	1.44	NA	22.81	090
28730		A	Fusion of foot bones	10.76	NA	8.67	1.33	NA	20.76	090
28735		A	Fusion of foot bones	10.85	NA	8.94	1.37	NA	21.16	090
28737		A	Revision of foot bones	9.64	NA	7.47	1.13	NA	18.24	090
28740		A	Fusion of foot bones	8.02	8.02	6.91	0.72	16.76	15.65	090
28750		A	Fusion of big toe joint	7.30	8.03	6.99	0.82	16.15	15.11	090
28755		A	Fusion of big toe joint	4.74	3.64	4.51	0.45	8.83	9.70	090
28760		A	Fusion of big toe joint	7.75	5.31	6.10	0.65	13.71	14.50	090
28800		A	Amputation of midfoot	8.21	NA	6.55	1.19	NA	15.95	090
28805		A	Amputation thru metatarsal	8.39	NA	6.21	1.21	NA	15.81	090
28810		A	Amputation toe & metatarsal	6.21	NA	5.18	0.75	NA	12.14	090
28820		A	Amputation of toe	4.41	5.54	4.59	0.46	10.41	9.46	090
28825		A	Partial amputation of toe	3.59	5.41	4.10	0.41	9.41	8.10	090
29000		A	Application of body cast	2.25	7.59	1.34	0.21	10.05	3.80	000
29010		A	Application of body cast	2.06	9.76	1.22	0.34	12.16	3.62	000
29015		A	Application of body cast	2.41	6.34	1.07	0.33	9.08	3.81	000
29020		A	Application of body cast	2.11	6.03	1.05	0.23	8.37	3.39	000
29025		A	Application of body cast	2.40	8.76	1.43	0.14	11.30	3.97	000

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
29035		A	Application of body cast	1.77	10.29	1.11	0.32	12.38	3.20	000
29040		A	Application of body cast	2.22	7.79	0.91	0.30	10.31	3.43	000
29044		A	Application of body cast	2.12	13.00	1.35	0.34	15.46	3.81	000
29046		A	Application of body cast	2.41	11.41	1.46	0.36	14.18	4.23	000
29049		A	Application of figure eight	0.89	3.83	0.38	0.06	4.78	1.33	000
29055		A	Application of shoulder cast	1.78	8.03	0.98	0.17	9.98	2.93	000
29058		A	Application of shoulder cast	1.31	5.55	0.57	0.09	6.95	1.97	000
29065		A	Application of long arm cast	0.87	3.61	0.53	0.13	4.61	1.53	000
29075		A	Application of forearm cast	0.77	3.22	0.45	0.10	4.09	1.32	000
29085		A	Apply hand/wrist cast	0.87	3.14	0.48	0.08	4.09	1.43	000
29105		A	Apply long arm splint	0.87	2.50	0.31	0.08	3.45	1.26	000
29125		A	Apply forearm splint	0.59	1.99	0.18	0.05	2.63	0.82	000
29126		A	Apply forearm splint	0.77	2.55	0.41	0.06	3.38	1.24	000
29130		A	Application of finger splint	0.50	0.61	0.15	0.02	1.13	0.67	000
29131		A	Application of finger splint	0.55	0.82	0.25	0.06	1.43	0.86	000
29200		A	Strapping of chest	0.65	0.75	0.17	0.03	1.43	0.85	000
29220		A	Strapping of low back	0.64	0.79	0.25	0.05	1.48	0.94	000
29240		A	Strapping of shoulder	0.71	0.86	0.21	0.03	1.60	0.95	000
29260		A	Strapping of elbow or wrist	0.55	0.71	0.15	0.03	1.29	0.73	000
29280		A	Strapping of hand or finger	0.51	0.68	0.14	0.02	1.21	0.67	000
29305		A	Application of hip cast	2.03	10.18	1.27	0.31	12.52	3.61	000
29325		A	Application of hip casts	2.32	9.99	1.42	0.28	12.59	4.02	000
29345		A	Application of long leg cast	1.40	4.54	0.83	0.16	6.10	2.39	000
29355		A	Application of long leg cast	1.53	4.43	0.91	0.17	6.13	2.61	000
29358		A	Apply long leg cast brace	1.43	5.28	0.91	0.33	7.04	2.67	000
29365		A	Application of long leg cast	1.18	3.96	0.72	0.14	5.28	2.04	000
29405		A	Apply short leg cast	0.86	3.26	0.50	0.12	4.24	1.48	000
29425		A	Apply short leg cast	1.01	3.09	0.56	0.14	4.24	1.71	000
29435		A	Apply short leg cast	1.18	5.52	0.74	0.18	6.88	2.10	000
29440		A	Addition of walker to cast	0.57	1.67	0.30	0.03	2.27	0.90	000
29445		A	Apply rigid leg cast	1.78	4.94	0.98	0.28	7.00	3.04	000
29450		A	Application of leg cast	1.02	2.89	0.46	0.04	3.95	1.52	000
29505		A	Application long leg splint	0.69	2.84	0.26	0.07	3.60	1.02	000
29515		A	Application lower leg splint	0.73	1.81	0.25	0.06	2.60	1.04	000
29520		A	Strapping of hip	0.54	0.68	0.32	0.03	1.25	0.89	000
29530		A	Strapping of knee	0.57	0.72	0.16	0.05	1.34	0.78	000
29540		A	Strapping of ankle	0.51	0.32	0.18	0.03	0.86	0.72	000
29550		A	Strapping of toes	0.47	0.30	0.18	0.03	0.80	0.68	000
29580		A	Application of paste boot	0.57	0.60	0.27	0.04	1.21	0.88	000
29590		A	Application of foot splint	0.76	0.47	0.34	0.03	1.26	1.13	000
29700		A	Removal/revision of cast	0.57	0.54	0.26	0.05	1.16	0.88	000
29705		A	Removal/revision of cast	0.76	0.77	0.35	0.05	1.58	1.16	000
29710		A	Removal/revision of cast	1.34	1.22	0.89	0.07	2.63	2.30	000
29715		A	Removal/revision of cast	0.94	2.86	0.65	0.12	3.92	1.71	000
29720		A	Repair of body cast	0.68	3.21	0.42	0.04	3.93	1.14	000
29730		A	Windowing of cast	0.75	0.73	0.35	0.04	1.52	1.14	000
29740		A	Wedging of cast	1.12	2.35	0.64	0.06	3.53	1.82	000
29750		A	Wedging of clubfoot cast	1.26	1.03	0.65	0.07	2.36	1.98	000
29800		A	Jaw arthroscopy/surgery	6.43	NA	7.16	0.46	NA	14.05	090
29804		A	Jaw arthroscopy/surgery	8.14	NA	7.84	1.46	NA	17.44	090
29815		A	Shoulder arthroscopy	5.89	NA	6.09	0.76	NA	12.74	090
29819		A	Shoulder arthroscopy/surgery	7.62	NA	7.41	1.73	NA	16.76	090
29820		A	Shoulder arthroscopy/surgery	7.07	NA	7.33	1.73	NA	16.13	090
29821		A	Shoulder arthroscopy/surgery	7.72	NA	7.75	2.13	NA	17.60	090
29822		A	Shoulder arthroscopy/surgery	7.43	NA	7.54	1.74	NA	16.71	090
29823		A	Shoulder arthroscopy/surgery	8.17	NA	7.97	2.32	NA	18.46	090
29825		A	Shoulder arthroscopy/surgery	7.62	NA	7.65	2.05	NA	17.32	090
29826		A	Shoulder arthroscopy/surgery	8.99	NA	8.42	2.31	NA	19.72	090
29830		A	Elbow arthroscopy	5.76	NA	5.00	0.83	NA	11.59	090
29834		A	Elbow arthroscopy/surgery	6.28	NA	5.66	0.96	NA	12.90	090
29835		A	Elbow arthroscopy/surgery	6.48	NA	5.73	0.99	NA	13.20	090
29836		A	Elbow arthroscopy/surgery	7.55	NA	6.20	1.15	NA	14.90	090
29837		A	Elbow arthroscopy/surgery	6.87	NA	6.03	1.06	NA	13.96	090
29838		A	Elbow arthroscopy/surgery	7.71	NA	6.54	1.14	NA	15.39	090
29840		A	Wrist arthroscopy	5.54	NA	6.26	0.54	NA	12.34	090
29843		A	Wrist arthroscopy/surgery	6.01	NA	6.75	0.91	NA	13.67	090
29844		A	Wrist arthroscopy/surgery	6.37	NA	7.14	0.95	NA	14.46	090
29845		A	Wrist arthroscopy/surgery	7.52	NA	7.93	1.15	NA	16.60	090
29846		A	Wrist arthroscopy/surgery	6.75	NA	8.86	2.20	NA	17.81	090
29847		A	Wrist arthroscopy/surgery	7.08	NA	8.94	0.97	NA	16.99	090
29848		A	Wrist arthroscopy/surgery	5.44	NA	6.41	0.62	NA	12.47	090
29850		A	Knee arthroscopy/surgery	8.19	NA	5.47	1.74	NA	15.40	090
29851		A	Knee arthroscopy/surgery	13.10	NA	10.43	1.74	NA	25.27	090
29855		A	Tibial arthroscopy/surgery	10.62	NA	8.87	1.88	NA	21.37	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
29856		A	Tibial arthroscopy/surgery	14.14	NA	11.01	1.88	NA	27.03	090
29860		A	Hip arthroscopy, dx	8.05	NA	6.22	0.76	NA	15.03	090
29861		A	Hip arthroscopy/surgery	9.15	NA	7.11	1.73	NA	17.99	090
29862		A	Hip arthroscopy/surgery	9.90	NA	7.51	2.32	NA	19.73	090
29863		A	Hip arthroscopy/surgery	9.90	NA	7.80	1.73	NA	19.43	090
29870		A	Knee arthroscopy, diagnostic	5.07	NA	4.90	0.64	NA	10.61	090
29871		A	Knee arthroscopy/drainage	6.55	NA	6.54	0.96	NA	14.05	090
29874		A	Knee arthroscopy/surgery	7.05	NA	6.37	1.52	NA	14.94	090
29875		A	Knee arthroscopy/surgery	6.31	NA	6.16	1.61	NA	14.08	090
29876		A	Knee arthroscopy/surgery	7.92	NA	7.42	1.95	NA	17.29	090
29877		A	Knee arthroscopy/surgery	7.35	NA	6.80	1.81	NA	15.96	090
29879		A	Knee arthroscopy/surgery	8.04	NA	7.21	2.19	NA	17.44	090
29880		A	Knee arthroscopy/surgery	8.50	NA	7.47	2.22	NA	18.19	090
29881		A	Knee arthroscopy/surgery	7.76	NA	7.04	1.82	NA	16.62	090
29882		A	Knee arthroscopy/surgery	8.65	NA	7.05	1.90	NA	17.60	090
29883		A	Knee arthroscopy/surgery	9.46	NA	8.10	2.80	NA	20.36	090
29884		A	Knee arthroscopy/surgery	7.33	NA	7.08	1.56	NA	15.97	090
29885		A	Knee arthroscopy/surgery	9.09	NA	8.18	1.35	NA	18.62	090
29886		A	Knee arthroscopy/surgery	7.54	NA	7.14	1.12	NA	15.80	090
29887		A	Knee arthroscopy/surgery	9.04	NA	7.82	1.71	NA	18.57	090
29888		A	Knee arthroscopy/surgery	13.90	NA	10.66	3.18	NA	27.74	090
29889		A	Knee arthroscopy/surgery	15.13	NA	11.08	1.68	NA	27.89	090
29891		A	Ankle arthroscopy/surgery	8.40	NA	6.99	1.77	NA	17.16	090
29892		A	Ankle arthroscopy/surgery	9.00	NA	7.27	1.77	NA	18.04	090
29893		A	Scope, plantar fasciotomy	5.22	NA	3.78	0.46	NA	9.46	090
29894		A	Ankle arthroscopy/surgery	7.21	NA	6.37	1.47	NA	15.05	090
29895		A	Ankle arthroscopy/surgery	6.99	NA	6.23	1.51	NA	14.73	090
29897		A	Ankle arthroscopy/surgery	7.18	NA	6.81	1.77	NA	15.76	090
29898		A	Ankle arthroscopy/surgery	8.32	NA	6.72	1.91	NA	16.95	090
30000		A	Drainage of nose lesion	1.43	1.59	1.40	0.05	3.07	2.88	010
30020		A	Drainage of nose lesion	1.43	1.57	1.44	0.06	3.06	2.93	010
30100		A	Intranasal biopsy	0.94	0.93	0.58	0.08	1.95	1.60	000
30110		A	Removal of nose polyp(s)	1.63	1.81	0.99	0.14	3.58	2.76	010
30115		A	Removal of nose polyp(s)	4.35	NA	4.11	0.30	NA	8.76	090
30117		A	Removal of intranasal lesion	3.16	3.15	2.83	0.31	6.62	6.30	090
30118		A	Removal of intranasal lesion	9.69	NA	7.57	0.92	NA	18.18	090
30120		A	Revision of nose	5.27	4.23	5.03	1.00	10.50	11.30	090
30124		A	Removal of nose lesion	3.10	NA	2.96	0.16	NA	6.22	090
30125		A	Removal of nose lesion	7.16	NA	6.04	0.73	NA	13.93	090
30130		A	Removal of turbinate bones	3.38	NA	3.60	0.17	NA	7.15	090
30140		A	Removal of turbinate bones	3.43	NA	3.81	0.34	NA	7.58	090
30150		A	Partial removal of nose	9.14	NA	7.40	1.07	NA	17.61	090
30160		A	Removal of nose	9.58	NA	7.73	1.73	NA	19.04	090
30200		A	Injection treatment of nose	0.78	0.87	0.49	0.04	1.69	1.31	000
30210		A	Nasal sinus therapy	1.08	1.36	0.69	0.03	2.47	1.80	010
30220		A	Insert nasal septal button	1.54	1.68	0.98	0.16	3.38	2.68	010
30300		A	Remove nasal foreign body	1.04	1.56	0.39	0.05	2.65	1.48	010
30310		A	Remove nasal foreign body	1.96	NA	1.83	0.18	NA	3.97	010
30320		A	Remove nasal foreign body	4.52	NA	4.23	0.43	NA	9.18	090
30400		R	Reconstruction of nose	9.83	NA	7.98	1.36	NA	19.17	090
30410		R	Reconstruction of nose	12.98	NA	9.78	2.01	NA	24.77	090
30420		R	Reconstruction of nose	15.88	NA	11.71	2.22	NA	29.81	090
30430		R	Revision of nose	7.21	NA	6.28	0.66	NA	14.15	090
30435		R	Revision of nose	11.71	NA	9.29	1.10	NA	22.10	090
30450		R	Revision of nose	18.65	NA	13.35	0.91	NA	32.91	090
30460		A	Revision of nose	9.96	NA	7.10	0.93	NA	17.99	090
30462		A	Revision of nose	19.57	NA	13.86	1.87	NA	35.30	090
30520		A	Repair of nasal septum	5.70	NA	5.13	0.96	NA	11.79	090
30540		A	Repair nasal defect	7.75	NA	5.87	0.70	NA	14.32	090
30545		A	Repair nasal defect	11.38	NA	7.57	0.93	NA	19.88	090
30560		A	Release of nasal adhesions	1.26	1.52	1.38	0.06	2.84	2.70	010
30580		A	Repair upper jaw fistula	6.69	4.15	4.89	0.57	11.41	12.15	090
30600		A	Repair mouth/nose fistula	6.02	3.84	4.84	0.36	10.22	11.22	090
30620		A	Intranasal reconstruction	5.97	NA	5.50	1.10	NA	12.57	090
30630		A	Repair nasal septum defect	7.12	NA	6.14	0.71	NA	13.97	090
30801		A	Cauterization inner nose	1.09	1.55	1.84	0.05	2.69	2.98	010
30802		A	Cauterization inner nose	2.03	2.15	2.48	0.11	4.29	4.62	010
30901		A	Control of nosebleed	1.21	1.48	0.46	0.06	2.75	1.73	000
30903		A	Control of nosebleed	1.54	1.76	0.74	0.08	3.38	2.36	000
30905		A	Control of nosebleed	1.97	2.94	1.18	0.17	5.08	3.32	000
30906		A	Repeat control of nosebleed	2.45	3.23	1.76	0.11	5.79	4.32	000
30915		A	Ligation nasal sinus artery	7.20	NA	6.23	0.52	NA	13.95	090
30920		A	Ligation upper jaw artery	9.83	NA	7.88	1.32	NA	19.03	090
30930		A	Therapy fracture of nose	1.26	NA	1.93	0.08	NA	3.27	010

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
31000		A	Irrigation maxillary sinus	1.15	1.46	0.72	0.05	2.66	1.92	010
31002		A	Irrigation sphenoid sinus	1.91	NA	2.05	0.05	NA	4.01	010
31020		A	Exploration maxillary sinus	2.94	2.99	3.01	0.29	6.22	6.24	090
31030		A	Exploration maxillary sinus	5.92	3.80	4.65	0.86	10.58	11.43	090
31032		A	Explore sinus,remove polyps	6.57	NA	5.59	0.99	NA	13.15	090
31040		A	Exploration behind upper jaw	9.42	NA	6.12	0.86	NA	16.40	090
31050		A	Exploration sphenoid sinus	5.28	NA	4.68	0.64	NA	10.60	090
31051		A	Sphenoid sinus surgery	7.11	NA	5.98	0.85	NA	13.94	090
31070		A	Exploration of frontal sinus	4.28	NA	4.22	0.50	NA	9.00	090
31075		A	Exploration of frontal sinus	9.16	NA	7.54	1.10	NA	17.80	090
31080		A	Removal of frontal sinus	11.42	NA	8.20	1.12	NA	20.74	090
31081		A	Removal of frontal sinus	12.75	NA	9.00	1.30	NA	23.05	090
31084		A	Removal of frontal sinus	13.51	NA	10.25	1.62	NA	25.38	090
31085		A	Removal of frontal sinus	14.20	NA	10.54	1.76	NA	26.50	090
31086		A	Removal of frontal sinus	12.86	NA	9.98	1.15	NA	23.99	090
31087		A	Removal of frontal sinus	13.10	NA	10.08	1.33	NA	24.51	090
31090		A	Exploration of sinuses	9.53	NA	7.93	2.12	NA	19.58	090
31200		A	Removal of ethmoid sinus	4.97	NA	5.42	0.48	NA	10.87	090
31201		A	Removal of ethmoid sinus	8.37	NA	7.04	0.75	NA	16.16	090
31205		A	Removal of ethmoid sinus	10.24	NA	8.74	0.81	NA	19.79	090
31225		A	Removal of upper jaw	19.23	NA	15.40	2.37	NA	37.00	090
31230		A	Removal of upper jaw	21.94	NA	17.90	2.48	NA	42.32	090
31231		A	Nasal endoscopy, dx	1.10	1.33	0.66	0.15	2.58	1.91	000
31233		A	Nasal/sinus endoscopy, dx	2.18	2.02	1.36	0.31	4.51	3.85	000
31235		A	Nasal/sinus endoscopy, dx	2.64	2.33	1.69	0.26	5.23	4.59	000
31237		A	Nasal/sinus endoscopy, surg	2.98	2.57	1.85	0.37	5.92	5.20	000
31238		A	Nasal/sinus endoscopy, surg	3.26	2.87	2.07	0.45	6.58	5.78	000
31239		A	Nasal/sinus endoscopy, surg	8.70	NA	6.90	1.18	NA	16.78	010
31240		A	Nasal/sinus endoscopy, surg	2.61	NA	1.94	0.37	NA	4.92	000
31254		A	Revision of ethmoid sinus	4.65	NA	3.27	0.69	NA	8.61	000
31255		A	Removal of ethmoid sinus	6.96	NA	4.84	1.14	NA	12.94	000
31256		A	Exploration maxillary sinus	3.29	NA	2.38	0.41	NA	6.08	000
31267		A	Endoscopy, maxillary sinus	5.46	NA	3.74	0.81	NA	10.01	000
31276		A	Sinus surgical endoscopy	8.85	NA	5.94	0.73	NA	15.52	000
31287		A	Nasal/sinus endoscopy, surg	3.92	NA	2.76	0.65	NA	7.33	000
31288		A	Nasal/sinus endoscopy, surg	4.58	NA	3.19	0.78	NA	8.55	000
31290		A	Nasal/sinus endoscopy, surg	17.24	NA	12.19	1.80	NA	31.23	010
31291		A	Nasal/sinus endoscopy, surg	18.19	NA	12.96	1.88	NA	33.03	010
31292		A	Nasal/sinus endoscopy, surg	14.76	NA	10.38	1.45	NA	26.59	010
31293		A	Nasal/sinus endoscopy, surg	16.21	NA	11.96	1.59	NA	29.76	010
31294		A	Nasal/sinus endoscopy, surg	19.06	NA	12.98	1.83	NA	33.87	010
31300		A	Removal of larynx lesion	14.29	NA	14.31	1.28	NA	29.88	090
31320		A	Diagnostic incision larynx	5.26	NA	9.19	0.48	NA	14.93	090
31360		A	Removal of larynx	17.08	NA	17.11	2.19	NA	36.38	090
31365		A	Removal of larynx	24.16	NA	21.72	3.10	NA	48.98	090
31367		A	Partial removal of larynx	21.86	NA	21.02	1.88	NA	44.76	090
31368		A	Partial removal of larynx	27.09	NA	25.77	3.06	NA	55.92	090
31370		A	Partial removal of larynx	21.38	NA	20.44	1.88	NA	43.70	090
31375		A	Partial removal of larynx	20.21	NA	18.73	1.56	NA	40.50	090
31380		A	Partial removal of larynx	20.21	NA	18.65	1.88	NA	40.74	090
31382		A	Partial removal of larynx	20.52	NA	19.85	1.78	NA	42.15	090
31390		A	Removal of larynx & pharynx	27.53	NA	25.76	4.05	NA	57.34	090
31395		A	Reconstruct larynx & pharynx	31.09	NA	30.56	4.42	NA	66.07	090
31400		A	Revision of larynx	10.31	NA	11.89	0.91	NA	23.11	090
31420		A	Removal of epiglottis	10.22	NA	12.46	0.84	NA	23.52	090
31500		A	Insert emergency airway	2.33	NA	0.62	0.14	NA	3.09	000
31502		A	Change of windpipe airway	0.65	1.09	0.28	0.07	1.81	1.00	000
31505		A	Diagnostic laryngoscopy	0.61	1.05	0.35	0.05	1.71	1.01	000
31510		A	Laryngoscopy with biopsy	1.92	1.90	1.01	0.07	3.89	3.00	000
31511		A	Remove foreign body, larynx	2.16	2.12	0.70	0.10	4.38	2.96	000
31512		A	Removal of larynx lesion	2.07	2.07	1.23	0.20	4.34	3.50	000
31513		A	Injection into vocal cord	2.10	NA	1.55	0.38	NA	4.03	000
31515		A	Laryngoscopy for aspiration	1.80	1.03	1.13	0.14	2.97	3.07	000
31520		A	Diagnostic laryngoscopy	2.56	NA	1.66	0.18	NA	4.40	000
31525		A	Diagnostic laryngoscopy	2.63	2.29	1.84	0.23	5.15	4.70	000
31526		A	Diagnostic laryngoscopy	2.57	NA	1.85	0.38	NA	4.80	000
31527		A	Laryngoscopy for treatment	3.27	NA	2.00	0.30	NA	5.57	000
31528		A	Laryngoscopy and dilatation	2.37	NA	1.56	0.30	NA	4.23	000
31529		A	Laryngoscopy and dilatation	2.68	NA	1.89	0.25	NA	4.82	000
31530		A	Operative laryngoscopy	3.39	NA	1.97	0.39	NA	5.75	000
31531		A	Operative laryngoscopy	3.59	NA	2.54	0.60	NA	6.73	000
31535		A	Operative laryngoscopy	3.16	NA	2.16	0.45	NA	5.77	000
31536		A	Operative laryngoscopy	3.56	NA	2.53	0.59	NA	6.68	000
31540		A	Operative laryngoscopy	4.13	NA	2.78	0.61	NA	7.52	000

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
31541		A	Operative laryngoscopy	4.53	NA	3.15	0.75	NA	8.43	000
31560		A	Operative laryngoscopy	5.46	NA	3.57	0.51	NA	9.54	000
31561		A	Operative laryngoscopy	6.00	NA	4.13	1.08	NA	11.21	000
31570		A	Laryngoscopy with injection	3.87	2.38	2.77	0.60	6.85	7.24	000
31571		A	Laryngoscopy with injection	4.27	NA	2.98	0.69	NA	7.94	000
31575		A	Diagnostic laryngoscopy	1.10	1.37	0.65	0.17	2.64	1.92	000
31576		A	Laryngoscopy with biopsy	1.97	1.64	1.12	0.33	3.94	3.42	000
31577		A	Remove foreign body, larynx	2.47	1.97	1.22	0.37	4.81	4.06	000
31578		A	Removal of larynx lesion	2.84	2.17	1.35	0.48	5.49	4.67	000
31579		A	Diagnostic laryngoscopy	2.26	2.16	1.25	0.26	4.68	3.77	000
31580		A	Revision of larynx	12.38	NA	13.28	1.63	NA	27.29	090
31582		A	Revision of larynx	21.62	NA	19.49	1.94	NA	43.05	090
31584		A	Repair of larynx fracture	19.64	NA	17.42	1.34	NA	38.40	090
31585		A	Repair of larynx fracture	4.64	NA	6.56	0.40	NA	11.60	090
31586		A	Repair of larynx fracture	8.03	NA	9.67	0.71	NA	18.41	090
31587		A	Revision of larynx	11.99	NA	13.22	0.79	NA	26.00	090
31588		A	Revision of larynx	13.11	NA	14.51	1.16	NA	28.78	090
31590		A	Reinnervate larynx	6.97	NA	9.63	0.62	NA	17.22	090
31595		A	Larynx nerve surgery	8.34	NA	9.26	0.74	NA	18.34	090
31600		A	Incision of windpipe	3.62	NA	2.22	0.65	NA	6.49	000
31601		A	Incision of windpipe	4.45	NA	2.90	0.66	NA	8.01	000
31603		A	Incision of windpipe	4.15	NA	2.49	0.66	NA	7.30	000
31605		A	Incision of windpipe	3.58	NA	1.76	0.50	NA	5.84	000
31610		A	Incision of windpipe	8.76	NA	9.04	0.92	NA	18.72	090
31611		A	Surgery/speech prosthesis	5.64	NA	7.88	1.04	NA	14.56	090
31612		A	Puncture/clear windpipe	0.91	1.14	0.52	0.12	2.17	1.55	000
31613		A	Repair windpipe opening	4.59	NA	6.56	0.28	NA	11.43	090
31614		A	Repair windpipe opening	7.12	NA	9.23	0.73	NA	17.08	090
31615		A	Visualization of windpipe	2.09	4.04	1.44	0.22	6.35	3.75	000
31622		A	Diagnostic bronchoscopy	2.80	2.75	1.37	0.34	5.89	4.51	000
31625		A	Bronchoscopy with biopsy	3.37	2.79	1.50	0.35	6.51	5.22	000
31628		A	Bronchoscopy with biopsy	3.81	2.77	1.59	0.38	6.96	5.78	000
31629		A	Bronchoscopy with biopsy	3.37	NA	1.28	0.34	NA	4.99	000
31630		A	Bronchoscopy with repair	3.82	NA	2.03	0.50	NA	6.35	000
31631		A	Bronchoscopy with dilation	4.37	NA	2.10	0.48	NA	6.95	000
31635		A	Remove foreign body, airway	3.68	NA	1.72	0.53	NA	5.93	000
31640		A	Bronchoscopy & remove lesion	4.94	NA	2.38	0.67	NA	7.99	000
31641		A	Bronchoscopy, treat blockage	5.03	NA	2.10	0.85	NA	7.98	000
31645		A	Bronchoscopy, clear airways	3.16	NA	1.28	0.30	NA	4.74	000
31646		A	Bronchoscopy, reclear airways	2.72	NA	1.16	0.27	NA	4.15	000
31656		A	Bronchoscopy, inject for xray	2.17	NA	0.95	0.31	NA	3.43	000
31700		A	Insertion of airway catheter	1.34	1.85	0.64	0.17	3.36	2.15	000
31708		A	Instill airway contrast dye	1.41	NA	0.76	0.09	NA	2.26	000
31710		A	Insertion of airway catheter	1.30	NA	0.70	0.12	NA	2.12	000
31715		A	Injection for bronchus x-ray	1.11	NA	0.57	0.04	NA	1.72	000
31717		A	Bronchial brush biopsy	2.12	2.11	0.87	0.06	4.29	3.05	000
31720		A	Clearance of airways	1.06	1.59	0.51	0.09	2.74	1.66	000
31725		A	Clearance of airways	1.96	NA	0.83	0.15	NA	2.94	000
31730		A	Intro windpipe wire/tube	2.85	1.76	1.06	0.23	4.84	4.14	000
31750		A	Repair of windpipe	13.02	NA	13.74	1.09	NA	27.85	090
31755		A	Repair of windpipe	15.93	NA	16.59	1.44	NA	33.96	090
31760		A	Repair of windpipe	22.35	NA	14.37	2.55	NA	39.27	090
31766		A	Reconstruction of windpipe	30.43	NA	19.67	1.12	NA	51.22	090
31770		A	Repair/graft of bronchus	22.51	NA	15.37	2.08	NA	39.96	090
31775		A	Reconstruct bronchus	23.54	NA	18.49	1.92	NA	43.95	090
31780		A	Reconstruct windpipe	17.72	NA	15.56	2.08	NA	35.36	090
31781		A	Reconstruct windpipe	23.53	NA	22.21	1.96	NA	47.70	090
31785		A	Remove windpipe lesion	17.23	NA	16.74	1.17	NA	35.14	090
31786		A	Remove windpipe lesion	23.98	NA	21.83	2.24	NA	48.05	090
31800		A	Repair of windpipe injury	7.43	NA	8.70	0.76	NA	16.89	090
31805		A	Repair of windpipe injury	13.13	NA	12.12	1.41	NA	26.66	090
31820		A	Closure of windpipe lesion	4.49	5.74	6.36	0.46	10.69	11.31	090
31825		A	Repair of windpipe defect	6.81	7.91	8.99	0.58	15.30	16.38	090
31830		A	Revise windpipe scar	4.50	5.74	6.40	0.42	10.66	11.32	090
32000		A	Drainage of chest	1.54	2.62	0.66	0.08	4.24	2.28	000
32002		A	Treatment of collapsed lung	2.19	NA	0.92	0.22	NA	3.33	000
32005		A	Treat lung lining chemically	2.19	NA	0.96	0.15	NA	3.30	000
32020		A	Insertion of chest tube	3.98	NA	1.61	0.43	NA	6.02	000
32035		A	Exploration of chest	8.67	NA	8.41	1.25	NA	18.33	090
32036		A	Exploration of chest	9.68	NA	8.84	1.32	NA	19.84	090
32095		A	Biopsy through chest wall	8.36	NA	8.11	1.45	NA	17.92	090
32100		A	Exploration/biopsy of chest	11.84	NA	9.52	2.10	NA	23.46	090
32110		A	Explore/repair chest	13.62	NA	11.93	2.01	NA	27.56	090
32120		A	Re-exploration of chest	11.54	NA	9.94	1.72	NA	23.20	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
32124		A	Explore chest, free adhesions	12.72	NA	10.22	2.21	NA	25.15	090
32140		A	Removal of lung lesion(s)	13.93	NA	10.82	2.42	NA	27.17	090
32141		A	Remove/treat lung lesions	14.00	NA	12.36	2.53	NA	28.89	090
32150		A	Removal of lung lesion(s)	14.15	NA	10.82	2.01	NA	26.98	090
32151		A	Remove lung foreign body	14.21	NA	10.55	1.37	NA	26.13	090
32160		A	Open chest heart massage	9.30	NA	8.36	1.52	NA	19.18	090
32200		A	Open drainage, lung lesion	15.29	NA	13.85	0.93	NA	30.07	090
32201		A	Percut drainage, lung lesion	4.00	NA	9.66	0.35	NA	14.01	000
32215		A	Treat chest lining	11.33	NA	8.92	1.28	NA	21.53	090
32220		A	Release of lung	19.27	NA	14.67	3.01	NA	36.95	090
32225		A	Partial release of lung	13.96	NA	12.42	2.28	NA	28.66	090
32310		A	Removal of chest lining	13.44	NA	12.07	2.10	NA	27.61	090
32320		A	Free/remove chest lining	20.54	NA	14.84	3.40	NA	38.78	090
32400		A	Needle biopsy chest lining	1.76	1.32	0.98	0.12	3.20	2.86	000
32402		A	Open biopsy chest lining	7.56	NA	6.91	1.34	NA	15.81	090
32405		A	Biopsy, lung or mediastinum	1.93	1.49	1.24	0.18	3.60	3.35	000
32420		A	Puncture/clear lung	2.18	NA	0.92	0.13	NA	3.23	000
32440		A	Removal of lung	21.02	NA	14.46	3.55	NA	39.03	090
32442		A	Sleeve pneumonectomy	26.24	NA	17.50	3.50	NA	47.24	090
32445		A	Removal of lung	25.09	NA	17.24	3.88	NA	46.21	090
32480		A	Partial removal of lung	18.32	NA	11.23	3.23	NA	32.78	090
32482		A	Bilobectomy	19.71	NA	12.90	3.23	NA	35.84	090
32484		A	Segmentectomy	20.69	NA	13.37	3.23	NA	37.29	090
32486		A	Sleeve lobectomy	23.92	NA	16.28	3.23	NA	43.43	090
32488		A	Completion pneumonectomy	25.71	NA	16.85	3.46	NA	46.02	090
32491		R	Lung volume reduction	21.25	NA	45.14	3.02	NA	69.41	090
32500		A	Partial removal of lung	14.30	NA	10.60	2.56	NA	27.46	090
32501		A	Repair bronchus (add-on)	4.69	NA	1.92	0.70	NA	7.31	ZZZ
32520		A	Remove lung & revise chest	21.68	NA	14.48	3.93	NA	40.09	090
32522		A	Remove lung & revise chest	24.20	NA	16.71	4.19	NA	45.10	090
32525		A	Remove lung & revise chest	26.50	NA	17.36	4.61	NA	48.47	090
32540		A	Removal of lung lesion	14.64	NA	12.62	2.05	NA	29.31	090
32601		A	Thoracoscopy, diagnostic	5.46	NA	4.37	0.57	NA	10.40	000
32602		A	Thoracoscopy, diagnostic	5.96	NA	4.59	0.64	NA	11.19	000
32603		A	Thoracoscopy, diagnostic	7.81	NA	5.71	0.57	NA	14.09	000
32604		A	Thoracoscopy, diagnostic	8.78	NA	5.85	0.64	NA	15.27	000
32605		A	Thoracoscopy, diagnostic	6.93	NA	4.86	0.57	NA	12.36	000
32606		A	Thoracoscopy, diagnostic	8.40	NA	5.59	0.64	NA	14.63	000
32650		A	Thoracoscopy, surgical	10.75	NA	9.05	1.28	NA	21.08	090
32651		A	Thoracoscopy, surgical	12.91	NA	10.09	2.28	NA	25.28	090
32652		A	Thoracoscopy, surgical	18.66	NA	13.47	3.01	NA	35.14	090
32653		A	Thoracoscopy, surgical	12.87	NA	11.02	2.01	NA	25.90	090
32654		A	Thoracoscopy, surgical	12.44	NA	11.35	2.01	NA	25.80	090
32655		A	Thoracoscopy, surgical	13.10	NA	11.32	2.53	NA	26.95	090
32656		A	Thoracoscopy, surgical	12.91	NA	9.83	2.36	NA	25.10	090
32657		A	Thoracoscopy, surgical	13.65	NA	10.22	2.56	NA	26.43	090
32658		A	Thoracoscopy, surgical	11.63	NA	9.63	2.52	NA	23.78	090
32659		A	Thoracoscopy, surgical	11.59	NA	9.64	2.61	NA	23.84	090
32660		A	Thoracoscopy, surgical	17.43	NA	12.53	3.56	NA	33.52	090
32661		A	Thoracoscopy, surgical	13.25	NA	9.98	1.47	NA	24.70	090
32662		A	Thoracoscopy, surgical	16.44	NA	10.82	2.74	NA	30.00	090
32663		A	Thoracoscopy, surgical	18.47	NA	12.95	3.23	NA	34.65	090
32664		A	Thoracoscopy, surgical	14.20	NA	9.81	2.04	NA	26.05	090
32665		A	Thoracoscopy, surgical	15.54	NA	10.92	2.64	NA	29.10	090
32800		A	Repair lung hernia	13.69	NA	9.95	1.58	NA	25.22	090
32810		A	Close chest after drainage	13.05	NA	10.62	1.19	NA	24.86	090
32815		A	Close bronchial fistula	23.15	NA	16.10	2.62	NA	41.87	090
32820		A	Reconstruct injured chest	21.48	NA	16.63	3.24	NA	41.35	090
32851		A	Lung transplant, single	38.63	NA	21.92	4.99	NA	65.54	090
32852		A	Lung transplant w/bypass	41.80	NA	24.20	5.41	NA	71.41	090
32853		A	Lung transplant, double	47.81	NA	27.72	6.24	NA	81.77	090
32854		A	Lung transplant w/bypass	50.98	NA	29.31	6.67	NA	86.96	090
32900		A	Removal of rib(s)	20.27	NA	13.27	1.63	NA	35.17	090
32905		A	Revise & repair chest wall	20.75	NA	13.80	2.60	NA	37.15	090
32906		A	Revise & repair chest wall	26.77	NA	18.37	2.92	NA	48.06	090
32940		A	Revision of lung	19.43	NA	12.97	1.75	NA	34.15	090
32960		A	Therapeutic pneumothorax	1.84	1.70	0.53	0.13	3.67	2.50	000
33010		A	Drainage of heart sac	2.24	NA	0.95	0.14	NA	3.33	000
33011		A	Repeat drainage of heart sac	2.24	NA	1.18	0.12	NA	3.54	000
33015		A	Incision of heart sac	6.80	NA	4.01	0.62	NA	11.43	090
33020		A	Incision of heart sac	12.61	NA	7.40	2.52	NA	22.53	090
33025		A	Incision of heart sac	12.09	NA	6.97	2.61	NA	21.67	090
33030		A	Partial removal of heart sac	18.71	NA	14.40	3.92	NA	37.03	090
33031		A	Partial removal of heart sac	21.79	NA	18.63	2.50	NA	42.92	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
33050		A	Removal of heart sac lesion	14.36	NA	10.51	1.47	NA	26.34	090
33120		A	Removal of heart lesion	24.56	NA	21.61	5.17	NA	51.34	090
33130		A	Removal of heart lesion	21.39	NA	14.67	2.22	NA	38.28	090
33200		A	Insertion of heart pacemaker	12.48	NA	9.41	1.90	NA	23.79	090
33201		A	Insertion of heart pacemaker	10.18	NA	7.50	1.67	NA	19.35	090
33206		A	Insertion of heart pacemaker	6.67	NA	5.04	1.34	NA	13.05	090
33207		A	Insertion of heart pacemaker	8.04	NA	5.67	1.33	NA	15.04	090
33208		A	Insertion of heart pacemaker	8.13	NA	5.92	1.54	NA	15.59	090
33210		A	Insertion of heart electrode	3.30	NA	1.64	0.27	NA	5.21	000
33211		A	Insertion of heart electrode	3.40	NA	1.80	0.27	NA	5.47	000
33212		A	Insertion of pulse generator	5.52	NA	4.00	0.88	NA	10.40	090
33213		A	Insertion of pulse generator	6.37	NA	4.52	0.88	NA	11.77	090
33214		A	Upgrade of pacemaker system	7.75	NA	5.62	1.06	NA	14.43	090
33216		A	Revision implanted electrode	5.39	NA	4.31	0.55	NA	10.25	090
33217		A	Insert/revise electrode	5.75	NA	4.80	0.55	NA	11.10	090
33218		A	Repair pacemaker electrodes	5.44	NA	4.09	0.62	NA	10.15	090
33220		A	Repair pacemaker electrode	5.52	NA	4.33	0.62	NA	10.47	090
33222		A	Pacemaker aicd pocket	4.96	NA	3.78	1.01	NA	9.75	090
33223		A	Pacemaker aicd pocket	6.46	NA	5.03	1.01	NA	12.50	090
33233		A	Removal of pacemaker system	3.29	NA	3.15	0.05	NA	6.49	090
33234		A	Removal of pacemaker system	7.82	NA	5.18	0.23	NA	13.23	090
33235		A	Removal pacemaker electrode	9.40	NA	5.96	0.33	NA	15.69	090
33236		A	Remove electrode/thoracotomy	12.60	NA	9.10	0.62	NA	22.32	090
33237		A	Remove electrode/thoracotomy	13.71	NA	9.86	1.13	NA	24.70	090
33238		A	Remove electrode/thoracotomy	15.22	NA	9.93	2.01	NA	27.16	090
33240		A	Insert/replace pulse gener	7.60	NA	5.48	0.88	NA	13.96	090
33241		A	Remove pulse generator only	3.24	NA	3.27	0.43	NA	6.94	090
33242		A	Repair pulse generator/leads	6.17	NA	5.28	1.54	NA	12.99	090
33243		A	Remove generator/thoracotomy	22.64	NA	12.43	1.54	NA	36.61	090
33244		A	Remove generator	8.97	NA	5.88	1.54	NA	16.39	090
33245		A	Implant heart defibrillator	14.30	NA	10.81	2.36	NA	27.47	090
33246		A	Implant heart defibrillator	20.71	NA	13.35	3.19	NA	37.25	090
33247		A	Insert/replace leads	10.21	NA	6.52	2.36	NA	19.09	090
33249		A	Insert/replace leads/gener	13.28	NA	8.88	3.19	NA	25.35	090
33250		A	Ablate heart dysrhythm focus	21.85	NA	21.85	0.86	NA	44.56	090
33251		A	Ablate heart dysrhythm focus	24.88	NA	19.99	3.21	NA	48.08	090
33253		A	Reconstruct atria	31.06	NA	22.52	4.26	NA	57.84	090
33261		A	Ablate heart dysrhythm focus	24.88	NA	20.05	2.73	NA	47.66	090
33300		A	Repair of heart wound	17.92	NA	13.72	2.60	NA	34.24	090
33305		A	Repair of heart wound	21.44	NA	18.22	3.07	NA	42.73	090
33310		A	Exploratory heart surgery	18.51	NA	13.81	1.93	NA	34.25	090
33315		A	Exploratory heart surgery	22.37	NA	18.11	2.57	NA	43.05	090
33320		A	Repair major blood vessel(s)	16.79	NA	13.37	2.51	NA	32.67	090
33321		A	Repair major vessel	20.20	NA	14.89	3.61	NA	38.70	090
33322		A	Repair major blood vessel(s)	20.62	NA	17.45	3.61	NA	41.68	090
33330		A	Insert major vessel graft	21.43	NA	16.43	1.93	NA	39.79	090
33332		A	Insert major vessel graft	23.96	NA	16.43	2.39	NA	42.78	090
33335		A	Insert major vessel graft	30.01	NA	22.99	2.39	NA	55.39	090
33400		A	Repair of aortic valve	25.34	NA	19.64	2.83	NA	47.81	090
33401		A	Valvuloplasty, open	23.91	NA	16.16	2.83	NA	42.90	090
33403		A	Valvuloplasty, w/cp bypass	24.89	NA	19.19	2.83	NA	46.91	090
33404		A	Prepare heart-aorta conduit	28.54	NA	21.32	5.59	NA	55.45	090
33405		A	Replacement of aortic valve	30.61	NA	22.26	5.33	NA	58.20	090
33406		A	Replacement, aortic valve	32.30	NA	23.15	7.45	NA	62.90	090
33411		A	Replacement of aortic valve	32.47	NA	23.68	7.45	NA	63.60	090
33412		A	Replacement of aortic valve	34.79	NA	26.42	7.45	NA	68.66	090
33413		A	Replacement, aortic valve	35.24	NA	26.89	7.23	NA	69.36	090
33414		A	Repair, aortic valve	30.35	NA	23.29	7.45	NA	61.09	090
33415		A	Revision, subvalvular tissue	27.15	NA	19.43	5.33	NA	51.91	090
33416		A	Revise ventricle muscle	30.35	NA	22.06	4.99	NA	57.40	090
33417		A	Repair of aortic valve	28.53	NA	20.93	6.18	NA	55.64	090
33420		A	Revision of mitral valve	22.70	NA	14.14	2.45	NA	39.29	090
33422		A	Revision of mitral valve	25.94	NA	19.49	6.45	NA	51.88	090
33425		A	Repair of mitral valve	27.00	NA	20.19	5.42	NA	52.61	090
33426		A	Repair of mitral valve	31.03	NA	22.99	5.80	NA	59.82	090
33427		A	Repair of mitral valve	33.72	NA	25.61	6.30	NA	65.63	090
33430		A	Replacement of mitral valve	31.43	NA	23.99	6.11	NA	61.53	090
33460		A	Revision of tricuspid valve	23.60	NA	18.79	4.73	NA	47.12	090
33463		A	Valvuloplasty, tricuspid	25.62	NA	19.35	5.95	NA	50.92	090
33464		A	Valvuloplasty, tricuspid	27.33	NA	20.43	5.95	NA	53.71	090
33465		A	Replace tricuspid valve	28.79	NA	21.25	5.95	NA	55.99	090
33468		A	Revision of tricuspid valve	30.12	NA	22.60	6.30	NA	59.02	090
33470		A	Revision of pulmonary valve	20.81	NA	21.86	2.45	NA	45.12	090
33471		A	Valvotomy, pulmonary valve	22.25	NA	16.00	2.83	NA	41.08	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
33472		A	Revision of pulmonary valve	22.25	NA	43.06	2.83	NA	68.14	090
33474		A	Revision of pulmonary valve	23.04	NA	17.82	2.83	NA	43.69	090
33475		A	Replacement, pulmonary valve	28.41	NA	21.61	6.11	NA	56.13	090
33476		A	Revision of heart chamber	25.77	NA	20.87	4.99	NA	51.63	090
33478		A	Revision of heart chamber	26.74	NA	19.25	5.42	NA	51.41	090
33496		A	Repair, prosth valve clot	27.25	NA	20.82	5.33	NA	53.40	090
33500		A	Repair heart vessel fistula	25.55	NA	17.29	5.20	NA	48.04	090
33501		A	Repair heart vessel fistula	17.78	NA	12.14	2.51	NA	32.43	090
33502		A	Coronary artery correction	21.04	NA	15.92	2.51	NA	39.47	090
33503		A	Coronary artery graft	21.78	NA	15.61	5.20	NA	42.59	090
33504		A	Coronary artery graft	24.66	NA	21.49	5.20	NA	51.35	090
33505		A	Repair artery w/tunnel	26.84	NA	21.99	6.03	NA	54.86	090
33506		A	Repair artery, translocation	26.71	NA	27.49	6.03	NA	60.23	090
33510		A	CABG, vein, single	25.12	NA	19.13	5.20	NA	49.45	090
33511		A	CABG, vein, two	27.40	NA	20.51	5.71	NA	53.62	090
33512		A	CABG, vein, three	29.67	NA	22.07	6.22	NA	57.96	090
33513		A	CABG, vein, four	31.95	NA	23.50	6.73	NA	62.18	090
33514		A	CABG, vein, five	35.00	NA	25.94	7.23	NA	68.17	090
33516		A	CABG, vein, six+	37.40	NA	27.00	7.74	NA	72.14	090
33517		A	CABG, artery-vein, single	2.57	NA	1.89	0.50	NA	4.96	090
33518		A	CABG, artery-vein, two	4.85	NA	3.38	1.02	NA	9.25	090
33519		A	CABG, artery-vein, three	7.12	NA	4.86	1.52	NA	13.50	090
33521		A	CABG, artery-vein, four	9.40	NA	6.34	2.03	NA	17.77	090
33522		A	CABG, artery-vein, five	11.67	NA	7.81	2.54	NA	22.02	090
33523		A	CABG, artery-vein, six+	13.95	NA	9.30	3.05	NA	26.30	090
33530		A	Coronary artery, bypass/reop	5.86	NA	12.93	2.18	NA	20.97	ZZZ
33533		A	CABG, arterial, single	25.83	NA	19.68	5.36	NA	50.87	090
33534		A	CABG, arterial, two	28.82	NA	21.60	6.03	NA	56.45	090
33535		A	CABG, arterial, three	31.81	NA	21.94	6.70	NA	60.45	090
33536		A	CABG, arterial, four+	34.79	NA	25.27	7.37	NA	67.43	090
33542		A	Removal of heart lesion	28.85	NA	23.04	5.53	NA	57.42	090
33545		A	Repair of heart damage	36.78	NA	28.76	6.28	NA	71.82	090
33572		A	Open coronary endarterectomy	4.45	NA	2.18	0.63	NA	7.26	ZZZ
33600		A	Closure of valve	29.51	NA	23.71	6.11	NA	59.33	090
33602		A	Closure of valve	28.54	NA	20.46	5.33	NA	54.33	090
33606		A	Anastomosis/artery-aorta	30.74	NA	26.86	7.45	NA	65.05	090
33608		A	Repair anomaly w/conduit	31.09	NA	22.38	7.45	NA	60.92	090
33610		A	Repair by enlargement	30.61	NA	24.18	7.45	NA	62.24	090
33611		A	Repair double ventricle	32.30	NA	22.97	7.45	NA	62.72	090
33612		A	Repair double ventricle	33.26	NA	25.25	7.45	NA	65.96	090
33615		A	Repair (simple fontan)	32.06	NA	23.68	7.45	NA	63.19	090
33617		A	Repair by modified fontan	34.03	NA	24.49	7.45	NA	65.97	090
33619		A	Repair single ventricle	37.57	NA	31.02	8.04	NA	76.63	090
33641		A	Repair heart septum defect	21.39	NA	16.49	4.87	NA	42.75	090
33645		A	Revision of heart veins	24.82	NA	17.60	4.87	NA	47.29	090
33647		A	Repair heart septum defects	28.73	NA	20.98	6.28	NA	55.99	090
33660		A	Repair of heart defects	25.54	NA	18.72	5.42	NA	49.68	090
33665		A	Repair of heart defects	28.60	NA	19.06	5.42	NA	53.08	090
33670		A	Repair of heart chambers	32.73	NA	20.41	7.45	NA	60.59	090
33681		A	Repair heart septum defect	27.67	NA	20.17	6.28	NA	54.12	090
33684		A	Repair heart septum defect	29.65	NA	23.79	6.28	NA	59.72	090
33688		A	Repair heart septum defect	30.62	NA	63.16	6.28	NA	100.06	090
33690		A	Reinforce pulmonary artery	19.55	NA	16.44	4.29	NA	40.28	090
33692		A	Repair of heart defects	30.75	NA	21.13	7.45	NA	59.33	090
33694		A	Repair of heart defects	31.73	NA	21.61	7.45	NA	60.79	090
33697		A	Repair of heart defects	33.71	NA	22.46	7.45	NA	63.62	090
33702		A	Repair of heart defects	26.54	NA	20.22	5.33	NA	52.09	090
33710		A	Repair of heart defects	29.71	NA	21.83	6.28	NA	57.82	090
33720		A	Repair of heart defect	26.56	NA	19.32	5.33	NA	51.21	090
33722		A	Repair of heart defect	28.41	NA	21.06	5.33	NA	54.80	090
33730		A	Repair heart-vein defect(s)	31.67	NA	22.08	7.45	NA	61.20	090
33732		A	Repair heart-vein defect	28.16	NA	23.01	5.42	NA	56.59	090
33735		A	Revision of heart chamber	21.39	NA	12.93	4.87	NA	39.19	090
33736		A	Revision of heart chamber	23.52	NA	19.80	4.87	NA	48.19	090
33737		A	Revision of heart chamber	21.76	NA	42.57	4.87	NA	69.20	090
33750		A	Major vessel shunt	21.41	NA	14.24	4.29	NA	39.94	090
33755		A	Major vessel shunt	21.79	NA	13.68	4.29	NA	39.76	090
33762		A	Major vessel shunt	21.79	NA	41.95	4.29	NA	68.03	090
33764		A	Major vessel shunt & graft	21.79	NA	16.45	4.29	NA	42.53	090
33766		A	Major vessel shunt	22.76	NA	15.04	4.29	NA	42.09	090
33767		A	Atrial septectomy/septostomy	24.50	NA	19.22	4.87	NA	48.59	090
33770		A	Repair great vessels defect	33.29	NA	24.12	7.45	NA	64.86	090
33771		A	Repair great vessels defect	34.65	NA	22.66	7.45	NA	64.76	090
33774		A	Repair great vessels defect	30.98	NA	22.61	5.42	NA	59.01	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
33775		A	Repair great vessels defect	32.20	NA	66.64	5.42	NA	104.26	090
33776		A	Repair great vessels defect	34.04	NA	69.46	6.28	NA	109.78	090
33777		A	Repair great vessels defect	33.46	NA	68.87	5.42	NA	107.75	090
33778		A	Repair great vessels defect	35.82	NA	26.25	7.37	NA	69.44	090
33779		A	Repair great vessels defect	36.21	NA	74.50	7.37	NA	118.08	090
33780		A	Repair great vessels defect	36.94	NA	21.44	7.37	NA	65.75	090
33781		A	Repair great vessels defect	36.45	NA	74.00	7.37	NA	117.82	090
33786		A	Repair arterial trunk	34.84	NA	25.43	7.45	NA	67.72	090
33788		A	Revision of pulmonary artery	26.62	NA	19.74	5.20	NA	51.56	090
33800		A	Aortic suspension	16.24	NA	12.22	2.51	NA	30.97	090
33802		A	Repair vessel defect	17.66	NA	12.54	4.29	NA	34.49	090
33803		A	Repair vessel defect	19.60	NA	13.73	4.29	NA	37.62	090
33813		A	Repair septal defect	20.65	NA	14.15	4.29	NA	39.09	090
33814		A	Repair septal defect	25.77	NA	20.07	5.33	NA	51.17	090
33820		A	Revise major vessel	16.29	NA	10.40	4.29	NA	30.98	090
33822		A	Revise major vessel	17.32	NA	11.47	4.29	NA	33.08	090
33824		A	Revise major vessel	19.52	NA	14.73	4.29	NA	38.54	090
33840		A	Remove aorta constriction	20.63	NA	14.20	5.59	NA	40.42	090
33845		A	Remove aorta constriction	22.12	NA	15.14	5.59	NA	42.85	090
33851		A	Remove aorta constriction	21.27	NA	38.59	5.59	NA	65.45	090
33852		A	Repair septal defect	23.71	NA	15.49	5.59	NA	44.79	090
33853		A	Repair septal defect	31.72	NA	22.13	7.45	NA	61.30	090
33860		A	Ascending aorta graft	33.96	NA	24.68	6.18	NA	64.82	090
33861		A	Ascending aorta graft	34.52	NA	25.56	6.18	NA	66.26	090
33863		A	Ascending aorta graft	36.47	NA	26.75	6.18	NA	69.40	090
33870		A	Transverse aortic arch graft	40.31	NA	28.86	8.04	NA	77.21	090
33875		A	Thoracic aorta graft	33.06	NA	24.29	5.59	NA	62.94	090
33877		A	Thoracoabdominal graft	42.60	NA	33.86	8.38	NA	84.84	090
33910		A	Remove lung artery emboli	24.59	NA	19.32	2.77	NA	46.68	090
33915		A	Remove lung artery emboli	21.02	NA	14.95	2.22	NA	38.19	090
33916		A	Surgery of great vessel	25.83	NA	21.82	3.43	NA	51.08	090
33917		A	Repair pulmonary artery	24.50	NA	18.33	6.30	NA	49.13	090
33918		A	Repair pulmonary atresia	26.45	NA	47.27	5.20	NA	78.92	090
33919		A	Repair pulmonary atresia	32.67	NA	70.82	7.45	NA	110.94	090
33920		A	Repair pulmonary atresia	31.95	NA	67.30	7.45	NA	106.70	090
33922		A	Transect pulmonary artery	23.52	NA	18.86	2.83	NA	45.21	090
33924		A	Remove pulmonary shunt	5.50	NA	6.42	0.78	NA	12.70	ZZZ
33935		R	Transplantation, heart/lung	60.96	NA	33.17	13.54	NA	107.67	090
33945		R	Transplantation of heart	42.10	NA	23.73	11.05	NA	76.88	090
33960		A	External circulation assist	19.36	NA	10.19	0.94	NA	30.49	XXX
33961		A	External circulation assist	10.93	NA	9.18	0.94	NA	21.05	XXX
33970		A	Aortic circulation assist	6.75	NA	6.02	1.00	NA	13.77	000
33971		A	Aortic circulation assist	9.69	NA	9.35	0.91	NA	19.95	090
33973		A	Insert balloon device	9.76	NA	4.53	1.00	NA	15.29	000
33974		A	Remove intra-aortic balloon	14.41	NA	12.17	0.91	NA	27.49	090
33975		A	Implant ventricular device	21.60	NA	27.04	2.77	NA	51.41	090
33976		A	Implant ventricular device	29.10	NA	30.12	3.78	NA	63.00	090
33977		A	Remove ventricular device	19.29	NA	15.19	2.43	NA	36.91	090
33978		A	Remove ventricular device	21.73	NA	15.83	2.77	NA	40.33	090
34001		A	Removal of artery clot	12.91	NA	6.63	1.87	NA	21.41	090
34051		A	Removal of artery clot	15.21	NA	8.32	1.59	NA	25.12	090
34101		A	Removal of artery clot	9.97	NA	5.11	1.71	NA	16.79	090
34111		A	Removal of arm artery clot	8.07	NA	4.24	1.59	NA	13.90	090
34151		A	Removal of artery clot	16.86	NA	8.78	2.39	NA	28.03	090
34201		A	Removal of artery clot	9.13	NA	5.06	1.78	NA	15.97	090
34203		A	Removal of leg artery clot	12.21	NA	6.50	1.72	NA	20.43	090
34401		A	Removal of vein clot	12.86	NA	6.97	1.39	NA	21.22	090
34421		A	Removal of vein clot	9.93	NA	5.53	1.51	NA	16.97	090
34451		A	Removal of vein clot	14.44	NA	7.56	2.14	NA	24.14	090
34471		A	Removal of vein clot	10.18	NA	5.99	0.55	NA	16.72	090
34490		A	Removal of vein clot	7.60	NA	4.44	1.54	NA	13.58	090
34501		A	Repair valve, femoral vein	10.93	NA	6.64	0.86	NA	18.43	090
34502		A	Reconstruct, vena cava	26.95	NA	13.27	3.64	NA	43.86	090
34510		A	Transposition of vein valve	13.25	NA	7.27	1.04	NA	21.56	090
34520		A	Cross-over vein graft	13.74	NA	7.82	1.09	NA	22.65	090
34530		A	Leg vein fusion	17.61	NA	8.53	1.44	NA	27.58	090
35001		A	Repair defect of artery	19.64	NA	9.74	3.18	NA	32.56	090
35002		A	Repair artery rupture, neck	21.00	NA	10.45	2.41	NA	33.86	090
35005		A	Repair defect of artery	18.12	NA	8.37	2.19	NA	28.68	090
35011		A	Repair defect of artery	11.65	NA	6.04	2.76	NA	20.45	090
35013		A	Repair artery rupture, arm	17.40	NA	8.36	3.03	NA	28.79	090
35021		A	Repair defect of artery	19.65	NA	10.62	3.06	NA	33.33	090
35022		A	Repair artery rupture, chest	23.18	NA	11.79	2.80	NA	37.77	090
35045		A	Repair defect of arm artery	11.26	NA	6.20	2.50	NA	19.96	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
35081		A	Repair defect of artery	28.01	NA	13.63	4.18	NA	45.82	090
35082		A	Repair artery rupture, aorta	36.35	NA	16.98	4.59	NA	57.92	090
35091		A	Repair defect of artery	35.40	NA	17.11	4.25	NA	56.76	090
35092		A	Repair artery rupture, aorta	38.39	NA	18.51	5.21	NA	62.11	090
35102		A	Repair defect of artery	30.76	NA	14.86	4.32	NA	49.94	090
35103		A	Repair artery rupture, groin	33.57	NA	16.03	5.21	NA	54.81	090
35111		A	Repair defect of artery	16.43	NA	8.76	3.70	NA	28.89	090
35112		A	Repair artery rupture, spleen	18.69	NA	9.51	2.22	NA	30.42	090
35121		A	Repair defect of artery	25.99	NA	13.06	3.66	NA	42.71	090
35122		A	Repair artery rupture, belly	33.45	NA	16.16	3.96	NA	53.57	090
35131		A	Repair defect of artery	18.55	NA	10.00	3.15	NA	31.70	090
35132		A	Repair artery rupture, groin	21.95	NA	11.46	3.58	NA	36.99	090
35141		A	Repair defect of artery	14.46	NA	7.74	2.88	NA	25.08	090
35142		A	Repair artery rupture, thigh	15.86	NA	8.30	3.24	NA	27.40	090
35151		A	Repair defect of artery	17.00	NA	9.27	2.94	NA	29.21	090
35152		A	Repair artery rupture, knee	16.70	NA	9.28	1.95	NA	27.93	090
35161		A	Repair defect of artery	18.76	NA	10.07	3.15	NA	31.98	090
35162		A	Repair artery rupture	19.78	NA	10.70	3.58	NA	34.06	090
35180		A	Repair blood vessel lesion	13.62	NA	6.71	1.48	NA	21.81	090
35182		A	Repair blood vessel lesion	17.74	NA	8.29	1.61	NA	27.64	090
35184		A	Repair blood vessel lesion	12.25	NA	6.82	1.96	NA	21.03	090
35188		A	Repair blood vessel lesion	14.28	NA	7.97	1.59	NA	23.84	090
35189		A	Repair blood vessel lesion	18.43	NA	9.60	2.21	NA	30.24	090
35190		A	Repair blood vessel lesion	12.75	NA	6.87	2.14	NA	21.76	090
35201		A	Repair blood vessel lesion	9.99	NA	5.50	1.94	NA	17.43	090
35206		A	Repair blood vessel lesion	9.25	NA	5.52	2.03	NA	16.80	090
35207		A	Repair blood vessel lesion	10.15	NA	8.47	1.93	NA	20.55	090
35211		A	Repair blood vessel lesion	22.12	NA	18.02	2.59	NA	42.73	090
35216		A	Repair blood vessel lesion	18.75	NA	17.42	2.08	NA	38.25	090
35221		A	Repair blood vessel lesion	16.42	NA	8.49	2.20	NA	27.11	090
35226		A	Repair blood vessel lesion	9.06	NA	5.51	1.95	NA	16.52	090
35231		A	Repair blood vessel lesion	12.00	NA	6.96	2.91	NA	21.87	090
35236		A	Repair blood vessel lesion	10.54	NA	6.24	2.56	NA	19.34	090
35241		A	Repair blood vessel lesion	23.12	NA	20.47	2.60	NA	46.19	090
35246		A	Repair blood vessel lesion	19.84	NA	19.39	2.15	NA	41.38	090
35251		A	Repair blood vessel lesion	17.49	NA	9.04	1.88	NA	28.41	090
35256		A	Repair blood vessel lesion	11.38	NA	6.68	2.39	NA	20.45	090
35261		A	Repair blood vessel lesion	11.63	NA	6.10	2.66	NA	20.39	090
35266		A	Repair blood vessel lesion	10.30	NA	5.93	2.41	NA	18.64	090
35271		A	Repair blood vessel lesion	22.12	NA	20.24	2.56	NA	44.92	090
35276		A	Repair blood vessel lesion	18.75	NA	17.51	2.26	NA	38.52	090
35281		A	Repair blood vessel lesion	16.48	NA	8.93	3.37	NA	28.78	090
35286		A	Repair blood vessel lesion	11.87	NA	6.88	2.33	NA	21.08	090
35301		A	Rechanneling of artery	18.70	NA	9.57	2.81	NA	31.08	090
35311		A	Rechanneling of artery	23.85	NA	12.29	4.61	NA	40.75	090
35321		A	Rechanneling of artery	11.97	NA	5.89	2.69	NA	20.55	090
35331		A	Rechanneling of artery	23.52	NA	11.84	2.66	NA	38.02	090
35341		A	Rechanneling of artery	25.11	NA	12.97	3.53	NA	41.61	090
35351		A	Rechanneling of artery	20.11	NA	10.51	2.97	NA	33.59	090
35355		A	Rechanneling of artery	16.09	NA	8.95	2.99	NA	28.03	090
35361		A	Rechanneling of artery	23.59	NA	11.90	3.88	NA	39.37	090
35363		A	Rechanneling of artery	24.66	NA	12.69	4.40	NA	41.75	090
35371		A	Rechanneling of artery	11.64	NA	6.48	2.50	NA	20.62	090
35372		A	Rechanneling of artery	13.56	NA	7.08	2.28	NA	22.92	090
35381		A	Rechanneling of artery	15.81	NA	8.02	2.71	NA	26.54	090
35390		A	Reoperation, carotid	3.19	NA	1.47	0.39	NA	5.05	ZZZ
35400		A	Angioscopy	3.00	NA	1.39	0.27	NA	4.66	ZZZ
35450		A	Repair arterial blockage	10.07	NA	5.11	1.38	NA	16.56	000
35452		A	Repair arterial blockage	6.91	NA	3.96	0.61	NA	11.48	000
35454		A	Repair arterial blockage	6.04	NA	3.32	1.53	NA	10.89	000
35456		A	Repair arterial blockage	7.35	NA	3.90	1.69	NA	12.94	000
35458		A	Repair arterial blockage	9.49	NA	4.81	1.83	NA	16.13	000
35459		A	Repair arterial blockage	8.63	NA	4.38	1.69	NA	14.70	000
35460		A	Repair venous blockage	6.04	NA	3.09	0.74	NA	9.87	000
35470		A	Repair arterial blockage	8.63	NA	4.92	1.69	NA	15.24	000
35471		A	Repair arterial blockage	10.07	NA	5.54	1.38	NA	16.99	000
35472		A	Repair arterial blockage	6.91	NA	4.11	0.85	NA	11.87	000
35473		A	Repair arterial blockage	6.04	NA	3.76	1.53	NA	11.33	000
35474		A	Repair arterial blockage	7.36	NA	4.17	1.69	NA	13.22	000
35475		R	Repair arterial blockage	9.49	NA	4.98	1.83	NA	16.30	000
35476		A	Repair venous blockage	6.04	NA	3.62	0.74	NA	10.40	000
35480		A	Atherectomy, open	11.08	NA	5.46	1.38	NA	17.92	000
35481		A	Atherectomy, open	7.61	NA	4.07	0.61	NA	12.29	000
35482		A	Atherectomy, open	6.65	NA	3.63	1.53	NA	11.81	000

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
35483		A	Atherectomy, open	8.10	NA	4.29	1.69	NA	14.08	000
35484		A	Atherectomy, open	10.44	NA	5.02	1.83	NA	17.29	000
35485		A	Atherectomy, open	9.49	NA	5.02	1.06	NA	15.57	000
35490		A	Atherectomy, percutaneous	11.08	NA	6.00	1.38	NA	18.46	000
35491		A	Atherectomy, percutaneous	7.61	NA	3.71	0.61	NA	11.93	000
35492		A	Atherectomy, percutaneous	6.65	NA	4.06	1.53	NA	12.24	000
35493		A	Atherectomy, percutaneous	8.10	NA	4.99	1.69	NA	14.78	000
35494		A	Atherectomy, percutaneous	10.44	NA	5.22	1.83	NA	17.49	000
35495		A	Atherectomy, percutaneous	9.49	NA	5.63	1.06	NA	16.18	000
35501		A	Artery bypass graft	19.19	NA	9.34	3.49	NA	32.02	090
35506		A	Artery bypass graft	19.67	NA	9.60	3.64	NA	32.91	090
35507		A	Artery bypass graft	19.67	NA	9.58	3.61	NA	32.86	090
35508		A	Artery bypass graft	18.65	NA	9.64	3.43	NA	31.72	090
35509		A	Artery bypass graft	18.07	NA	9.12	3.92	NA	31.11	090
35511		A	Artery bypass graft	16.83	NA	8.53	1.92	NA	27.28	090
35515		A	Artery bypass graft	18.65	NA	9.09	2.01	NA	29.75	090
35516		A	Artery bypass graft	16.32	NA	8.02	3.54	NA	27.88	090
35518		A	Artery bypass graft	15.42	NA	7.63	3.38	NA	26.43	090
35521		A	Artery bypass graft	16.17	NA	8.51	3.34	NA	28.02	090
35526		A	Artery bypass graft	20.00	NA	11.12	2.44	NA	33.56	090
35531		A	Artery bypass graft	25.61	NA	12.68	3.90	NA	42.19	090
35533		A	Artery bypass graft	20.52	NA	10.25	4.43	NA	35.20	090
35536		A	Artery bypass graft	23.11	NA	11.63	4.17	NA	38.91	090
35541		A	Artery bypass graft	25.80	NA	13.09	3.65	NA	42.54	090
35546		A	Artery bypass graft	25.54	NA	13.05	4.26	NA	42.85	090
35548		A	Artery bypass graft	21.57	NA	10.45	3.65	NA	35.67	090
35549		A	Artery bypass graft	23.35	NA	11.99	4.26	NA	39.60	090
35551		A	Artery bypass graft	26.67	NA	13.47	3.87	NA	44.01	090
35556		A	Artery bypass graft	21.76	NA	10.85	3.71	NA	36.32	090
35558		A	Artery bypass graft	14.04	NA	7.38	3.23	NA	24.65	090
35560		A	Artery bypass graft	23.56	NA	12.08	3.93	NA	39.57	090
35563		A	Artery bypass graft	15.14	NA	8.31	1.70	NA	25.15	090
35565		A	Artery bypass graft	15.14	NA	8.29	3.51	NA	26.94	090
35566		A	Artery bypass graft	26.92	NA	14.80	4.08	NA	45.80	090
35571		A	Artery bypass graft	18.58	NA	10.80	3.87	NA	33.25	090
35582		A	Vein bypass graft	27.13	NA	13.35	4.89	NA	45.37	090
35583		A	Vein bypass graft	22.37	NA	11.75	4.13	NA	38.25	090
35585		A	Vein bypass graft	28.39	NA	14.81	4.63	NA	47.83	090
35587		A	Vein bypass graft	19.05	NA	11.24	4.13	NA	34.42	090
35601		A	Artery bypass graft	17.50	NA	8.65	3.33	NA	29.48	090
35606		A	Artery bypass graft	18.71	NA	9.06	3.51	NA	31.28	090
35612		A	Artery bypass graft	15.76	NA	8.05	3.30	NA	27.11	090
35616		A	Artery bypass graft	15.70	NA	7.83	3.42	NA	26.95	090
35621		A	Artery bypass graft	14.54	NA	7.60	3.80	NA	25.94	090
35623		A	Bypass graft, not vein	16.62	NA	8.71	1.88	NA	27.21	090
35626		A	Artery bypass graft	23.63	NA	12.27	4.08	NA	39.98	090
35631		A	Artery bypass graft	24.60	NA	12.40	3.57	NA	40.57	090
35636		A	Artery bypass graft	22.46	NA	11.18	2.45	NA	36.09	090
35641		A	Artery bypass graft	24.57	NA	12.51	4.08	NA	41.16	090
35642		A	Artery bypass graft	17.98	NA	8.88	2.20	NA	29.06	090
35645		A	Artery bypass graft	17.47	NA	8.37	2.05	NA	27.89	090
35646		A	Artery bypass graft	25.81	NA	13.02	4.73	NA	43.56	090
35650		A	Artery bypass graft	14.36	NA	7.08	3.56	NA	25.00	090
35651		A	Artery bypass graft	25.04	NA	12.98	4.69	NA	42.71	090
35654		A	Artery bypass graft	18.61	NA	9.57	4.42	NA	32.60	090
35656		A	Artery bypass graft	19.53	NA	9.51	3.60	NA	32.64	090
35661		A	Artery bypass graft	13.18	NA	6.84	3.30	NA	23.32	090
35663		A	Artery bypass graft	14.17	NA	7.96	3.80	NA	25.93	090
35665		A	Artery bypass graft	15.40	NA	8.43	3.57	NA	27.40	090
35666		A	Artery bypass graft	19.19	NA	11.24	4.00	NA	34.43	090
35671		A	Artery bypass graft	14.80	NA	9.14	4.08	NA	28.02	090
35681		A	Artery bypass graft	8.05	NA	4.35	3.52	NA	15.92	ZZZ
35691		A	Arterial transposition	18.05	NA	8.66	3.81	NA	30.52	090
35693		A	Arterial transposition	15.36	NA	7.72	1.91	NA	24.99	090
35694		A	Arterial transposition	19.16	NA	9.16	2.17	NA	30.49	090
35695		A	Arterial transposition	19.16	NA	9.16	2.17	NA	30.49	090
35700		A	Reoperation, bypass graft	3.08	NA	2.49	0.38	NA	5.95	ZZZ
35701		A	Exploration, carotid artery	5.55	NA	3.90	1.25	NA	10.70	090
35721		A	Exploration, femoral artery	5.28	NA	3.58	1.11	NA	9.97	090
35741		A	Exploration popliteal artery	5.37	NA	3.66	1.15	NA	10.18	090
35761		A	Exploration of artery/vein	5.37	NA	3.77	1.14	NA	10.28	090
35800		A	Explore neck vessels	7.02	NA	4.07	0.97	NA	12.06	090
35820		A	Explore chest vessels	12.88	NA	8.88	1.43	NA	23.19	090
35840		A	Explore abdominal vessels	9.77	NA	5.99	1.44	NA	17.20	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
35860		A	Explore limb vessels	5.55	NA	3.64	1.15	NA	10.34	090
35870		A	Repair vessel graft defect	22.17	NA	12.13	2.47	NA	36.77	090
35875		A	Removal of clot in graft	10.01	NA	5.62	1.65	NA	17.28	090
35876		A	Removal of clot in graft	13.67	NA	7.42	1.65	NA	22.74	090
35901		A	Excision, graft, neck	8.19	NA	5.37	1.46	NA	15.02	090
35903		A	Excision, graft, extremity	9.39	NA	7.09	1.46	NA	17.94	090
35905		A	Excision, graft, thorax	18.19	NA	17.16	1.46	NA	36.81	090
35907		A	Excision, graft, abdomen	19.24	NA	11.58	1.46	NA	32.28	090
36000		A	Place needle in vein	0.18	0.31	0.05	0.04	0.53	0.27	XXX
36005		A	Injection, venography	0.95	11.83	0.31	0.04	12.82	1.30	000
36010		A	Place catheter in vein	2.43	NA	1.48	0.31	NA	4.22	XXX
36011		A	Place catheter in vein	3.14	NA	1.82	0.22	NA	5.18	XXX
36012		A	Place catheter in vein	3.52	NA	2.28	0.32	NA	6.12	XXX
36013		A	Place catheter in artery	2.52	NA	1.38	0.31	NA	4.21	XXX
36014		A	Place catheter in artery	3.02	NA	1.90	0.27	NA	5.19	XXX
36015		A	Place catheter in artery	3.52	NA	2.03	0.32	NA	5.87	XXX
36100		A	Establish access to artery	3.02	NA	1.98	0.32	NA	5.32	XXX
36120		A	Establish access to artery	2.01	NA	1.45	0.30	NA	3.76	XXX
36140		A	Establish access to artery	2.01	NA	1.45	0.24	NA	3.70	XXX
36145		A	Artery to vein shunt	2.01	NA	1.55	0.49	NA	4.05	XXX
36160		A	Establish access to aorta	2.52	NA	1.68	0.35	NA	4.55	XXX
36200		A	Place catheter in aorta	3.02	NA	1.94	0.28	NA	5.24	XXX
36215		A	Place catheter in artery	4.68	NA	2.50	0.23	NA	7.41	XXX
36216		A	Place catheter in artery	5.28	NA	2.88	0.27	NA	8.43	XXX
36217		A	Place catheter in artery	6.30	NA	3.27	0.32	NA	9.89	XXX
36218		A	Place catheter in artery	1.01	NA	1.48	0.05	NA	2.54	XXX
36245		A	Place catheter in artery	4.68	NA	2.57	0.26	NA	7.51	XXX
36246		A	Place catheter in artery	5.28	NA	2.93	0.27	NA	8.48	XXX
36247		A	Place catheter in artery	6.30	NA	3.23	0.32	NA	9.85	XXX
36248		A	Place catheter in artery	1.01	NA	1.47	0.05	NA	2.53	XXX
36260		A	Insertion of infusion pump	9.71	NA	5.54	1.41	NA	16.66	090
36261		A	Revision of infusion pump	5.45	NA	3.31	0.42	NA	9.18	090
36262		A	Removal of infusion pump	4.02	NA	2.77	0.40	NA	7.19	090
36400		A	Drawing blood	0.18	0.39	0.05	0.01	0.58	0.24	XXX
36405		A	Drawing blood	0.18	0.29	0.04	0.03	0.50	0.25	XXX
36406		A	Drawing blood	0.18	0.32	0.06	0.01	0.51	0.25	XXX
36410		A	Drawing blood	0.18	0.30	0.05	0.02	0.50	0.25	XXX
36420		A	Establish access to vein	1.01	NA	0.41	0.05	NA	1.47	XXX
36425		A	Establish access to vein	0.76	2.17	0.25	0.01	2.94	1.02	XXX
36430		A	Blood transfusion service	0.00	1.50	0.10	0.07	1.57	0.17	XXX
36440		A	Blood transfusion service	1.03	NA	0.37	0.07	NA	1.47	XXX
36450		A	Exchange transfusion service	2.23	NA	1.15	0.18	NA	3.56	XXX
36455		A	Exchange transfusion service	2.43	NA	0.92	0.22	NA	3.57	XXX
36460		A	Transfusion service, fetal	6.59	NA	2.91	1.09	NA	10.59	XXX
36470		A	Injection therapy of vein	1.09	1.89	0.44	0.04	3.02	1.57	010
36471		A	Injection therapy of veins	1.57	2.13	0.64	0.05	3.75	2.26	010
36481		A	Insertion of catheter, vein	6.99	NA	2.56	0.61	NA	10.16	000
36488		A	Insertion of catheter, vein	1.35	NA	0.54	0.14	NA	2.03	000
36489		A	Insertion of catheter, vein	1.22	2.72	0.45	0.17	4.11	1.84	000
36490		A	Insertion of catheter, vein	1.67	NA	0.65	0.20	NA	2.52	000
36491		A	Insertion of catheter, vein	1.43	NA	0.59	0.32	NA	2.34	000
36493		A	Repositioning of cvc	1.21	NA	0.59	0.16	NA	1.96	000
36500		A	Insertion of catheter, vein	3.52	NA	1.78	0.01	NA	5.31	000
36510		A	Insertion of catheter, vein	1.09	NA	0.72	0.02	NA	1.83	000
36520		A	Plasma and/or cell exchange	1.74	NA	0.82	0.12	NA	2.68	000
36522		A	Photopheresis	1.67	4.18	1.01	0.37	6.22	3.05	000
36530		R	Insertion of infusion pump	6.20	NA	3.34	1.02	NA	10.56	010
36531		R	Revision of infusion pump	4.87	NA	2.88	0.27	NA	8.02	010
36532		R	Removal of infusion pump	3.30	NA	1.64	0.37	NA	5.31	010
36533		A	Insertion of access port	5.32	3.02	3.92	0.85	9.19	10.09	010
36534		A	Revision of access port	2.80	NA	1.52	0.21	NA	4.53	010
36535		A	Removal of access port	2.27	1.92	1.99	0.38	4.57	4.64	010
36600		A	Withdrawal of arterial blood	0.32	0.27	0.08	0.02	0.61	0.42	XXX
36620		A	Insertion catheter, artery	1.15	NA	0.38	0.14	NA	1.67	000
36625		A	Insertion catheter, artery	2.11	NA	0.59	0.18	NA	2.88	000
36640		A	Insertion catheter, artery	2.10	NA	1.06	0.40	NA	3.56	000
36660		A	Insertion catheter, artery	1.40	NA	0.72	0.04	NA	2.16	000
36680		A	Insert needle, bone cavity	1.20	NA	0.42	0.10	NA	1.72	000
36800		A	Insertion of cannula	2.43	NA	1.47	0.28	NA	4.18	000
36810		A	Insertion of cannula	3.97	NA	2.41	0.74	NA	7.12	000
36815		A	Insertion of cannula	2.62	NA	1.90	0.70	NA	5.22	000
36821		A	Artery-vein fusion	8.93	NA	4.71	1.46	NA	15.10	090
36822		A	Insertion of cannula(s)	5.42	NA	6.99	0.77	NA	13.18	090
36825		A	Artery-vein graft	9.84	NA	5.38	2.21	NA	17.43	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
36830		A	Artery-vein graft	12.00	NA	6.05	2.36	NA	20.41	090
36832		A	Revise artery-vein fistula	6.45	NA	3.82	2.38	NA	12.65	090
36834		A	Repair A–V aneurysm	9.93	NA	5.01	1.66	NA	16.60	090
36835		A	Artery to vein shunt	7.15	NA	4.03	0.79	NA	11.97	090
36860		A	Cannula declotting	2.01	2.05	3.31	0.43	4.49	5.75	000
36861		A	Cannula declotting	2.52	NA	1.52	1.01	NA	5.05	000
37140		A	Revision of circulation	23.60	NA	11.09	3.34	NA	38.03	090
37145		A	Revision of circulation	24.61	NA	13.07	1.72	NA	39.40	090
37160		A	Revision of circulation	21.60	NA	10.56	3.79	NA	35.95	090
37180		A	Revision of circulation	24.61	NA	11.66	2.76	NA	39.03	090
37181		A	Splice spleen/kidney veins	26.68	NA	12.36	3.52	NA	42.56	090
37195		A	Thrombolytic therapy, stroke	0.00	2.02	0.16	0.54	2.56	0.70	XXX
37200		A	Transcatheter biopsy	4.56	NA	3.39	0.13	NA	8.08	000
37201		A	Transcatheter therapy infuse	5.00	NA	2.97	0.64	NA	8.61	000
37202		A	Transcatheter therapy infuse	5.68	NA	3.78	0.50	NA	9.96	000
37203		A	Transcatheter retrieval	5.03	NA	2.93	0.45	NA	8.41	000
37204		A	Transcatheter occlusion	18.14	NA	7.97	1.60	NA	27.71	000
37205		A	Transcatheter stent	8.28	NA	4.71	0.42	NA	13.41	000
37206		A	Transcatheter stent	4.13	NA	2.40	0.21	NA	6.74	ZZZ
37207		A	Transcatheter stent	8.28	NA	4.34	0.42	NA	13.04	000
37208		A	Transcatheter stent	4.13	NA	1.94	0.21	NA	6.28	ZZZ
37209		A	Exchange arterial catheter	2.27	NA	1.64	0.11	NA	4.02	000
37250		A	Intravascular us	2.10	NA	3.83	0.13	NA	6.06	ZZZ
37251		A	Intravascular us	1.60	NA	3.33	0.10	NA	5.03	ZZZ
37565		A	Ligation of neck vein	4.44	NA	2.84	0.74	NA	8.02	090
37600		A	Ligation of neck artery	4.57	NA	3.45	0.80	NA	8.82	090
37605		A	Ligation of neck artery	6.19	NA	4.06	1.04	NA	11.29	090
37606		A	Ligation of neck artery	6.28	NA	4.94	0.72	NA	11.94	090
37607		A	Ligation of fistula	6.16	NA	3.24	0.71	NA	10.11	090
37609		A	Temporal artery procedure	2.30	4.20	1.94	0.38	6.88	4.62	010
37615		A	Ligation of neck artery	5.73	NA	3.99	1.11	NA	10.83	090
37616		A	Ligation of chest artery	16.49	NA	13.38	0.83	NA	30.70	090
37617		A	Ligation of abdomen artery	15.95	NA	8.73	1.54	NA	26.22	090
37618		A	Ligation of extremity artery	4.84	NA	3.33	1.06	NA	9.23	090
37620		A	Revision of major vein	10.56	NA	5.78	1.48	NA	17.82	090
37650		A	Revision of major vein	5.13	NA	3.12	0.52	NA	8.77	090
37660		A	Revision of major vein	10.61	NA	6.09	1.07	NA	17.77	090
37700		A	Revise leg vein	3.73	NA	2.49	0.73	NA	6.95	090
37720		A	Removal of leg vein	5.66	NA	3.17	1.04	NA	9.87	090
37730		A	Removal of leg veins	7.33	NA	4.19	1.40	NA	12.92	090
37735		A	Removal of leg veins/lesion	10.53	NA	6.07	1.68	NA	18.28	090
37760		A	Revision of leg veins	10.47	NA	6.21	1.52	NA	18.20	090
37780		A	Revision of leg vein	3.84	NA	2.51	0.35	NA	6.70	090
37785		A	Revise secondary varicosity	3.88	4.63	3.11	0.18	8.69	7.17	090
37788		A	Revascularization, penis	22.01	NA	11.57	1.48	NA	35.06	090
37790		A	Penile venous occlusion	8.34	NA	5.86	0.55	NA	14.75	090
38100		A	Removal of spleen, total	13.01	NA	6.41	1.81	NA	21.23	090
38101		A	Removal of spleen, partial	13.74	NA	6.94	1.51	NA	22.19	090
38102		A	Removal of spleen, total	4.80	NA	2.03	0.58	NA	7.41	ZZZ
38115		A	Repair of ruptured spleen	14.19	NA	6.91	1.49	NA	22.59	090
38200		A	Injection for spleen x-ray	2.64	NA	0.83	0.15	NA	3.62	000
38230		R	Bone marrow collection	4.54	NA	2.23	0.21	NA	6.98	010
38231		R	Stem cell collection	1.50	NA	0.58	0.08	NA	2.16	000
38240		R	Bone marrow/stem transplant	2.24	NA	1.20	0.14	NA	3.58	XXX
38241		R	Bone marrow/stem transplant	2.24	NA	1.28	0.13	NA	3.65	XXX
38300		A	Drainage lymph node lesion	1.53	2.60	1.54	0.10	4.23	3.17	010
38305		A	Drainage lymph node lesion	4.61	5.06	4.08	0.36	10.03	9.05	090
38308		A	Incision of lymph channels	4.95	NA	3.75	0.45	NA	9.15	090
38380		A	Thoracic duct procedure	7.46	NA	5.68	0.76	NA	13.90	090
38381		A	Thoracic duct procedure	12.88	NA	10.21	1.50	NA	24.59	090
38382		A	Thoracic duct procedure	10.08	NA	9.37	1.13	NA	20.58	090
38500		A	Biopsy/removal, lymph node(s)	2.88	2.02	1.92	0.31	5.21	5.11	010
38505		A	Needle biopsy, lymph node(s)	1.14	1.98	1.04	0.17	3.29	2.35	000
38510		A	Biopsy/removal, lymph node(s)	4.14	NA	3.28	0.45	NA	7.87	090
38520		A	Biopsy/removal, lymph node(s)	5.12	NA	3.57	0.56	NA	9.25	090
38525		A	Biopsy/removal, lymph node(s)	4.66	NA	2.95	0.53	NA	8.14	090
38530		A	Biopsy/removal, lymph node(s)	6.13	NA	4.08	0.65	NA	10.86	090
38542		A	Explore deep node(s), neck	5.91	NA	4.90	0.59	NA	11.40	090
38550		A	Removal neck/armpit lesion	6.73	NA	4.15	0.63	NA	11.51	090
38555		A	Removal neck/armpit lesion	14.27	NA	8.94	1.38	NA	24.59	090
38562		A	Removal, pelvic lymph nodes	10.49	NA	6.35	1.20	NA	18.04	090
38564		A	Removal, abdomen lymph nodes	10.83	NA	6.15	1.51	NA	18.49	090
38700		A	Removal of lymph nodes, neck	8.24	NA	10.81	1.31	NA	20.36	090
38720		A	Removal of lymph nodes, neck	13.61	NA	13.91	2.04	NA	29.56	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
38724		A	Removal of lymph nodes, neck	14.54	NA	14.45	2.00	NA	30.99	090
38740		A	Remove armpit lymph nodes	6.77	NA	3.81	1.00	NA	11.58	090
38745		A	Remove armpits lymph nodes	8.84	NA	5.36	1.76	NA	15.96	090
38746		A	Remove thoracic lymph nodes	4.39	NA	2.29	0.53	NA	7.21	ZZZ
38747		A	Remove abdominal lymph nodes	4.89	NA	2.24	0.59	NA	7.72	ZZZ
38760		A	Remove groin lymph nodes	8.74	NA	4.84	1.35	NA	14.93	090
38765		A	Remove groin lymph nodes	16.06	NA	9.45	2.42	NA	27.93	090
38770		A	Remove pelvis lymph nodes	13.23	NA	7.39	1.73	NA	22.35	090
38780		A	Remove abdomen lymph nodes	16.59	NA	9.80	3.13	NA	29.52	090
38790		A	Injection for lymphatic xray	1.29	15.73	0.46	0.19	17.21	1.94	000
38794		A	Access thoracic lymph duct	4.45	NA	1.63	0.38	NA	6.46	090
39000		A	Exploration of chest	6.10	NA	7.52	1.08	NA	14.70	090
39010		A	Exploration of chest	11.79	NA	10.10	2.08	NA	23.97	090
39200		A	Removal chest lesion	13.62	NA	9.99	2.14	NA	25.75	090
39220		A	Removal chest lesion	17.42	NA	11.53	2.83	NA	31.78	090
39400		A	Visualization of chest	5.61	NA	5.83	0.95	NA	12.39	010
39501		A	Repair diaphragm laceration	13.19	NA	8.27	2.10	NA	23.56	090
39502		A	Repair paraesophageal hernia	16.33	NA	9.21	2.45	NA	27.99	090
39503		A	Repair of diaphragm hernia	34.85	NA	16.15	2.94	NA	53.94	090
39520		A	Repair of diaphragm hernia	16.10	NA	10.12	2.46	NA	28.68	090
39530		A	Repair of diaphragm hernia	15.41	NA	9.39	2.71	NA	27.51	090
39531		A	Repair of diaphragm hernia	16.42	NA	10.12	1.80	NA	28.34	090
39540		A	Repair of diaphragm hernia	13.32	NA	7.38	2.51	NA	23.21	090
39541		A	Repair of diaphragm hernia	14.41	NA	8.60	2.37	NA	25.38	090
39545		A	Revision of diaphragm	13.37	NA	8.87	1.31	NA	23.55	090
40490		A	Biopsy of lip	1.22	1.11	0.68	0.07	2.40	1.97	000
40500		A	Partial excision of lip	4.28	3.71	4.46	0.94	8.93	9.68	090
40510		A	Partial excision of lip	4.70	4.37	4.92	0.83	9.90	10.45	090
40520		A	Partial excision of lip	4.67	4.80	5.06	0.68	10.15	10.41	090
40525		A	Reconstruct lip with flap	7.55	NA	6.94	1.43	NA	15.92	090
40527		A	Reconstruct lip with flap	9.13	NA	8.05	1.65	NA	18.83	090
40530		A	Partial removal of lip	5.40	4.34	4.99	0.74	10.48	11.13	090
40650		A	Repair lip	3.64	3.35	3.03	0.65	7.64	7.32	090
40652		A	Repair lip	4.26	4.36	4.46	0.79	9.41	9.51	090
40654		A	Repair lip	5.31	4.81	5.43	1.00	11.12	11.74	090
40700		A	Repair cleft lip/nasal	12.79	NA	9.03	1.28	NA	23.10	090
40701		A	Repair cleft lip/nasal	15.85	NA	8.34	1.62	NA	25.81	090
40702		A	Repair cleft lip/nasal	13.04	NA	8.30	1.10	NA	22.44	090
40720		A	Repair cleft lip/nasal	13.55	NA	9.97	1.79	NA	25.31	090
40761		A	Repair cleft lip/nasal	14.72	NA	11.73	1.74	NA	28.19	090
40800		A	Drainage of mouth lesion	1.17	2.22	1.41	0.07	3.46	2.65	010
40801		A	Drainage of mouth lesion	2.53	1.94	1.90	0.16	4.63	4.59	010
40804		A	Removal foreign body, mouth	1.24	1.67	1.50	0.06	2.97	2.80	010
40805		A	Removal foreign body, mouth	2.69	2.40	2.50	0.30	5.39	5.49	010
40806		A	Incision of lip fold	0.31	0.58	0.60	0.03	0.92	0.94	000
40808		A	Biopsy of mouth lesion	0.96	1.32	1.60	0.08	2.36	2.64	010
40810		A	Excision of mouth lesion	1.31	1.76	1.85	0.11	3.18	3.27	010
40812		A	Excise/repair mouth lesion	2.31	2.16	2.45	0.14	4.61	4.90	010
40814		A	Excise/repair mouth lesion	3.42	3.08	3.61	0.32	6.82	7.35	090
40816		A	Excision of mouth lesion	3.67	3.32	3.85	0.33	7.32	7.85	090
40818		A	Excise oral mucosa for graft	2.41	2.76	4.56	0.20	5.37	7.17	090
40819		A	Excise lip or cheek fold	2.41	2.57	2.64	0.14	5.12	5.19	090
40820		A	Treatment of mouth lesion	1.28	1.54	1.80	0.06	2.88	3.14	010
40830		A	Repair mouth laceration	1.76	1.71	1.52	0.07	3.54	3.35	010
40831		A	Repair mouth laceration	2.46	2.11	2.14	0.21	4.78	4.81	010
40840		R	Reconstruction of mouth	8.73	5.13	6.14	0.73	14.59	15.60	090
40842		R	Reconstruction of mouth	8.73	5.21	6.40	0.73	14.67	15.86	090
40843		R	Reconstruction of mouth	12.10	6.00	8.99	1.03	19.13	22.12	090
40844		R	Reconstruction of mouth	16.01	8.17	8.59	1.36	25.54	25.96	090
40845		R	Reconstruction of mouth	18.58	9.57	10.76	1.93	30.08	31.27	090
41000		A	Drainage of mouth lesion	1.30	1.53	1.44	0.08	2.91	2.82	010
41005		A	Drainage of mouth lesion	1.26	1.50	1.28	0.07	2.83	2.61	010
41006		A	Drainage of mouth lesion	3.24	2.72	2.86	0.11	6.07	6.21	090
41007		A	Drainage of mouth lesion	3.10	2.67	2.82	0.30	6.07	6.22	090
41008		A	Drainage of mouth lesion	3.37	2.74	2.81	0.11	6.22	6.29	090
41009		A	Drainage of mouth lesion	3.59	2.82	2.85	0.34	6.75	6.78	090
41010		A	Incision of tongue fold	1.06	1.93	2.83	0.04	3.03	3.93	010
41015		A	Drainage of mouth lesion	3.96	3.03	3.07	0.10	7.09	7.13	090
41016		A	Drainage of mouth lesion	4.07	3.07	3.13	0.38	7.52	7.58	090
41017		A	Drainage of mouth lesion	4.07	3.10	3.12	0.14	7.31	7.33	090
41018		A	Drainage of mouth lesion	5.10	3.61	3.52	0.38	9.09	9.00	090
41100		A	Biopsy of tongue	1.63	1.76	2.03	0.08	3.47	3.74	010
41105		A	Biopsy of tongue	1.42	1.61	1.92	0.12	3.15	3.46	010
41108		A	Biopsy of floor of mouth	1.05	1.44	1.68	0.09	2.58	2.82	010

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
41110		A	Excision of tongue lesion	1.51	1.97	1.98	0.15	3.63	3.64	010
41112		A	Excision of tongue lesion	2.73	2.56	2.94	0.23	5.52	5.90	090
41113		A	Excision of tongue lesion	3.19	2.70	4.71	0.37	6.26	8.27	090
41114		A	Excision of tongue lesion	8.47	NA	6.15	0.73	NA	15.35	090
41115		A	Excision of tongue fold	1.74	1.85	2.00	0.17	3.76	3.91	010
41116		A	Excision of mouth lesion	2.44	2.42	2.78	0.27	5.13	5.49	090
41120		A	Partial removal of tongue	9.77	NA	7.88	0.88	NA	18.53	090
41130		A	Partial removal of tongue	11.15	NA	8.73	1.14	NA	21.02	090
41135		A	Tongue and neck surgery	23.09	NA	16.39	2.64	NA	42.12	090
41140		A	Removal of tongue	25.50	NA	17.08	2.45	NA	45.03	090
41145		A	Tongue removal; neck surgery	30.06	NA	20.79	2.95	NA	53.80	090
41150		A	Tongue, mouth, jaw surgery	23.04	NA	16.14	2.46	NA	41.64	090
41153		A	Tongue, mouth, neck surgery	23.77	NA	17.27	3.03	NA	44.07	090
41155		A	Tongue, jaw, & neck surgery	27.72	NA	19.93	3.75	NA	51.40	090
41250		A	Repair tongue laceration	1.91	1.89	1.50	0.11	3.91	3.52	010
41251		A	Repair tongue laceration	2.27	1.94	1.88	0.21	4.42	4.36	010
41252		A	Repair tongue laceration	2.97	2.48	2.21	0.26	5.71	5.44	010
41500		A	Fixation of tongue	3.71	NA	2.80	0.26	NA	6.77	090
41510		A	Tongue to lip surgery	3.42	NA	3.04	0.45	NA	6.91	090
41520		A	Reconstruction, tongue fold	2.73	2.31	2.90	0.28	5.32	5.91	090
41800		A	Drainage of gum lesion	1.17	1.35	1.12	0.07	2.59	2.36	010
41805		A	Removal foreign body, gum	1.24	1.36	1.78	0.08	2.68	3.10	010
41806		A	Removal foreign body, jawbone	2.69	2.00	2.33	0.15	4.84	5.17	010
41822		R	Excision of gum lesion	2.31	3.15	2.96	0.25	5.71	5.52	010
41823		R	Excision of gum lesion	3.30	2.76	2.83	0.34	6.40	6.47	090
41825		A	Excision of gum lesion	1.31	1.67	1.78	0.14	3.12	3.23	010
41826		A	Excision of gum lesion	2.31	2.05	2.24	0.18	4.54	4.73	010
41827		A	Excision of gum lesion	3.42	2.79	3.30	0.38	6.59	7.10	090
41828		R	Excision of gum lesion	3.09	2.44	2.33	0.33	5.86	5.75	010
41830		R	Removal of gum tissue	3.35	2.49	2.74	0.36	6.20	6.45	010
41872		R	Repair gum	2.59	2.40	2.44	0.27	5.26	5.30	090
41874		R	Repair tooth socket	3.09	2.27	2.26	0.32	5.68	5.67	090
42000		A	Drainage mouth roof lesion	1.23	1.65	1.41	0.06	2.94	2.70	010
42100		A	Biopsy roof of mouth	1.31	1.57	1.84	0.08	2.96	3.23	010
42104		A	Excision lesion, mouth roof	1.64	1.72	2.08	0.17	3.53	3.89	010
42106		A	Excision lesion, mouth roof	2.10	1.99	2.29	0.21	4.30	4.60	010
42107		A	Excision lesion, mouth roof	4.44	3.32	3.94	0.50	8.26	8.88	090
42120		A	Remove palate/lesion	6.17	NA	5.28	1.01	NA	12.46	090
42140		A	Excision of uvula	1.62	2.22	2.38	0.15	3.99	4.15	090
42145		A	Repair, palate, pharynx/uvula	8.05	NA	6.73	1.45	NA	16.23	090
42160		A	Treatment mouth roof lesion	1.80	2.02	2.10	0.16	3.98	4.06	010
42180		A	Repair palate	2.50	2.01	1.94	0.26	4.77	4.70	010
42182		A	Repair palate	3.83	2.77	3.02	0.38	6.98	7.23	010
42200		A	Reconstruct cleft palate	12.00	NA	9.19	0.85	NA	22.04	090
42205		A	Reconstruct cleft palate	9.59	NA	7.39	0.79	NA	17.77	090
42210		A	Reconstruct cleft palate	14.50	NA	9.13	0.95	NA	24.58	090
42215		A	Reconstruct cleft palate	8.82	NA	7.70	0.86	NA	17.38	090
42220		A	Reconstruct cleft palate	7.02	NA	5.37	0.81	NA	13.20	090
42225		A	Reconstruct cleft palate	9.54	NA	7.73	1.08	NA	18.35	090
42226		A	Lengthening of palate	10.01	NA	8.78	0.86	NA	19.65	090
42227		A	Lengthening of palate	9.52	NA	14.99	0.38	NA	24.89	090
42235		A	Repair palate	7.87	NA	5.57	0.49	NA	13.93	090
42260		A	Repair nose to lip fistula	9.80	5.49	7.44	0.44	15.73	17.68	090
42280		A	Preparation, palate mold	1.54	1.14	0.82	0.17	2.85	2.53	010
42281		A	Insertion, palate prosthesis	1.93	1.30	1.09	0.15	3.38	3.17	010
42300		A	Drainage of salivary gland	1.93	1.87	2.26	0.12	3.92	4.31	010
42305		A	Drainage of salivary gland	6.07	NA	5.09	0.27	NA	11.43	090
42310		A	Drainage of salivary gland	1.56	1.60	1.95	0.12	3.28	3.63	010
42320		A	Drainage of salivary gland	2.35	2.10	2.40	0.22	4.67	4.97	010
42325		A	Create salivary cyst drain	2.75	2.35	1.15	0.20	5.30	4.10	090
42326		A	Create salivary cyst drain	3.78	3.65	1.44	0.33	7.76	5.55	090
42330		A	Removal of salivary stone	2.21	2.04	1.27	0.12	4.37	3.60	010
42335		A	Removal of salivary stone	3.31	2.78	3.56	0.27	6.36	7.14	090
42340		A	Removal of salivary stone	4.60	3.74	4.38	0.45	8.79	9.43	090
42400		A	Biopsy of salivary gland	0.78	1.63	0.74	0.10	2.51	1.62	000
42405		A	Biopsy of salivary gland	3.29	2.54	3.25	0.19	6.02	6.73	010
42408		A	Excision of salivary cyst	4.54	3.45	4.37	0.38	8.37	9.29	090
42409		A	Drainage of salivary cyst	2.81	2.44	3.35	0.30	5.55	6.46	090
42410		A	Excise parotid gland/lesion	9.34	NA	6.83	0.92	NA	17.09	090
42415		A	Excise parotid gland/lesion	16.89	NA	12.33	1.68	NA	30.90	090
42420		A	Excise parotid gland/lesion	19.59	NA	14.21	1.87	NA	35.67	090
42425		A	Excise parotid gland/lesion	13.02	NA	10.06	1.43	NA	24.51	090
42426		A	Excise parotid gland/lesion	21.26	NA	15.55	3.21	NA	40.02	090
42440		A	Excision submaxillary gland	6.97	NA	5.73	0.99	NA	13.69	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
42450		A	Excision sublingual gland	4.62	3.71	4.47	0.35	8.68	9.44	090
42500		A	Repair salivary duct	4.30	3.70	4.34	0.50	8.50	9.14	090
42505		A	Repair salivary duct	6.18	4.43	5.38	0.86	11.47	12.42	090
42507		A	Parotid duct diversion	6.11	NA	5.22	0.67	NA	12.00	090
42508		A	Parotid duct diversion	9.10	NA	7.48	0.94	NA	17.52	090
42509		A	Parotid duct diversion	11.54	NA	9.89	1.23	NA	22.66	090
42510		A	Parotid duct diversion	8.15	NA	5.61	0.84	NA	14.60	090
42550		A	Injection for salivary x-ray	1.25	7.23	0.40	0.04	8.52	1.69	000
42600		A	Closure of salivary fistula	4.82	4.52	4.79	0.46	9.80	10.07	090
42650		A	Dilation of salivary duct	0.77	1.10	1.36	0.04	1.91	2.17	000
42660		A	Dilation of salivary duct	1.13	0.96	1.78	0.06	2.15	2.97	000
42665		A	Ligation of salivary duct	2.53	2.88	3.17	0.25	5.66	5.95	090
42700		A	Drainage of tonsil abscess	1.62	1.96	1.78	0.10	3.68	3.50	010
42720		A	Drainage of throat abscess	5.42	4.08	4.43	0.22	9.72	10.07	010
42725		A	Drainage of throat abscess	10.72	NA	7.89	0.53	NA	19.14	090
42800		A	Biopsy of throat	1.39	1.79	1.92	0.08	3.26	3.39	010
42802		A	Biopsy of throat	1.54	1.89	2.02	0.12	3.55	3.68	010
42804		A	Biopsy of upper nose/throat	1.24	1.71	1.85	0.13	3.08	3.22	010
42806		A	Biopsy of upper nose/throat	1.58	2.01	2.16	0.16	3.75	3.90	010
42808		A	Excise pharynx lesion	2.30	2.84	2.56	0.29	5.43	5.15	010
42809		A	Remove pharynx foreign body	1.81	2.09	1.45	0.08	3.98	3.34	010
42810		A	Excision of neck cyst	3.33	3.66	3.33	0.47	7.46	7.13	090
42815		A	Excision of neck cyst	7.23	NA	5.86	1.12	NA	14.21	090
42820		A	Remove tonsils and adenoids	3.91	NA	3.38	0.32	NA	7.61	090
42821		A	Remove tonsils and adenoids	4.29	NA	3.69	0.46	NA	8.44	090
42825		A	Removal of tonsils	3.42	NA	3.27	0.33	NA	7.02	090
42826		A	Removal of tonsils	3.38	NA	3.24	0.43	NA	7.05	090
42830		A	Removal of adenoids	2.57	NA	2.28	0.27	NA	5.12	090
42831		A	Removal of adenoids	2.71	NA	2.50	0.25	NA	5.46	090
42835		A	Removal of adenoids	2.30	NA	2.54	0.10	NA	4.94	090
42836		A	Removal of adenoids	3.18	NA	3.13	0.31	NA	6.62	090
42842		A	Extensive surgery of throat	8.76	NA	7.14	0.73	NA	16.63	090
42844		A	Extensive surgery of throat	14.31	NA	10.67	1.27	NA	26.25	090
42845		A	Extensive surgery of throat	24.29	NA	17.14	2.22	NA	43.65	090
42860		A	Excision of tonsil tags	2.22	NA	2.43	0.21	NA	4.86	090
42870		A	Excision of lingual tonsil	5.40	NA	5.08	0.26	NA	10.74	090
42890		A	Partial removal of pharynx	12.94	NA	10.10	1.03	NA	24.07	090
42892		A	Revision of pharyngeal walls	15.83	NA	12.11	1.27	NA	29.21	090
42894		A	Revision of pharyngeal walls	22.88	NA	16.72	1.83	NA	41.43	090
42900		A	Repair throat wound	5.25	NA	3.94	0.48	NA	9.67	010
42950		A	Reconstruction of throat	8.10	NA	6.76	1.10	NA	15.96	090
42953		A	Repair throat, esophagus	8.96	NA	7.93	0.93	NA	17.82	090
42955		A	Surgical opening of throat	7.39	NA	5.74	0.43	NA	13.56	090
42960		A	Control throat bleeding	2.33	NA	2.09	0.12	NA	4.54	010
42961		A	Control throat bleeding	5.59	NA	4.67	0.19	NA	10.45	090
42962		A	Control throat bleeding	7.14	NA	4.55	0.68	NA	12.37	090
42970		A	Control nose/throat bleeding	5.43	NA	3.46	0.10	NA	8.99	090
42971		A	Control nose/throat bleeding	6.21	NA	4.85	0.34	NA	11.40	090
42972		A	Control nose/throat bleeding	7.20	NA	5.58	0.73	NA	13.51	090
43020		A	Incision of esophagus	8.09	NA	5.75	0.71	NA	14.55	090
43030		A	Throat muscle surgery	7.69	NA	6.16	1.21	NA	15.06	090
43045		A	Incision of esophagus	20.12	NA	11.38	2.36	NA	33.86	090
43100		A	Excision of esophagus lesion	9.19	NA	7.68	0.95	NA	17.82	090
43101		A	Excision of esophagus lesion	16.24	NA	9.49	1.88	NA	27.61	090
43107		A	Removal of esophagus	28.79	NA	16.54	4.42	NA	49.75	090
43108		A	Removal of esophagus	34.19	NA	18.50	4.77	NA	57.46	090
43112		A	Removal of esophagus	31.22	NA	17.71	4.22	NA	53.15	090
43113		A	Removal of esophagus	35.27	NA	19.69	4.77	NA	59.73	090
43116		A	Partial removal of esophagus	31.22	NA	22.24	4.77	NA	58.23	090
43117		A	Partial removal of esophagus	30.02	NA	17.20	4.77	NA	51.99	090
43118		A	Partial removal of esophagus	33.20	NA	17.53	4.77	NA	55.50	090
43121		A	Partial removal of esophagus	29.19	NA	16.84	4.19	NA	50.22	090
43122		A	Parital removal of esophagus	29.11	NA	16.10	4.19	NA	49.40	090
43123		A	Partial removal of esophagus	33.20	NA	18.08	4.77	NA	56.05	090
43124		A	Removal of esophagus	27.32	NA	16.97	4.42	NA	48.71	090
43130		A	Removal of esophagus pouch	11.75	NA	9.35	1.60	NA	22.70	090
43135		A	Removal of esophagus pouch	16.10	NA	10.05	2.17	NA	28.32	090
43200		A	Esophagus endoscopy	1.59	3.93	1.00	0.26	5.78	2.85	000
43202		A	Esophagus endoscopy, biopsy	1.89	3.61	0.94	0.31	5.81	3.14	000
43204		A	Esophagus endoscopy & inject	3.77	NA	1.45	0.36	NA	5.58	000
43205		A	Esophagus endoscopy/ligation	3.79	NA	1.47	0.18	NA	5.44	000
43215		A	Esophagus endoscopy	2.60	NA	1.16	0.46	NA	4.22	000
43216		A	Esophagus endoscopy/lesion	2.40	NA	1.06	0.37	NA	3.83	000
43217		A	Esophagus endoscopy	2.90	NA	1.25	0.37	NA	4.52	000

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
43219		A	Esophagus endoscopy	2.80	NA	1.22	0.34	NA	4.36	000
43220		A	Esophagus endoscopy, dilation	2.10	NA	0.91	0.27	NA	3.28	000
43226		A	Esophagus endoscopy, dilation	2.34	NA	0.96	0.26	NA	3.56	000
43227		A	Esophagus endoscopy, repair	3.60	NA	1.41	0.34	NA	5.35	000
43228		A	Esophagus endoscopy, ablation	3.77	NA	1.56	0.38	NA	5.71	000
43234		A	Upper GI endoscopy, exam	2.01	2.35	0.86	0.30	4.66	3.17	000
43235		A	Upper gi endoscopy, diagnosis	2.39	3.80	0.98	0.29	6.48	3.66	000
43239		A	Upper GI endoscopy, biopsy	2.69	3.88	1.09	0.33	6.90	4.11	000
43241		A	Upper GI endoscopy with tube	2.59	NA	1.04	0.38	NA	4.01	000
43243		A	Upper GI endoscopy & inject.	4.57	NA	1.73	0.39	NA	6.69	000
43244		A	Upper GI endoscopy/ligation	4.59	NA	1.74	0.41	NA	6.74	000
43245		A	Operative upper GI endoscopy	3.39	NA	1.33	0.40	NA	5.12	000
43246		A	Place gastrostomy tube	4.33	NA	1.65	0.51	NA	6.49	000
43247		A	Operative upper GI endoscopy	3.39	NA	1.33	0.38	NA	5.10	000
43248		A	Upper GI endoscopy/guidewire	3.15	NA	1.23	0.35	NA	4.73	000
43249		A	Esophagus endoscopy, dilation	2.90	NA	1.15	0.30	NA	4.35	000
43250		A	Upper GI endoscopy/tumor	3.20	NA	1.26	0.43	NA	4.89	000
43251		A	Operative upper GI endoscopy	3.70	NA	1.43	0.43	NA	5.56	000
43255		A	Operative upper GI endoscopy	4.40	NA	1.62	0.38	NA	6.40	000
43258		A	Operative upper GI endoscopy	4.55	NA	1.73	0.38	NA	6.66	000
43259		A	Endoscopic ultrasound exam	4.89	NA	1.88	0.35	NA	7.12	000
43260		A	Endoscopy, bile duct/pancreas	5.96	NA	2.21	0.39	NA	8.56	000
43261		A	Endoscopy, bile duct/pancreas	6.27	NA	2.33	0.39	NA	8.99	000
43262		A	Endoscopy, bile duct/pancreas	7.39	NA	2.72	0.58	NA	10.69	000
43263		A	Endoscopy, bile duct/pancreas	6.19	NA	2.31	0.38	NA	8.88	000
43264		A	Endoscopy, bile duct/pancreas	8.90	NA	3.26	0.61	NA	12.77	000
43265		A	Endoscopy, bile duct/pancreas	8.90	NA	3.27	0.49	NA	12.66	000
43267		A	Endoscopy, bile duct/pancreas	7.39	NA	2.72	0.48	NA	10.59	000
43268		A	Endoscopy, bile duct/pancreas	7.39	NA	2.72	0.56	NA	10.67	000
43269		A	Endoscopy, bile duct/pancreas	6.04	NA	2.25	0.51	NA	8.80	000
43271		A	Endoscopy, bile duct/pancreas	7.39	NA	2.72	0.50	NA	10.61	000
43272		A	Endoscopy, bile duct/pancreas	7.39	NA	2.74	0.42	NA	10.55	000
43300		A	Repair of esophagus	9.14	NA	6.70	1.70	NA	17.54	090
43305		A	Repair esophagus and fistula	17.15	NA	15.03	1.78	NA	33.96	090
43310		A	Repair of esophagus	25.39	NA	15.67	3.23	NA	44.29	090
43312		A	Repair esophagus and fistula	28.42	NA	18.88	2.30	NA	49.60	090
43320		A	Fuse esophagus & stomach	16.07	NA	10.25	2.05	NA	28.37	090
43324		A	Revise esophagus & stomach	16.58	NA	9.19	2.53	NA	28.30	090
43325		A	Revise esophagus & stomach	16.17	NA	9.81	2.29	NA	28.27	090
43326		A	Revise esophagus & stomach	15.91	NA	10.44	1.75	NA	28.10	090
43330		A	Repair of esophagus	15.94	NA	9.56	2.39	NA	27.89	090
43331		A	Repair of esophagus	16.23	NA	10.50	2.64	NA	29.37	090
43340		A	Fuse esophagus & intestine	15.81	NA	9.82	2.52	NA	28.15	090
43341		A	Fuse esophagus & intestine	16.81	NA	10.70	1.56	NA	29.07	090
43350		A	Surgical opening, esophagus	12.72	NA	10.38	1.15	NA	24.25	090
43351		A	Surgical opening, esophagus	14.79	NA	9.21	1.53	NA	25.53	090
43352		A	Surgical opening, esophagus	12.30	NA	9.19	1.47	NA	22.96	090
43360		A	Gastrointestinal repair	28.78	NA	16.01	4.19	NA	48.98	090
43361		A	Gastrointestinal repair	32.65	NA	18.33	4.77	NA	55.75	090
43400		A	Ligate esophagus veins	17.09	NA	9.76	1.63	NA	28.48	090
43401		A	Esophagus surgery for veins	17.81	NA	10.85	1.93	NA	30.59	090
43405		A	Ligate/staple esophagus	16.13	NA	10.21	2.64	NA	28.98	090
43410		A	Repair esophagus wound	10.86	NA	8.25	1.54	NA	20.65	090
43415		A	Repair esophagus wound	17.06	NA	10.46	2.52	NA	30.04	090
43420		A	Repair esophagus opening	11.57	NA	8.52	0.78	NA	20.87	090
43425		A	Repair esophagus opening	16.95	NA	10.15	1.71	NA	28.81	090
43450		A	Dilate esophagus	1.38	0.91	0.54	0.05	2.34	1.97	000
43453		A	Dilate esophagus	1.51	NA	0.58	0.11	NA	2.20	000
43456		A	Dilate esophagus	2.57	NA	0.97	0.24	NA	3.78	000
43458		A	Dilation of esophagus	3.06	NA	1.15	0.27	NA	4.48	000
43460		A	Pressure treatment esophagus	3.80	NA	1.74	0.15	NA	5.69	000
43500		A	Surgical opening of stomach	8.44	NA	4.35	1.20	NA	13.99	090
43501		A	Surgical repair of stomach	15.31	NA	7.45	1.83	NA	24.59	090
43502		A	Surgical repair of stomach	17.67	NA	8.37	1.83	NA	27.87	090
43510		A	Surgical opening of stomach	9.99	NA	5.88	0.94	NA	16.81	090
43520		A	Incision of pyloric muscle	7.63	NA	4.44	0.87	NA	12.94	090
43600		A	Biopsy of stomach	1.91	NA	0.80	0.05	NA	2.76	000
43605		A	Biopsy of stomach	9.15	NA	4.62	1.29	NA	15.06	090
43610		A	Excision of stomach lesion	11.15	NA	5.84	1.71	NA	18.70	090
43611		A	Excision of stomach lesion	13.63	NA	6.85	1.71	NA	22.19	090
43620		A	Removal of stomach	22.54	NA	11.01	3.19	NA	36.74	090
43621		A	Removal of stomach	23.06	NA	11.28	3.19	NA	37.53	090
43622		A	Removal of stomach	24.41	NA	11.86	3.19	NA	39.46	090
43631		A	Removal of stomach, partial	19.66	NA	9.48	2.66	NA	31.80	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
43632		A	Removal stomach, partial	19.66	NA	9.48	2.66	NA	31.80	090
43633		A	Removal stomach, partial	20.10	NA	9.74	2.66	NA	32.50	090
43634		A	Removal stomach, partial	21.86	NA	10.69	4.57	NA	37.12	090
43635		A	Partial removal of stomach	2.06	NA	0.89	0.26	NA	3.21	ZZZ
43638		A	Partial removal of stomach	21.76	NA	10.27	2.73	NA	34.76	090
43639		A	Removal stomach, partial	22.25	NA	10.59	2.73	NA	35.57	090
43640		A	Vagotomy & pylorus repair	14.81	NA	7.28	2.19	NA	24.28	090
43641		A	Vagotomy & pylorus repair	15.03	NA	7.36	2.18	NA	24.57	090
43750		A	Place gastrostomy tube	4.49	NA	2.33	0.56	NA	7.38	010
43760		A	Change gastrostomy tube	1.10	0.88	0.50	0.09	2.07	1.69	000
43761		A	Reposition gastrostomy tube	2.01	NA	0.71	0.25	NA	2.97	000
43800		A	Reconstruction of pylorus	10.46	NA	5.53	1.47	NA	17.46	090
43810		A	Fusion of stomach and bowel	11.19	NA	5.86	1.53	NA	18.58	090
43820		A	Fusion of stomach and bowel	11.74	NA	6.01	1.75	NA	19.50	090
43825		A	Fusion of stomach and bowel	14.68	NA	7.24	2.30	NA	24.22	090
43830		A	Place gastrostomy tube	7.28	NA	4.11	1.19	NA	12.58	090
43831		A	Place gastrostomy tube	7.33	NA	4.08	0.93	NA	12.34	090
43832		A	Place gastrostomy tube	11.92	NA	6.23	1.36	NA	19.51	090
43840		A	Repair of stomach lesion	11.89	NA	6.02	1.66	NA	19.57	090
43842		A	Gastroplasty for obesity	14.71	NA	8.34	2.93	NA	25.98	090
43843		A	Gastroplasty for obesity	14.85	NA	8.41	2.93	NA	26.19	090
43846		A	Gastric bypass for obesity	19.15	NA	10.32	3.30	NA	32.77	090
43847		A	Gastric bypass for obesity	21.44	NA	11.57	3.30	NA	36.31	090
43848		A	Revision gastroplasty	23.41	NA	12.70	3.30	NA	39.41	090
43850		A	Revise stomach-bowel fusion	19.69	NA	9.27	2.25	NA	31.21	090
43855		A	Revise stomach-bowel fusion	20.83	NA	9.71	2.28	NA	32.82	090
43860		A	Revise stomach-bowel fusion	19.91	NA	9.43	2.51	NA	31.85	090
43865		A	Revise stomach-bowel fusion	21.12	NA	9.97	2.98	NA	34.07	090
43870		A	Repair stomach opening	7.40	NA	4.13	1.14	NA	12.67	090
43880		A	Repair stomach-bowel fistula	19.63	NA	9.75	1.76	NA	31.14	090
44005		A	Freeing of bowel adhesion	13.84	NA	6.88	1.75	NA	22.47	090
44010		A	Incision of small bowel	10.68	NA	5.89	1.42	NA	17.99	090
44015		A	Insert needle catheter,bowel	2.62	NA	1.10	0.45	NA	4.17	ZZZ
44020		A	Exploration of small bowel	11.93	NA	6.06	1.65	NA	19.64	090
44021		A	Decompress small bowel	12.01	NA	6.30	1.48	NA	19.79	090
44025		A	Incision of large bowel	12.18	NA	6.03	1.61	NA	19.82	090
44050		A	Reduce bowel obstruction	11.40	NA	5.86	1.64	NA	18.90	090
44055		A	Correct malrotation of bowel	13.14	NA	6.56	1.60	NA	21.30	090
44100		A	Biopsy of bowel	2.01	NA	0.86	0.13	NA	3.00	000
44110		A	Excision of bowel lesion(s)	10.07	NA	5.42	1.58	NA	17.07	090
44111		A	Excision of bowel lesion(s)	12.19	NA	6.68	2.14	NA	21.01	090
44120		A	Removal of small intestine	14.50	NA	7.15	2.02	NA	23.67	090
44121		A	Removal of small intestine	4.45	NA	1.98	0.54	NA	6.97	ZZZ
44125		A	Removal of small intestine	14.96	NA	7.39	2.28	NA	24.63	090
44130		A	Bowel to bowel fusion	12.36	NA	6.29	1.86	NA	20.51	090
44139		A	Mobilization of colon	2.23	NA	0.98	0.27	NA	3.48	ZZZ
44140		A	Partial removal of colon	18.35	NA	8.86	2.40	NA	29.61	090
44141		A	Partial removal of colon	19.51	NA	11.52	2.55	NA	33.58	090
44143		A	Partial removal of colon	20.17	NA	11.83	2.62	NA	34.62	090
44144		A	Partial removal of colon	18.89	NA	10.76	2.53	NA	32.18	090
44145		A	Partial removal of colon	23.18	NA	11.32	2.78	NA	37.28	090
44146		A	Partial removal of colon	24.16	NA	13.56	3.14	NA	40.86	090
44147		A	Partial removal of colon	18.17	NA	9.40	3.30	NA	30.87	090
44150		A	Removal of colon	21.01	NA	12.18	3.17	NA	36.36	090
44151		A	Removal of colon/ileostomy	20.04	NA	12.76	2.22	NA	35.02	090
44152		A	Removal of colon/ileostomy	24.41	NA	15.25	3.36	NA	43.02	090
44153		A	Removal of colon/ileostomy	26.83	NA	15.26	3.63	NA	45.72	090
44155		A	Removal of colon	24.44	NA	13.46	3.50	NA	41.40	090
44156		A	Removal of colon/ileostomy	23.01	NA	13.26	2.52	NA	38.79	090
44160		A	Removal of colon	15.88	NA	7.85	2.68	NA	26.41	090
44300		A	Open bowel to skin	8.88	NA	5.32	1.29	NA	15.49	090
44310		A	Ileostomy/jejunostomy	11.70	NA	7.71	1.66	NA	21.07	090
44312		A	Revision of ileostomy	5.88	NA	4.12	0.45	NA	10.45	090
44314		A	Revision of ileostomy	11.04	NA	7.79	1.21	NA	20.04	090
44316		A	Devise bowel pouch	15.47	NA	11.49	1.43	NA	28.39	090
44320		A	Colostomy	12.94	NA	8.94	1.57	NA	23.45	090
44322		A	Colostomy with biopsies	11.98	NA	8.75	1.88	NA	22.61	090
44340		A	Revision of colostomy	5.66	NA	3.74	0.35	NA	9.75	090
44345		A	Revision of colostomy	11.32	NA	6.80	1.03	NA	19.15	090
44346		A	Revision of colostomy	12.46	NA	7.25	1.38	NA	21.09	090
44360		A	Small bowel endoscopy	2.92	NA	1.19	0.32	NA	4.43	000
44361		A	Small bowel endoscopy,biopsy	3.23	NA	1.29	0.34	NA	4.86	000
44363		A	Small bowel endoscopy	3.94	NA	1.52	0.36	NA	5.82	000
44364		A	Small bowel endoscopy	4.22	NA	1.67	0.72	NA	6.61	000

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
44365		A	Small bowel endoscopy	3.73	NA	1.50	0.72	NA	5.95	000
44366		A	Small bowel endoscopy	4.97	NA	1.90	0.45	NA	7.32	000
44369		A	Small bowel endoscopy	5.09	NA	1.96	0.50	NA	7.55	000
44372		A	Small bowel endoscopy	4.97	NA	1.96	0.67	NA	7.60	000
44373		A	Small bowel endoscopy	3.94	NA	1.57	0.50	NA	6.01	000
44376		A	Small bowel endoscopy	5.69	NA	2.19	0.26	NA	8.14	000
44377		A	Small bowel endoscopy	5.98	NA	2.27	0.28	NA	8.53	000
44378		A	Small bowel endoscopy	7.71	NA	2.90	0.35	NA	10.96	000
44380		A	Small bowel endoscopy	1.51	NA	0.70	0.22	NA	2.43	000
44382		A	Small bowel endoscopy	1.82	NA	0.81	0.29	NA	2.92	000
44385		A	Endoscopy of bowel pouch	1.82	2.87	0.90	0.34	5.03	3.06	000
44386		A	Endoscopy, bowel pouch, biopsy	2.12	3.78	1.04	0.15	6.05	3.31	000
44388		A	Colon endoscopy	2.82	3.48	1.30	0.50	6.80	4.62	000
44389		A	Colonoscopy with biopsy	3.13	4.09	1.41	0.45	7.67	4.99	000
44390		A	Colonoscopy for foreign body	3.83	4.31	1.71	0.28	8.42	5.82	000
44391		A	Colonoscopy for bleeding	4.32	3.79	1.81	0.53	8.64	6.66	000
44392		A	Colonoscopy & polypectomy	3.82	4.34	1.66	0.70	8.86	6.18	000
44393		A	Colonoscopy, lesion removal	4.84	4.39	2.01	0.70	9.93	7.55	000
44394		A	Colonoscopy w/snare	4.43	4.53	1.90	0.70	9.66	7.03	000
44500		A	Intro, gastrointestinal tube	0.49	NA	0.25	0.02	NA	0.76	000
44602		A	Suture, small intestine	10.61	NA	5.66	1.62	NA	17.89	090
44603		A	Suture, small intestine	14.00	NA	7.23	1.96	NA	23.19	090
44604		A	Suture, large intestine	14.28	NA	7.08	1.67	NA	23.03	090
44605		A	Repair of bowel lesion	15.37	NA	7.91	2.02	NA	25.30	090
44615		A	Intestinal stricturoplasty	14.19	NA	7.34	1.57	NA	23.10	090
44620		A	Repair bowel opening	10.87	NA	5.63	1.26	NA	17.76	090
44625		A	Repair bowel opening	13.41	NA	6.71	2.03	NA	22.15	090
44626		A	Repair bowel opening	22.59	NA	10.26	2.40	NA	35.25	090
44640		A	Repair bowel-skin fistula	14.83	NA	7.81	1.35	NA	23.99	090
44650		A	Repair bowel fistula	15.25	NA	7.97	1.46	NA	24.68	090
44660		A	Repair bowel-bladder fistula	14.63	NA	7.85	1.21	NA	23.69	090
44661		A	Repair bowel-bladder fistula	16.99	NA	8.69	2.52	NA	28.20	090
44680		A	Surgical revision, intestine	13.72	NA	7.51	2.14	NA	23.37	090
44700		A	Suspend bowel w/prosthesis	14.35	NA	7.86	2.40	NA	24.61	090
44800		A	Excision of bowel pouch	11.23	NA	5.71	1.08	NA	18.02	090
44820		A	Excision of mesentery lesion	10.31	NA	5.39	1.21	NA	16.91	090
44850		A	Repair of mesentery	9.57	NA	5.09	1.18	NA	15.84	090
44900		A	Drain, app abscess, open	8.82	NA	5.23	0.88	NA	14.93	090
44901		A	Drain, app abscess, perc	3.38	NA	3.15	0.30	NA	6.83	000
44950		A	Appendectomy	8.70	NA	4.46	1.01	NA	14.17	090
44955		A	Appendectomy	1.53	NA	0.68	0.60	NA	2.81	ZZZ
44960		A	Appendectomy	10.74	NA	5.72	1.24	NA	17.70	090
45000		A	Drainage of pelvic abscess	4.52	NA	3.28	0.24	NA	8.04	090
45005		A	Drainage of rectal abscess	1.99	2.91	1.24	0.21	5.11	3.44	010
45020		A	Drainage of rectal abscess	4.72	NA	3.18	0.51	NA	8.41	090
45100		A	Biopsy of rectum	3.68	3.40	1.91	0.35	7.43	5.94	090
45108		A	Removal of anorectal lesion	4.76	4.36	2.54	0.53	9.65	7.83	090
45110		A	Removal of rectum	23.80	NA	11.87	3.43	NA	39.10	090
45111		A	Partial removal of rectum	16.48	NA	8.73	2.49	NA	27.70	090
45112		A	Removal of rectum	25.96	NA	12.03	3.36	NA	41.35	090
45113		A	Partial proctectomy	25.99	NA	12.33	3.36	NA	41.68	090
45114		A	Partial removal of rectum	23.22	NA	11.45	3.24	NA	37.91	090
45116		A	Partial removal of rectum	20.89	NA	10.07	2.34	NA	33.30	090
45119		A	Remove, rectum w/reservoir	26.21	NA	12.12	3.36	NA	41.69	090
45120		A	Removal of rectum	24.60	NA	12.00	3.54	NA	40.14	090
45121		A	Removal of rectum and colon	27.04	NA	13.11	2.01	NA	42.16	090
45123		A	Partial proctectomy	14.20	NA	7.46	2.49	NA	24.15	090
45130		A	Excision of rectal prolapse	13.97	NA	6.51	1.79	NA	22.27	090
45135		A	Excision of rectal prolapse	16.39	NA	8.28	3.50	NA	28.17	090
45150		A	Excision of rectal stricture	5.67	4.05	2.84	0.63	10.35	9.14	090
45160		A	Excision of rectal lesion	13.02	NA	6.50	1.56	NA	21.08	090
45170		A	Excision of rectal lesion	9.77	NA	4.81	0.96	NA	15.54	090
45190		A	Destruction, rectal tumor	8.28	NA	4.15	1.06	NA	13.49	090
45300		A	Proctosigmoidoscopy	0.70	2.68	0.30	0.07	3.45	1.07	000
45303		A	Proctosigmoidoscopy	0.80	3.28	0.34	0.12	4.20	1.26	000
45305		A	Proctosigmoidoscopy; biopsy	1.01	2.65	0.42	0.14	3.80	1.57	000
45307		A	Proctosigmoidoscopy	1.71	3.54	0.60	0.18	5.43	2.49	000
45308		A	Proctosigmoidoscopy	1.51	2.24	0.62	0.20	3.95	2.33	000
45309		A	Proctosigmoidoscopy	2.01	3.03	0.81	0.20	5.24	3.02	000
45315		A	Proctosigmoidoscopy	2.54	3.79	1.00	0.18	6.51	3.72	000
45317		A	Proctosigmoidoscopy	2.73	2.62	1.06	0.19	5.54	3.98	000
45320		A	Proctosigmoidoscopy	2.88	2.85	1.13	0.34	6.07	4.35	000
45321		A	Proctosigmoidoscopy	2.12	NA	0.84	0.27	NA	3.23	000
45330		A	Sigmoidoscopy, diagnostic	0.96	3.42	0.38	0.12	4.50	1.46	000

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
45331		A	Sigmoidoscopy and biopsy	1.26	3.44	0.49	0.15	4.85	1.90	000
45332		A	Sigmoidoscopy	1.96	4.71	0.75	0.16	6.83	2.87	000
45333		A	Sigmoidoscopy & polypectomy	1.96	3.76	0.75	0.26	5.98	2.97	000
45334		A	Sigmoidoscopy for bleeding	2.99	NA	1.11	0.23	NA	4.33	000
45337		A	Sigmoidoscopy, decompression	2.36	NA	0.90	0.38	NA	3.64	000
45338		A	Sigmoidoscopy	2.57	4.21	0.97	0.26	7.04	3.80	000
45339		A	Sigmoidoscopy	3.14	3.94	1.16	0.31	7.39	4.61	000
45355		A	Surgical colonoscopy	3.52	NA	1.71	0.10	NA	5.33	000
45378		A	Diagnostic colonoscopy	3.70	4.29	1.97	0.39	8.38	6.06	000
45378	53	A	Diagnostic colonoscopy	0.96	1.28	0.59	0.12	2.36	1.67	000
45379		A	Colonoscopy	4.72	4.69	2.08	0.45	9.86	7.25	000
45380		A	Colonoscopy and biopsy	4.01	4.37	1.74	0.40	8.78	6.15	000
45382		A	Colonoscopy,control bleeding	5.73	5.11	2.33	0.41	11.25	8.47	000
45383		A	Colonoscopy, lesion removal	5.87	5.21	2.42	0.50	11.58	8.79	000
45384		A	Colonoscopy	4.70	4.73	2.01	0.58	10.01	7.29	000
45385		A	Colonoscopy, lesion removal	5.31	4.93	2.22	0.58	10.82	8.11	000
45500		A	Repair of rectum	7.29	NA	3.84	1.21	NA	12.34	090
45505		A	Repair of rectum	6.02	NA	3.05	1.23	NA	10.30	090
45520		A	Treatment of rectal prolapse	0.55	0.46	0.21	0.10	1.11	0.86	000
45540		A	Correct rectal prolapse	12.92	NA	6.63	2.10	NA	21.65	090
45541		A	Correct rectal prolapse	10.64	NA	5.55	2.04	NA	18.23	090
45550		A	Repair rectum; remove sigmoid	18.26	NA	8.85	2.38	NA	29.49	090
45560		A	Repair of rectocele	8.40	NA	4.94	0.98	NA	14.32	090
45562		A	Exploration/repair of rectum	12.21	NA	6.07	1.58	NA	19.86	090
45563		A	Exploration/repair of rectum	18.63	NA	9.55	2.49	NA	30.67	090
45800		A	Repair rectumbladder fistula	14.11	NA	6.95	1.45	NA	22.51	090
45805		A	Repair fistula; colostomy	16.50	NA	8.63	2.39	NA	27.52	090
45820		A	Repair rectourethral fistula	14.67	NA	7.07	1.23	NA	22.97	090
45825		A	Repair fistula; colostomy	16.87	NA	9.22	1.66	NA	27.75	090
45900		A	Reduction of rectal prolapse	1.83	NA	0.96	0.11	NA	2.90	010
45905		A	Dilation of anal sphincter	1.61	1.75	0.78	0.12	3.48	2.51	010
45910		A	Dilation of rectal narrowing	1.96	2.25	0.92	0.13	4.34	3.01	010
45915		A	Remove rectal obstruction	2.20	2.70	0.92	0.09	4.99	3.21	010
46030		A	Removal of rectal marker	1.23	1.57	0.93	0.07	2.87	2.23	010
46040		A	Incision of rectal abscess	4.96	3.80	2.63	0.34	9.10	7.93	090
46045		A	Incision of rectal abscess	4.32	NA	2.35	0.38	NA	7.05	090
46050		A	Incision of anal abscess	1.19	2.11	0.91	0.11	3.41	2.21	010
46060		A	Incision of rectal abscess	5.69	NA	3.10	1.12	NA	9.91	090
46070		A	Incision of anal septum	2.71	NA	5.74	0.33	NA	8.78	090
46080		A	Incision of anal sphincter	2.49	2.33	1.43	0.43	5.25	4.35	010
46083		A	Incise external hemorrhoid	1.40	2.90	0.98	0.08	4.38	2.46	010
46200		A	Removal of anal fissure	3.42	2.53	1.97	0.66	6.61	6.05	090
46210		A	Removal of anal crypt	2.67	3.28	1.65	0.14	6.09	4.46	090
46211		A	Removal of anal crypts	4.25	3.26	2.29	0.38	7.89	6.92	090
46220		A	Removal of anal tab	1.56	0.99	0.60	0.12	2.67	2.28	010
46221		A	Ligation of hemorrhoid(s)	1.43	1.81	0.55	0.14	3.38	2.12	010
46230		A	Removal of anal tabs	2.57	2.78	1.48	0.12	5.47	4.17	010
46250		A	Hemorrhoidectomy	4.53	3.80	2.48	0.52	8.85	7.53	090
46255		A	Hemorrhoidectomy	5.36	4.10	2.83	0.85	10.31	9.04	090
46257		A	Remove hemorrhoids & fissure	6.28	NA	3.16	1.08	NA	10.52	090
46258		A	Remove hemorrhoids & fistula	6.67	NA	3.35	1.22	NA	11.24	090
46260		A	Hemorrhoidectomy	7.42	NA	3.78	1.25	NA	12.45	090
46261		A	Remove hemorrhoids & fissure	8.24	NA	4.05	1.34	NA	13.63	090
46262		A	Remove hemorrhoids & fistula	8.73	NA	4.31	1.39	NA	14.43	090
46270		A	Removal of anal fistula	3.72	3.41	2.13	0.37	7.50	6.22	090
46275		A	Removal of anal fistula	4.56	3.52	2.42	1.13	9.21	8.11	090
46280		A	Removal of anal fistula	5.98	NA	3.23	1.24	NA	10.45	090
46285		A	Removal of anal fistula	4.09	2.52	2.21	0.43	7.04	6.73	090
46288		A	Repair anal fistula	7.13	NA	3.27	0.83	NA	11.23	090
46320		A	Removal of hemorrhoid clot	1.61	2.39	0.98	0.11	4.11	2.70	010
46500		A	Injection into hemorrhoids	1.61	1.56	0.60	0.06	3.23	2.27	010
46600		A	Diagnostic anoscopy	0.50	0.56	0.14	0.03	1.09	0.67	000
46604		A	Anoscopy and dilation	1.31	0.77	0.49	0.06	2.14	1.86	000
46606		A	Anoscopy and biopsy	0.81	0.64	0.31	0.06	1.51	1.18	000
46608		A	Anoscopy; remove foreign body	1.51	1.34	0.39	0.12	2.97	2.02	000
46610		A	Anoscopy; remove lesion	1.32	1.12	0.51	0.15	2.59	1.98	000
46611		A	Anoscopy	1.81	1.45	0.70	0.15	3.41	2.66	000
46612		A	Anoscopy; remove lesions	2.34	1.66	0.87	0.20	4.20	3.41	000
46614		A	Anoscopy; control bleeding	2.01	1.26	0.73	0.25	3.52	2.99	000
46615		A	Anoscopy	2.68	1.47	1.03	0.25	4.40	3.96	000
46700		A	Repair of anal stricture	7.25	NA	3.64	1.24	NA	12.13	090
46705		A	Repair of anal stricture	7.17	NA	3.84	0.77	NA	11.78	090
46715		A	Repair of anovaginal fistula	7.46	NA	5.30	0.82	NA	13.58	090
46716		A	Repair of anovaginal fistula	12.15	NA	18.73	1.40	NA	32.28	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
46730		A	Construction of absent anus	21.57	NA	10.64	2.50	NA	34.71	090
46735		A	Construction of absent anus	25.94	NA	12.05	3.04	NA	41.03	090
46740		A	Construction of absent anus	23.11	NA	10.68	2.68	NA	36.47	090
46742		A	Repair, imperforated anus	29.67	NA	40.97	1.93	NA	72.57	090
46744		A	Repair, cloacal anomaly	33.21	NA	15.40	2.17	NA	50.78	090
46746		A	Repair, cloacal anomaly	36.74	NA	16.73	2.37	NA	55.84	090
46748		A	Repair, cloacal anomaly	40.52	NA	53.98	2.64	NA	97.14	090
46750		A	Repair of anal sphincter	8.14	NA	4.39	1.22	NA	13.75	090
46751		A	Repair of anal sphincter	8.56	NA	13.65	0.95	NA	23.16	090
46753		A	Reconstruction of anus	6.58	NA	3.24	1.02	NA	10.84	090
46754		A	Removal of suture from anus	1.54	2.74	1.09	0.30	4.58	2.93	010
46760		A	Repair of anal sphincter	11.46	NA	6.44	1.41	NA	19.31	090
46761		A	Repair of anal sphincter	10.99	NA	5.26	1.35	NA	17.60	090
46762		A	Implant artificial sphincter	10.09	NA	5.03	1.21	NA	16.33	090
46900		A	Destruction, anal lesion(s)	1.91	2.68	1.27	0.06	4.65	3.24	010
46910		A	Destruction, anal lesion(s)	1.86	2.22	1.27	0.08	4.16	3.21	010
46916		A	Cryosurgery, anal lesion(s)	1.86	2.01	1.33	0.06	3.93	3.25	010
46917		A	Laser surgery,anal lesion(s)	1.86	2.27	1.37	0.31	4.44	3.54	010
46922		A	Excision of anal lesion(s)	1.86	2.25	1.26	0.23	4.34	3.35	010
46924		A	Destruction, anal lesion(s)	2.76	2.99	1.63	0.46	6.21	4.85	010
46934		A	Destruction of hemorrhoids	4.08	3.64	2.61	0.17	7.89	6.86	090
46935		A	Destruction of hemorrhoids	2.43	4.73	1.60	0.22	7.38	4.25	010
46936		A	Destruction of hemorrhoids	4.30	3.45	2.70	0.24	7.99	7.24	090
46937		A	Cryotherapy of rectal lesion	2.69	2.73	1.54	0.45	5.87	4.68	010
46938		A	Cryotherapy of rectal lesion	4.66	4.51	2.99	0.52	9.69	8.17	090
46940		A	Treatment of anal fissure	2.32	2.58	1.20	0.09	4.99	3.61	010
46942		A	Treatment of anal fissure	2.04	2.01	1.19	0.08	4.13	3.31	010
46945		A	Ligation of hemorrhoids	2.14	2.53	1.51	0.12	4.79	3.77	090
46946		A	Ligation of hemorrhoids	3.00	2.59	1.88	0.17	5.76	5.05	090
47000		A	Needle biopsy of liver	1.90	5.71	1.13	0.13	7.74	3.16	000
47001		A	Needle biopsy, liver	1.90	NA	0.83	0.13	NA	2.86	ZZZ
47010		A	Open drainage, liver lesion	10.28	NA	7.53	1.13	NA	18.94	090
47011		A	Percut drain, liver lesion	3.70	NA	5.32	0.33	NA	9.35	000
47015		A	Inject/aspirate liver cyst	9.70	NA	5.97	1.13	NA	16.80	090
47100		A	Wedge biopsy of liver	7.49	NA	4.54	0.67	NA	12.70	090
47120		A	Partial removal of liver	22.79	NA	12.14	2.48	NA	37.41	090
47122		A	Extensive removal of liver	35.39	NA	18.09	3.59	NA	57.07	090
47125		A	Partial removal of liver	31.58	NA	15.94	3.61	NA	51.13	090
47130		A	Partial removal of liver	34.25	NA	17.15	3.89	NA	55.29	090
47134		R	Partial removal, donor liver	39.15	NA	16.42	4.77	NA	60.34	XXX
47135		R	Transplantation of liver	81.52	NA	42.58	8.49	NA	132.59	090
47136		R	Transplantation of liver	68.60	NA	114.97	7.79	NA	191.36	090
47300		A	Surgery for liver lesion	9.68	NA	5.76	1.59	NA	17.03	090
47350		A	Repair liver wound	12.56	NA	6.72	1.49	NA	20.77	090
47360		A	Repair liver wound	17.28	NA	9.73	2.18	NA	29.19	090
47361		A	Repair liver wound	30.25	NA	14.34	3.41	NA	48.00	090
47362		A	Repair liver wound	11.88	NA	7.38	1.22	NA	20.48	090
47400		A	Incision of liver duct	20.86	NA	10.76	1.36	NA	32.98	090
47420		A	Incision of bile duct	16.72	NA	8.61	1.99	NA	27.32	090
47425		A	Incision of bile duct	16.68	NA	8.96	2.45	NA	28.09	090
47460		A	Incise bile duct sphincter	15.17	NA	8.18	1.82	NA	25.17	090
47480		A	Incision of gallbladder	9.10	NA	5.82	1.59	NA	16.51	090
47490		A	Incision of gallbladder	7.23	NA	6.73	0.38	NA	14.34	090
47500		A	Injection for liver x-rays	1.96	NA	0.62	0.14	NA	2.72	000
47505		A	Injection for liver x-rays	0.76	7.82	0.24	0.14	8.72	1.14	000
47510		A	Insert catheter, bile duct	7.83	NA	22.22	0.25	NA	30.30	090
47511		A	Insert bile duct drain	10.50	NA	23.45	0.25	NA	34.20	090
47525		A	Change bile duct catheter	5.55	NA	3.18	0.16	NA	8.89	010
47530		A	Revise, reinsert bile tube	5.85	NA	4.65	0.19	NA	10.69	090
47550		A	Bile duct endoscopy	3.02	NA	1.28	0.35	NA	4.65	000
47552		A	Biliary endoscopy, thru skin	6.04	NA	2.34	0.21	NA	8.59	000
47553		A	Biliary endoscopy, thru skin	6.35	NA	2.27	0.62	NA	9.24	000
47554		A	Biliary endoscopy, thru skin	9.06	NA	3.49	0.67	NA	13.22	000
47555		A	Biliary endoscopy, thru skin	7.56	NA	2.65	0.30	NA	10.51	000
47556		A	Biliary endoscopy, thru skin	8.56	NA	2.96	0.30	NA	11.82	000
47600		A	Removal of gallbladder	11.42	NA	6.00	1.58	NA	19.00	090
47605		A	Removal of gallbladder	12.36	NA	6.40	1.75	NA	20.51	090
47610		A	Removal of gallbladder	15.83	NA	8.09	2.00	NA	25.92	090
47612		A	Removal of gallbladder	15.80	NA	8.17	3.05	NA	27.02	090
47620		A	Removal of gallbladder	17.36	NA	8.97	2.36	NA	28.69	090
47630		A	Remove bile duct stone	9.11	NA	3.49	0.40	NA	13.00	090
47700		A	Exploration of bile ducts	14.93	NA	8.10	1.58	NA	24.61	090
47701		A	Bile duct revision	27.81	NA	13.96	1.90	NA	43.67	090
47711		A	Excision of bile duct tumor	19.37	NA	10.08	2.46	NA	31.91	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
47712		A	Excision of bile duct tumor	25.44	NA	12.63	2.46	NA	40.53	090
47715		A	Excision of bile duct cyst	15.81	NA	8.45	1.71	NA	25.97	090
47716		A	Fusion of bile duct cyst	13.83	NA	7.61	1.53	NA	22.97	090
47720		A	Fuse gallbladder & bowel	13.38	NA	7.30	1.93	NA	22.61	090
47721		A	Fuse upper gi structures	16.08	NA	8.50	2.47	NA	27.05	090
47740		A	Fuse gallbladder & bowel	15.54	NA	8.29	2.14	NA	25.97	090
47741		A	Fuse gallbladder & bowel	17.95	NA	9.30	3.02	NA	30.27	090
47760		A	Fuse bile ducts and bowel	21.74	NA	10.76	2.53	NA	35.03	090
47765		A	Fuse liver ducts & bowel	20.93	NA	11.52	2.97	NA	35.42	090
47780		A	Fuse bile ducts and bowel	22.29	NA	11.27	2.73	NA	36.29	090
47785		A	Fuse bile ducts and bowel	26.23	NA	13.50	2.73	NA	42.46	090
47800		A	Reconstruction of bile ducts	19.60	NA	10.14	2.43	NA	32.17	090
47801		A	Placement, bile duct support	12.76	NA	8.03	0.81	NA	21.60	090
47802		A	Fuse liver duct & intestine	18.13	NA	9.88	1.75	NA	29.76	090
47900		A	Suture bile duct injury	16.74	NA	8.87	2.43	NA	28.04	090
48000		A	Drainage of abdomen	14.91	NA	8.86	1.40	NA	25.17	090
48001		A	Placement of drain, pancreas	18.83	NA	10.21	1.89	NA	30.93	090
48005		A	Resect/debride pancreas	22.40	NA	11.28	2.14	NA	35.82	090
48020		A	Removal of pancreatic stone	14.22	NA	7.80	1.57	NA	23.59	090
48100		A	Biopsy of pancreas	11.08	NA	6.06	0.79	NA	17.93	090
48102		A	Needle biopsy, pancreas	4.68	5.97	2.73	0.25	10.90	7.66	010
48120		A	Removal of pancreas lesion	14.36	NA	7.39	2.07	NA	23.82	090
48140		A	Partial removal of pancreas	20.78	NA	10.31	2.83	NA	33.92	090
48145		A	Partial removal of pancreas	21.76	NA	11.16	3.16	NA	36.08	090
48146		A	Pancreatectomy	23.91	NA	12.87	1.92	NA	38.70	090
48148		A	Removal of pancreatic duct	15.71	NA	8.32	1.68	NA	25.71	090
48150		A	Partial removal of pancreas	43.48	NA	21.74	4.75	NA	69.97	090
48152		A	Pancreatectomy	39.63	NA	19.76	4.75	NA	64.14	090
48153		A	Pancreatectomy	43.38	NA	21.70	4.75	NA	69.83	090
48154		A	Pancreatectomy	39.95	NA	20.03	4.75	NA	64.73	090
48155		A	Removal of pancreas	22.32	NA	13.03	4.26	NA	39.61	090
48180		A	Fuse pancreas and bowel	22.39	NA	11.09	2.63	NA	36.11	090
48400		A	Injection, intraoperative	1.95	NA	0.77	0.24	NA	2.96	ZZZ
48500		A	Surgery of pancreas cyst	13.84	NA	7.20	1.66	NA	22.70	090
48510		A	Drain pancreatic pseudocyst	12.96	NA	7.51	1.44	NA	21.91	090
48511		A	Drain pancreatic pseudocyst	4.00	NA	4.36	0.35	NA	8.71	000
48520		A	Fuse pancreas cyst and bowel	14.12	NA	7.23	2.43	NA	23.78	090
48540		A	Fuse pancreas cyst and bowel	17.86	NA	8.85	2.65	NA	29.36	090
48545		A	Pancreatorrhaphy	16.47	NA	8.38	1.79	NA	26.64	090
48547		A	Duodenal exclusion	23.40	NA	11.06	2.58	NA	37.04	090
48554		N	Transplantallograft pancreas	+34.17	NA	57.19	4.16	NA	95.52	XXX
48556		A	Removal, allograft pancreas	15.71	NA	8.69	1.69	NA	26.09	090
49000		A	Exploration of abdomen	11.68	NA	5.90	1.40	NA	18.98	090
49002		A	Reopening of abdomen	10.49	NA	5.84	1.21	NA	17.54	090
49010		A	Exploration behind abdomen	12.28	NA	6.40	1.31	NA	19.99	090
49020		A	Drain abdominal abscess	16.79	NA	9.55	0.91	NA	27.25	090
49021		A	Drain abdominal abscess	3.38	NA	4.88	0.91	NA	9.17	000
49040		A	Open drainage abdom abscess	9.94	NA	6.91	1.27	NA	18.12	090
49041		A	Percut drain abdom abscess	4.00	NA	4.79	0.35	NA	9.14	000
49060		A	Open drain retroper abscess	11.66	NA	7.71	1.01	NA	20.38	090
49061		A	Percutdrain retroper abscess	3.70	NA	5.01	0.33	NA	9.04	000
49062		A	Drain to peritoneal cavity	11.36	NA	6.59	0.79	NA	18.74	090
49080		A	Puncture, peritoneal cavity	1.35	1.86	0.65	0.08	3.29	2.08	000
49081		A	Removal of abdominal fluid	1.26	2.12	0.61	0.07	3.45	1.94	000
49085		A	Remove abdomen foreign body	8.93	NA	5.02	0.67	NA	14.62	090
49180		A	Biopsy, abdominal mass	1.73	4.35	1.34	0.20	6.28	3.27	000
49200		A	Removal of abdominal lesion	10.25	NA	5.98	1.70	NA	17.93	090
49201		A	Removal of abdominal lesion	14.84	NA	8.52	2.50	NA	25.86	090
49215		A	Excise sacral spine tumor	22.36	NA	11.08	1.59	NA	35.03	090
49220		A	Multiple surgery, abdomen	14.88	NA	7.86	2.53	NA	25.27	090
49250		A	Excision of umbilicus	8.35	NA	4.41	0.96	NA	13.72	090
49255		A	Removal of omentum	11.14	NA	6.40	1.15	NA	18.69	090
49400		A	Air injection into abdomen	1.88	NA	0.87	0.17	NA	2.92	000
49420		A	Insert abdominal drain	2.22	NA	1.20	0.20	NA	3.62	000
49421		A	Insert abdominal drain	5.54	NA	3.52	0.81	NA	9.87	090
49422		A	Remove perm cannula/catheter	6.25	NA	3.03	0.81	NA	10.09	010
49423		A	Exchange drainage cath	1.46	NA	2.00	0.13	NA	3.59	000
49424		A	Assess cyst, contrast inj	0.76	NA	1.30	0.07	NA	2.13	000
49425		A	Insert abdomen-venous drain	11.37	NA	6.08	1.78	NA	19.23	090
49426		A	Revise abdomen-venous shunt	9.63	NA	5.42	1.07	NA	16.12	090
49427		A	Injection, abdominal shunt	0.89	NA	0.56	0.03	NA	1.48	000
49428		A	Ligation of shunt	2.38	NA	1.42	0.24	NA	4.04	010
49429		A	Removal of shunt	7.40	NA	4.02	0.77	NA	12.19	010
49495		A	Repair inguinal hernia, init	5.89	NA	3.06	0.95	NA	9.90	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
49496		A	Repair inguinal hernia, init	8.79	NA	5.33	1.08	NA	15.20	090
49500		A	Repair inguinal hernia	4.68	NA	2.69	0.95	NA	8.32	090
49501		A	Repair inguinal hernia, init	7.58	NA	3.84	1.08	NA	12.50	090
49505		A	Repair inguinal hernia	6.49	3.34	4.15	0.94	10.77	11.58	090
49507		A	Repair, inguinal hernia	8.17	NA	4.80	1.08	NA	14.05	090
49520		A	Rerepair inguinal hernia	8.22	NA	4.39	1.11	NA	13.72	090
49521		A	Repair inguinal hernia, rec	10.22	NA	5.10	1.08	NA	16.40	090
49525		A	Repair inguinal hernia	7.32	NA	3.91	1.16	NA	12.39	090
49540		A	Repair lumbar hernia	8.87	NA	4.66	1.12	NA	14.65	090
49550		A	Repair femoral hernia	7.37	NA	3.70	0.97	NA	12.04	090
49553		A	Repair femoral hernia, init	8.06	NA	4.29	0.97	NA	13.32	090
49555		A	Repair femoral hernia	7.71	NA	4.25	1.26	NA	13.22	090
49557		A	Repair femoral hernia, recur	9.52	NA	4.85	1.26	NA	15.63	090
49560		A	Repair abdominal hernia	9.88	NA	5.05	1.19	NA	16.12	090
49561		A	Repair incisional hernia	12.17	NA	5.94	1.19	NA	19.30	090
49565		A	Rerepair abdominal hernia	9.88	NA	5.28	1.35	NA	16.51	090
49566		A	Repair incisional hernia	12.30	NA	6.02	1.35	NA	19.67	090
49568		A	Hernia repair w/mesh	4.89	NA	2.07	0.59	NA	7.55	ZZZ
49570		A	Repair epigastric hernia	4.86	NA	2.74	0.91	NA	8.51	090
49572		A	Repair, epigastric hernia	5.75	NA	3.43	1.18	NA	10.36	090
49580		A	Repair umbilical hernia	3.51	NA	2.17	0.94	NA	6.62	090
49582		A	Repair umbilical hernia	5.68	NA	3.63	0.94	NA	10.25	090
49585		A	Repair umbilical hernia	5.32	NA	3.10	0.91	NA	9.33	090
49587		A	Repair umbilical hernia	6.46	NA	3.65	0.91	NA	11.02	090
49590		A	Repair abdominal hernia	7.29	NA	3.84	1.22	NA	12.35	090
49600		A	Repair umbilical lesion	10.35	NA	5.21	0.77	NA	16.33	090
49605		A	Repair umbilical lesion	22.66	NA	11.17	1.77	NA	35.60	090
49606		A	Repair umbilical lesion	18.60	NA	9.65	0.96	NA	29.21	090
49610		A	Repair umbilical lesion	10.50	NA	6.60	1.27	NA	18.37	090
49611		A	Repair umbilical lesion	8.92	NA	16.34	0.58	NA	25.84	090
49900		A	Repair of abdominal wall	12.28	NA	6.58	0.75	NA	19.61	090
49905		A	Omental flap	6.55	NA	3.08	0.80	NA	10.43	ZZZ
50010		A	Exploration of kidney	10.98	NA	6.07	1.13	NA	18.18	090
50020		A	Open drain renal abscess	14.66	NA	9.96	0.85	NA	25.47	090
50021		A	Percut drain renal abscess	3.38	NA	6.17	0.30	NA	9.85	000
50040		A	Drainage of kidney	14.94	NA	9.11	0.62	NA	24.67	090
50045		A	Exploration of kidney	15.46	NA	7.78	0.89	NA	24.13	090
50060		A	Removal of kidney stone	19.30	NA	9.20	1.21	NA	29.71	090
50065		A	Incision of kidney	20.79	NA	9.81	1.35	NA	31.95	090
50070		A	Incision of kidney	20.32	NA	9.58	1.35	NA	31.25	090
50075		A	Removal of kidney stone	25.34	NA	11.74	1.62	NA	38.70	090
50080		A	Removal of kidney stone	14.71	NA	9.10	1.15	NA	24.96	090
50081		A	Removal of kidney stone	21.80	NA	11.69	1.44	NA	34.93	090
50100		A	Revise kidney blood vessels	16.09	NA	8.58	1.35	NA	26.02	090
50120		A	Exploration of kidney	15.91	NA	8.00	1.24	NA	25.15	090
50125		A	Explore and drain kidney	16.52	NA	8.02	1.06	NA	25.60	090
50130		A	Removal of kidney stone	17.29	NA	8.46	1.26	NA	27.01	090
50135		A	Exploration of kidney	19.18	NA	9.18	1.63	NA	29.99	090
50200		A	Biopsy of kidney	2.63	NA	1.25	0.22	NA	4.10	000
50205		A	Biopsy of kidney	11.31	NA	5.98	0.69	NA	17.98	090
50220		A	Removal of kidney	17.15	NA	8.40	1.43	NA	26.98	090
50225		A	Removal of kidney	20.23	NA	9.58	1.70	NA	31.51	090
50230		A	Removal of kidney	22.07	NA	10.27	1.84	NA	34.18	090
50234		A	Removal of kidney & ureter	22.40	NA	10.39	1.65	NA	34.44	090
50236		A	Removal of kidney & ureter	24.86	NA	12.78	1.74	NA	39.38	090
50240		A	Partial removal of kidney	22.00	NA	11.71	1.70	NA	35.41	090
50280		A	Removal of kidney lesion	15.67	NA	7.84	1.16	NA	24.67	090
50290		A	Removal of kidney lesion	14.73	NA	7.26	1.19	NA	23.18	090
50320		A	Removal of donor kidney	22.21	NA	10.23	2.40	NA	34.84	090
50340		A	Removal of kidney	12.15	NA	5.67	2.24	NA	20.06	090
50360		A	Transplantation of kidney	31.53	NA	16.90	4.24	NA	52.67	090
50365		A	Transplantation of kidney	36.81	NA	19.94	3.89	NA	60.64	090
50370		A	Remove transplanted kidney	13.72	NA	8.02	1.92	NA	23.66	090
50380		A	Reimplantation of kidney	20.76	NA	12.25	1.71	NA	34.72	090
50390		A	Drainage of kidney lesion	1.96	NA	1.18	0.15	NA	3.29	000
50392		A	Insert kidney drain	3.38	NA	1.63	0.20	NA	5.21	000
50393		A	Insert ureteral tube	4.16	NA	1.87	0.26	NA	6.29	000
50394		A	Injection for kidney x-ray	0.76	10.57	0.24	0.05	11.38	1.05	000
50395		A	Create passage to kidney	3.38	NA	1.61	0.29	NA	5.28	000
50396		A	Measure kidney pressure	2.09	NA	0.76	0.05	NA	2.90	000
50398		A	Change kidney tube	1.46	0.79	1.66	0.05	2.30	3.17	000
50400		A	Revision of kidney/ureter	19.50	NA	9.32	1.36	NA	30.18	090
50405		A	Revision of kidney/ureter	23.93	NA	12.08	1.74	NA	37.75	090
50500		A	Repair of kidney wound	19.57	NA	9.85	1.64	NA	31.06	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
50520		A	Close kidney-skin fistula	17.23	NA	9.54	1.50	NA	28.27	090
50525		A	Repair renal-abdomen fistula	22.27	NA	11.53	1.99	NA	35.79	090
50526		A	Repair renal-abdomen fistula	24.02	NA	19.58	2.32	NA	45.92	090
50540		A	Revision of horseshoe kidney	19.93	NA	8.91	1.54	NA	30.38	090
50551		A	Kidney endoscopy	5.60	3.89	2.30	0.21	9.70	8.11	000
50553		A	Kidney endoscopy	5.99	13.31	2.48	0.17	19.47	8.64	000
50555		A	Kidney endoscopy & biopsy	6.53	14.10	2.65	0.45	21.08	9.63	000
50557		A	Kidney endoscopy & treatment	6.62	14.38	2.68	0.49	21.49	9.79	000
50559		A	Renal endoscopy; radiotracer	6.78	NA	2.74	0.14	NA	9.66	000
50561		A	Kidney endoscopy & treatment	7.59	12.38	3.03	0.49	20.46	11.11	000
50570		A	Kidney endoscopy	9.54	NA	3.77	0.14	NA	13.45	000
50572		A	Kidney endoscopy	10.35	NA	4.03	0.75	NA	15.13	000
50574		A	Kidney endoscopy & biopsy	11.02	NA	4.36	0.64	NA	16.02	000
50575		A	Kidney endoscopy	13.98	NA	5.42	0.97	NA	20.37	000
50576		A	Kidney endoscopy & treatment	10.99	NA	4.32	0.77	NA	16.08	000
50578		A	Renal endoscopy; radiotracer	11.35	NA	4.44	1.19	NA	16.98	000
50580		A	Kidney endoscopy & treatment	11.86	NA	4.62	0.35	NA	16.83	000
50590		A	Fragmenting of kidney stone	9.09	4.97	6.03	0.97	15.03	16.09	090
50600		A	Exploration of ureter	15.84	NA	7.94	1.01	NA	24.79	090
50605		A	Insert ureteral support	15.46	NA	7.72	0.60	NA	23.78	090
50610		A	Removal of ureter stone	15.92	NA	8.07	1.17	NA	25.16	090
50620		A	Removal of ureter stone	15.16	NA	7.61	1.16	NA	23.93	090
50630		A	Removal of ureter stone	14.94	NA	7.56	1.25	NA	23.75	090
50650		A	Removal of ureter	17.41	NA	8.64	1.21	NA	27.26	090
50660		A	Removal of ureter	19.55	NA	9.48	1.53	NA	30.56	090
50684		A	Injection for ureter x-ray	0.76	10.95	0.27	0.05	11.76	1.08	000
50686		A	Measure ureter pressure	1.51	3.50	0.58	0.04	5.05	2.13	000
50688		A	Change of ureter tube	1.17	NA	1.59	0.04	NA	2.80	010
50690		A	Injection for ureter x-ray	1.16	12.38	0.38	0.03	13.57	1.57	000
50700		A	Revision of ureter	15.21	NA	7.72	1.29	NA	24.22	090
50715		A	Release of ureter	18.90	NA	10.01	1.49	NA	30.40	090
50722		A	Release of ureter	16.35	NA	8.95	1.97	NA	27.27	090
50725		A	Release/revise ureter	18.49	NA	9.15	1.75	NA	29.39	090
50727		A	Revise ureter	8.18	NA	5.20	0.51	NA	13.89	090
50728		A	Revise ureter	12.02	NA	6.78	0.77	NA	19.57	090
50740		A	Fusion of ureter & kidney	18.42	NA	8.77	1.88	NA	29.07	090
50750		A	Fusion of ureter & kidney	19.51	NA	9.57	1.26	NA	30.34	090
50760		A	Fusion of ureters	18.42	NA	9.00	1.48	NA	28.90	090
50770		A	Splicing of ureters	19.51	NA	9.41	1.53	NA	30.45	090
50780		A	Reimplant ureter in bladder	18.36	NA	9.00	1.46	NA	28.82	090
50782		A	Reimplant ureter in bladder	19.54	NA	9.60	1.46	NA	30.60	090
50783		A	Reimplant ureter in bladder	20.55	NA	10.09	1.46	NA	32.10	090
50785		A	Reimplant ureter in bladder	20.52	NA	9.83	1.80	NA	32.15	090
50800		A	Implant ureter in bowel	14.52	NA	8.21	1.51	NA	24.24	090
50810		A	Fusion of ureter & bowel	20.05	NA	10.52	1.75	NA	32.32	090
50815		A	Urine shunt to bowel	19.93	NA	10.42	2.75	NA	33.10	090
50820		A	Construct bowel bladder	21.89	NA	10.95	2.50	NA	35.34	090
50825		A	Construct bowel bladder	28.18	NA	13.66	3.33	NA	45.17	090
50830		A	Revise urine flow	31.28	NA	14.49	2.27	NA	48.04	090
50840		A	Replace ureter by bowel	20.00	NA	10.26	1.35	NA	31.61	090
50845		A	Appendico-vesicostomy	20.89	NA	10.44	1.35	NA	32.68	090
50860		A	Transplant ureter to skin	15.36	NA	7.87	1.16	NA	24.39	090
50900		A	Repair of ureter	13.62	NA	6.95	1.15	NA	21.72	090
50920		A	Closure ureter/skin fistula	14.33	NA	7.26	0.99	NA	22.58	090
50930		A	Closure ureter/bowel fistula	18.72	NA	8.90	1.22	NA	28.84	090
50940		A	Release of ureter	14.51	NA	7.41	0.95	NA	22.87	090
50951		A	Endoscopy of ureter	5.84	4.15	2.39	0.17	10.16	8.40	000
50953		A	Endoscopy of ureter	6.24	13.47	2.55	0.16	19.87	8.95	000
50955		A	Ureter endoscopy & biopsy	6.75	14.05	2.72	0.25	21.05	9.72	000
50957		A	Ureter endoscopy & treatment	6.79	10.33	2.92	0.25	17.37	9.96	000
50959		A	Ureter endoscopy & tracer	4.40	NA	1.85	0.29	NA	6.54	000
50961		A	Ureter endoscopy & treatment	6.05	16.81	2.43	0.26	23.12	8.74	000
50970		A	Ureter endoscopy	7.14	NA	2.87	0.52	NA	10.53	000
50972		A	Ureter endoscopy & catheter	6.89	NA	2.81	0.16	NA	9.86	000
50974		A	Ureter endoscopy & biopsy	9.17	NA	3.62	0.65	NA	13.44	000
50976		A	Ureter endoscopy & treatment	9.04	NA	3.60	0.62	NA	13.26	000
50978		A	Ureter endoscopy & tracer	5.10	NA	2.26	0.48	NA	7.84	000
50980		A	Ureter endoscopy & treatment	6.85	NA	2.77	0.30	NA	9.92	000
51000		A	Drainage of bladder	0.78	1.24	0.53	0.05	2.07	1.36	000
51005		A	Drainage of bladder	1.02	2.05	0.58	0.04	3.11	1.64	000
51010		A	Drainage of bladder	3.53	5.13	1.95	0.11	8.77	5.59	010
51020		A	Incise & treat bladder	6.71	NA	4.46	0.71	NA	11.88	090
51030		A	Incise & treat bladder	6.77	NA	4.77	0.43	NA	11.97	090
51040		A	Incise & drain bladder	4.40	NA	3.41	0.75	NA	8.56	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
51045		A	Incise bladder, drain ureter	6.77	NA	4.53	0.50	NA	11.80	090
51050		A	Removal of bladder stone	6.92	NA	4.31	0.70	NA	11.93	090
51060		A	Removal of ureter stone	8.85	NA	5.28	1.19	NA	15.32	090
51065		A	Removal of ureter stone	8.85	NA	5.25	0.71	NA	14.81	090
51080		A	Drainage of bladder abscess	5.96	NA	4.24	0.57	NA	10.77	090
51500		A	Removal of bladder cyst	10.14	NA	4.05	1.21	NA	15.40	090
51520		A	Removal of bladder lesion	9.29	NA	5.41	0.87	NA	15.57	090
51525		A	Removal of bladder lesion	13.97	NA	7.17	1.06	NA	22.20	090
51530		A	Removal of bladder lesion	12.38	NA	6.59	1.02	NA	19.99	090
51535		A	Repair of ureter lesion	12.57	NA	6.99	1.14	NA	20.70	090
51550		A	Partial removal of bladder	15.66	NA	7.75	1.17	NA	24.58	090
51555		A	Partial removal of bladder	21.23	NA	10.07	1.31	NA	32.61	090
51565		A	Revise bladder & ureter(s)	21.62	NA	10.46	1.67	NA	33.75	090
51570		A	Removal of bladder	24.24	NA	11.63	1.62	NA	37.49	090
51575		A	Removal of bladder & nodes	30.45	NA	14.31	2.25	NA	47.01	090
51580		A	Remove bladder; revise tract	31.08	NA	14.70	2.04	NA	47.82	090
51585		A	Removal of bladder & nodes	35.23	NA	16.24	2.42	NA	53.89	090
51590		A	Remove bladder; revise tract	32.66	NA	15.03	2.56	NA	50.25	090
51595		A	Remove bladder; revise tract	37.14	NA	16.73	3.34	NA	57.21	090
51596		A	Remove bladder, create pouch	39.52	NA	17.86	3.45	NA	60.83	090
51597		A	Removal of pelvic structures	38.35	NA	17.46	4.31	NA	60.12	090
51600		A	Injection for bladder x-ray	0.88	11.09	0.29	0.03	12.00	1.20	000
51605		A	Preparation for bladder xray	0.64	11.15	0.22	0.03	11.82	0.89	000
51610		A	Injection for bladder x-ray	1.05	11.29	0.36	0.02	12.36	1.43	000
51700		A	Irrigation of bladder	0.88	2.77	0.34	0.02	3.67	1.24	000
51705		A	Change of bladder tube	1.02	1.84	1.16	0.04	2.90	2.22	010
51710		A	Change of bladder tube	1.49	3.52	1.40	0.06	5.07	2.95	010
51715		A	Endoscopic injection/implant	3.74	3.30	1.62	0.27	7.31	5.63	000
51720		A	Treatment of bladder lesion	1.96	2.97	0.99	0.05	4.98	3.00	000
51725		A	Simple cystometrogram	1.51	3.96	3.96	0.11	5.58	5.58	000
51725	26	A	Simple cystometrogram	1.51	0.59	0.59	0.07	2.17	2.17	000
51725	TC	A	Simple cystometrogram	0.00	3.37	3.37	0.04	3.41	3.41	000
51726		A	Complex cystometrogram	1.71	3.15	3.15	0.13	4.99	4.99	000
51726	26	A	Complex cystometrogram	1.71	0.64	0.64	0.08	2.43	2.43	000
51726	TC	A	Complex cystometrogram	0.00	2.51	2.51	0.05	2.56	2.56	000
51736		A	Urine flow measurement	0.61	0.63	0.63	0.04	1.28	1.28	000
51736	26	A	Urine flow measurement	0.61	0.24	0.24	0.03	0.88	0.88	000
51736	TC	A	Urine flow measurement	0.00	0.39	0.39	0.01	0.40	0.40	000
51741		A	Electro-uroflowmetry, first	1.14	1.20	1.20	0.06	2.40	2.40	000
51741	26	A	Electro-uroflowmetry, first	1.14	0.43	0.43	0.04	1.61	1.61	000
51741	TC	A	Electro-uroflowmetry, first	0.00	0.77	0.77	0.02	0.79	0.79	000
51772		A	Urethra pressure profile	1.61	3.20	3.20	0.11	4.92	4.92	000
51772	26	A	Urethra pressure profile	1.61	0.61	0.61	0.06	2.28	2.28	000
51772	TC	A	Urethra pressure profile	0.00	2.59	2.59	0.05	2.64	2.64	000
51784		A	Anal/urinary muscle study	1.53	2.13	2.13	0.11	3.77	3.77	000
51784	26	A	Anal/urinary muscle study	1.53	0.78	0.78	0.07	2.38	2.38	000
51784	TC	A	Anal/urinary muscle study	0.00	1.35	1.35	0.04	1.39	1.39	000
51785		A	Anal/urinary muscle study	1.53	2.25	2.25	0.11	3.89	3.89	000
51785	26	A	Anal/urinary muscle study	1.53	0.58	0.58	0.07	2.18	2.18	000
51785	TC	A	Anal/urinary muscle study	0.00	1.67	1.67	0.04	1.71	1.71	000
51792		A	Urinary reflex study	1.10	2.34	2.34	0.20	3.64	3.64	000
51792	26	A	Urinary reflex study	1.10	0.25	0.25	0.06	1.41	1.41	000
51792	TC	A	Urinary reflex study	0.00	2.09	2.09	0.14	2.23	2.23	000
51795		A	Urine voiding pressure study	1.53	3.21	3.21	0.16	4.90	4.90	000
51795	26	A	Urine voiding pressure study	1.53	0.57	0.57	0.06	2.16	2.16	000
51795	TC	A	Urine voiding pressure study	0.00	2.64	2.64	0.10	2.74	2.74	000
51797		A	Intraabdominal pressure test	1.60	3.27	3.27	0.10	4.97	4.97	000
51797	26	A	Intraabdominal pressure test	1.60	0.61	0.61	0.05	2.26	2.26	000
51797	TC	A	Intraabdominal pressure test	0.00	2.66	2.66	0.05	2.71	2.71	000
51800		A	Revision of bladder/urethra	17.42	NA	8.68	1.47	NA	27.57	090
51820		A	Revision of urinary tract	17.89	NA	9.48	1.32	NA	28.69	090
51840		A	Attach bladder/urethra	10.71	NA	5.93	1.26	NA	17.90	090
51841		A	Attach bladder/urethra	13.03	NA	7.26	1.48	NA	21.77	090
51845		A	Repair bladder neck	9.73	NA	5.72	1.09	NA	16.54	090
51860		A	Repair of bladder wound	12.02	NA	6.57	0.91	NA	19.50	090
51865		A	Repair of bladder wound	15.04	NA	7.78	1.27	NA	24.09	090
51880		A	Repair of bladder opening	7.66	NA	4.65	0.52	NA	12.83	090
51900		A	Repair bladder/vagina lesion	12.97	NA	6.95	1.41	NA	21.33	090
51920		A	Close bladder-uterus fistula	11.81	NA	6.38	0.73	NA	18.92	090
51925		A	Hysterectomy/bladder repair	15.58	NA	8.45	2.33	NA	26.36	090
51940		A	Correction of bladder defect	26.81	NA	13.08	2.22	NA	42.11	090
51960		A	Revision of bladder & bowel	23.01	NA	11.75	2.27	NA	37.03	090
51980		A	Construct bladder opening	11.36	NA	6.25	0.75	NA	18.36	090
52000		A	Cystoscopy	2.01	2.44	0.96	0.14	4.59	3.11	000

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
52005		A	Cystoscopy & ureter catheter	2.37	3.76	1.09	0.22	6.35	3.68	000
52007		A	Cystoscopy and biopsy	3.02	NA	1.33	0.28	NA	4.63	000
52010		A	Cystoscopy & duct catheter	3.02	4.04	1.35	0.20	7.26	4.57	000
52204		A	Cystoscopy	2.37	4.32	1.09	0.24	6.93	3.70	000
52214		A	Cystoscopy and treatment	3.71	4.76	1.59	0.28	8.75	5.58	000
52224		A	Cystoscopy and treatment	3.14	4.59	1.38	0.29	8.02	4.81	000
52234		A	Cystoscopy and treatment	4.63	5.41	1.94	0.45	10.49	7.02	000
52235		A	Cystoscopy and treatment	5.45	5.72	2.24	0.81	11.98	8.50	000
52240		A	Cystoscopy and treatment	9.72	7.33	4.04	1.04	18.09	14.80	000
52250		A	Cystoscopy & radiotracer	4.50	NA	1.88	0.29	NA	6.67	000
52260		A	Cystoscopy & treatment	3.92	NA	1.72	0.22	NA	5.86	000
52265		A	Cystoscopy & treatment	2.94	2.84	1.30	0.14	5.92	4.38	000
52270		A	Cystoscopy & revise urethra	3.37	4.97	1.50	0.35	8.69	5.22	000
52275		A	Cystoscopy & revise urethra	4.70	5.52	2.00	0.34	10.56	7.04	000
52276		A	Cystoscopy and treatment	5.00	5.63	2.34	0.45	11.08	7.79	000
52277		A	Cystoscopy and treatment	6.17	NA	2.54	0.47	NA	9.18	000
52281		A	Cystoscopy and treatment	2.80	2.82	1.25	0.23	5.85	4.28	000
52282		A	Cystoscopy, implant stent	6.40	5.98	2.83	0.45	12.83	9.68	000
52283		A	Cystoscopy and treatment	3.74	4.95	1.60	0.15	8.84	5.49	000
52285		A	Cystoscopy and treatment	3.61	5.10	1.55	0.30	9.01	5.46	000
52290		A	Cystoscopy and treatment	4.59	NA	1.92	0.24	NA	6.75	000
52300		A	Cystoscopy and treatment	5.31	NA	2.19	0.36	NA	7.86	000
52301		A	Cystoscopy and treatment	5.51	NA	2.26	0.36	NA	8.13	000
52305		A	Cystoscopy and treatment	5.31	NA	2.19	0.35	NA	7.85	000
52310		A	Cystoscopy and treatment	2.81	10.72	1.26	0.30	13.83	4.37	000
52315		A	Cystoscopy and treatment	5.21	11.74	2.13	0.40	17.35	7.74	000
52317		A	Remove bladder stone	6.72	17.78	2.72	0.59	25.09	10.03	000
52318		A	Remove bladder stone	9.19	NA	3.64	0.77	NA	13.60	000
52320		A	Cystoscopy and treatment	4.70	NA	1.96	0.47	NA	7.13	000
52325		A	Cystoscopy, stone removal	6.16	NA	2.50	0.68	NA	9.34	000
52327		A	Cystoscopy, inject material	5.19	NA	2.15	0.36	NA	7.70	000
52330		A	Cystoscopy and treatment	5.04	14.55	2.09	0.35	19.94	7.48	000
52332		A	Cystoscopy and treatment	2.83	20.61	1.26	0.32	23.76	4.41	000
52334		A	Create passage to kidney	4.83	NA	2.00	0.34	NA	7.17	000
52335		A	Endoscopy of urinary tract	5.86	NA	2.40	0.45	NA	8.71	000
52336		A	Cystoscopy, stone removal	6.88	NA	2.78	0.99	NA	10.65	000
52337		A	Cystoscopy, stone removal	7.97	NA	3.18	1.08	NA	12.23	000
52338		A	Cystoscopy and treatment	7.34	NA	2.94	0.57	NA	10.85	000
52339		A	Cystoscopy and treatment	8.82	NA	3.39	0.57	NA	12.78	000
52340		A	Cystoscopy and treatment	9.68	NA	5.05	0.50	NA	15.23	090
52450		A	Incision of prostate	7.64	NA	5.33	0.49	NA	13.46	090
52500		A	Revision of bladder neck	8.47	NA	5.64	0.72	NA	14.83	090
52510		A	Dilation prostatic urethra	6.72	NA	4.75	0.74	NA	12.21	090
52601		A	Prostatectomy (TURP)	12.37	NA	7.09	1.16	NA	20.62	090
52606		A	Control postop bleeding	8.13	NA	5.25	0.33	NA	13.71	090
52612		A	Prostatectomy, first stage	7.98	NA	5.46	0.99	NA	14.43	090
52614		A	Prostatectomy, second stage	6.84	NA	5.02	0.68	NA	12.54	090
52620		A	Remove residual prostate	6.61	NA	4.94	0.51	NA	12.06	090
52630		A	Remove prostate regrowth	7.26	NA	5.19	1.13	NA	13.58	090
52640		A	Relieve bladder contracture	6.62	NA	4.70	0.62	NA	11.94	090
52647		A	Laser surgery of prostate	10.36	NA	6.35	1.16	NA	17.87	090
52648		A	Laser surgery of prostate	11.21	NA	6.62	1.16	NA	18.99	090
52700		A	Drainage of prostate abscess	6.80	NA	5.00	0.34	NA	12.14	090
53000		A	Incision of urethra	2.28	4.63	2.02	0.17	7.08	4.47	010
53010		A	Incision of urethra	3.64	NA	3.23	0.37	NA	7.24	090
53020		A	Incision of urethra	1.77	3.07	0.69	0.09	4.93	2.55	000
53025		A	Incision of urethra	1.13	3.25	0.45	0.08	4.46	1.66	000
53040		A	Drainage of urethra abscess	6.40	7.08	8.13	0.19	13.67	14.72	090
53060		A	Drainage of urethra abscess	2.63	4.88	2.02	0.07	7.58	4.72	010
53080		A	Drainage of urinary leakage	6.29	NA	6.39	0.45	NA	13.13	090
53085		A	Drainage of urinary leakage	10.27	NA	7.98	0.70	NA	18.95	090
53200		A	Biopsy of urethra	2.59	3.96	1.01	0.12	6.67	3.72	000
53210		A	Removal of urethra	12.57	NA	6.79	0.67	NA	20.03	090
53215		A	Removal of urethra	15.58	NA	7.84	0.96	NA	24.38	090
53220		A	Treatment of urethra lesion	7.00	NA	4.47	0.49	NA	11.96	090
53230		A	Removal of urethra lesion	9.58	NA	5.50	0.79	NA	15.87	090
53235		A	Removal of urethra lesion	10.14	NA	5.52	0.49	NA	16.15	090
53240		A	Surgery for urethra pouch	6.45	NA	4.14	0.45	NA	11.04	090
53250		A	Removal of urethra gland	5.89	NA	3.63	0.40	NA	9.92	090
53260		A	Treatment of urethra lesion	2.98	4.34	1.93	0.16	7.48	5.07	010
53265		A	Treatment of urethra lesion	3.12	4.79	1.93	0.22	8.13	5.27	010
53270		A	Removal of urethra gland	3.09	4.35	2.03	0.18	7.62	5.30	010
53275		A	Repair of urethra defect	4.53	NA	2.98	0.25	NA	7.76	010
53400		A	Revise urethra, 1st stage	12.77	NA	6.89	0.76	NA	20.42	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
53405	.....	A	Revise urethra, 2nd stage	14.48	NA	7.42	1.21	NA	23.11	090
53410	.....	A	Reconstruction of urethra	16.44	NA	8.19	0.84	NA	25.47	090
53415	.....	A	Reconstruction of urethra	19.41	NA	9.33	1.15	NA	29.89	090
53420	.....	A	Reconstruct urethra, stage 1	14.08	NA	7.15	1.05	NA	22.28	090
53425	.....	A	Reconstruct urethra, stage 2	15.98	NA	7.99	0.88	NA	24.85	090
53430	.....	A	Reconstruction of urethra	16.34	NA	8.23	0.76	NA	25.33	090
53440	.....	A	Correct bladder function	12.34	NA	6.87	1.39	NA	20.60	090
53442	.....	A	Remove perineal prosthesis	8.27	NA	5.01	0.67	NA	13.95	090
53443	.....	A	Reconstruction of urethra	19.89	NA	9.15	1.07	NA	30.11	090
53445	.....	A	Correct urine flow control	14.06	NA	7.48	2.03	NA	23.57	090
53447	.....	A	Remove artificial sphincter	13.17	NA	6.93	0.89	NA	20.99	090
53449	.....	A	Correct artificial sphincter	9.70	NA	5.63	0.82	NA	16.15	090
53450	.....	A	Revision of urethra	6.14	NA	4.08	0.27	NA	10.49	090
53460	.....	A	Revision of urethra	7.12	NA	4.45	0.25	NA	11.82	090
53502	.....	A	Repair of urethra injury	7.63	NA	4.76	0.56	NA	12.95	090
53505	.....	A	Repair of urethra injury	7.63	NA	4.63	0.51	NA	12.77	090
53510	.....	A	Repair of urethra injury	10.11	NA	5.90	0.66	NA	16.67	090
53515	.....	A	Repair of urethra injury	13.31	NA	6.76	0.88	NA	20.95	090
53520	.....	A	Repair of urethra defect	8.68	NA	4.96	0.56	NA	14.20	090
53600	.....	A	Dilate urethra stricture	1.21	2.94	0.50	0.03	4.18	1.74	000
53601	.....	A	Dilate urethra stricture	0.98	2.86	0.42	0.03	3.87	1.43	000
53605	.....	A	Dilate urethra stricture	1.28	NA	0.69	0.05	NA	2.02	000
53620	.....	A	Dilate urethra stricture	1.62	4.35	0.81	0.05	6.02	2.48	000
53621	.....	A	Dilate urethra stricture	1.35	4.31	0.71	0.04	5.70	2.10	000
53660	.....	A	Dilation of urethra	0.71	2.68	0.32	0.03	3.42	1.06	000
53661	.....	A	Dilation of urethra	0.72	2.74	0.27	0.03	3.49	1.02	000
53665	.....	A	Dilation of urethra	0.76	NA	0.56	0.04	NA	1.36	000
53670	.....	A	Insert urinary catheter	0.50	2.57	0.15	0.02	3.09	0.67	000
53675	.....	A	Insert urinary catheter	1.47	3.45	0.71	0.05	4.97	2.23	000
53850	.....	A	Prostatic microwave thermotx	9.45	NA	6.00	0.66	NA	16.11	090
53852	.....	A	Prostatic rf thermotx	9.88	NA	6.16	0.69	NA	16.73	090
54000	.....	A	Slitting of prepuce	1.54	3.93	1.19	0.07	5.54	2.80	010
54001	.....	A	Slitting of prepuce	2.19	4.35	1.66	0.09	6.63	3.94	010
54015	.....	A	Drain penis lesion	5.32	5.33	2.84	0.09	10.74	8.25	010
54050	.....	A	Destruction, penis lesion(s)	1.24	4.80	1.12	0.03	6.07	2.39	010
54055	.....	A	Destruction, penis lesion(s)	1.22	4.14	1.08	0.06	5.42	2.36	010
54056	.....	A	Cryosurgery, penis lesion(s)	1.24	3.11	1.18	0.04	4.39	2.46	010
54057	.....	A	Laser surg, penis lesion(s)	1.24	1.62	1.10	0.21	3.07	2.55	010
54060	.....	A	Excision of penis lesion(s)	1.93	3.63	1.34	0.12	5.68	3.39	010
54065	.....	A	Destruction, penis lesion(s)	2.42	3.40	1.74	0.25	6.07	4.41	010
54100	.....	A	Biopsy of penis	1.90	2.41	0.77	0.07	4.38	2.74	000
54105	.....	A	Biopsy of penis	3.50	4.58	1.94	0.11	8.19	5.55	010
54110	.....	A	Treatment of penis lesion	10.13	NA	6.85	0.61	NA	17.59	090
54111	.....	A	Treat penis lesion, graft	13.57	NA	8.25	0.97	NA	22.79	090
54112	.....	A	Treat penis lesion, graft	15.86	NA	9.29	1.14	NA	26.29	090
54115	.....	A	Treatment of penis lesion	6.15	7.66	5.34	0.44	14.25	11.93	090
54120	.....	A	Partial removal of penis	9.97	NA	6.87	0.62	NA	17.46	090
54125	.....	A	Removal of penis	13.53	NA	8.24	1.17	NA	22.94	090
54130	.....	A	Remove penis & nodes	20.14	NA	10.87	1.32	NA	32.33	090
54135	.....	A	Remove penis & nodes	26.36	NA	13.23	1.74	NA	41.33	090
54150	.....	A	Circumcision	1.81	3.25	1.48	0.05	5.11	3.34	010
54152	.....	A	Circumcision	2.31	NA	1.47	0.20	NA	3.98	010
54160	.....	A	Circumcision	2.48	3.66	1.54	0.21	6.35	4.23	010
54161	.....	A	Circumcision	3.27	NA	1.85	0.23	NA	5.35	010
54200	.....	A	Treatment of penis lesion	1.06	1.79	0.40	0.03	2.88	1.49	010
54205	.....	A	Treatment of penis lesion	7.93	NA	6.08	0.50	NA	14.51	090
54220	.....	A	Treatment of penis lesion	2.42	1.72	0.99	0.17	4.31	3.58	000
54230	.....	A	Prepare penis study	1.34	NA	0.49	0.13	NA	1.96	000
54231	.....	A	Dynamic cavernosometry	2.04	1.56	0.81	0.14	3.74	2.99	000
54235	.....	A	Penile injection	1.19	0.85	0.44	0.04	2.08	1.67	000
54240	.....	A	Penis study	1.31	1.16	1.16	0.12	2.59	2.59	000
54240	26	A	Penis study	1.31	0.38	0.38	0.06	1.75	1.75	000
54240	TC	A	Penis study	0.00	0.78	0.78	0.06	0.84	0.84	000
54250	.....	A	Penis study	2.22	2.00	2.00	0.08	4.30	4.30	000
54250	26	A	Penis study	2.22	0.77	0.77	0.05	3.04	3.04	000
54250	TC	A	Penis study	0.00	1.23	1.23	0.03	1.26	1.26	000
54300	.....	A	Revision of penis	10.41	NA	7.30	0.87	NA	18.58	090
54304	.....	A	Revision of penis	12.49	NA	8.54	0.90	NA	21.93	090
54308	.....	A	Reconstruction of urethra	11.83	NA	8.36	0.74	NA	20.93	090
54312	.....	A	Reconstruction of urethra	13.57	NA	9.92	0.91	NA	24.40	090
54316	.....	A	Reconstruction of urethra	16.82	NA	6.95	1.12	NA	24.89	090
54318	.....	A	Reconstruction of urethra	11.25	NA	19.72	1.11	NA	32.08	090
54322	.....	A	Reconstruction of urethra	13.01	NA	7.94	0.74	NA	21.69	090
54324	.....	A	Reconstruction of urethra	16.31	NA	9.76	1.08	NA	27.15	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
54326		A	Reconstruction of urethra	15.72	NA	9.17	1.03	NA	25.92	090
54328		A	Revise penis, urethra	15.65	NA	9.45	1.24	NA	26.34	090
54332		A	Revise penis, urethra	17.08	NA	10.05	1.13	NA	28.26	090
54336		A	Revise penis, urethra	20.04	NA	11.41	1.40	NA	32.85	090
54340		A	Secondary urethral surgery	8.91	NA	6.44	0.59	NA	15.94	090
54344		A	Secondary urethral surgery	15.94	NA	11.37	1.10	NA	28.41	090
54348		A	Secondary urethral surgery	17.15	NA	14.36	1.14	NA	32.65	090
54352		A	Reconstruct urethra, penis	24.74	NA	13.56	1.49	NA	39.79	090
54360		A	Penis plastic surgery	11.93	NA	7.60	0.73	NA	20.26	090
54380		A	Repair penis	13.18	NA	8.00	0.75	NA	21.93	090
54385		A	Repair penis	15.39	NA	9.03	0.89	NA	25.31	090
54390		A	Repair penis and bladder	21.61	NA	30.09	1.58	NA	53.28	090
54400		A	Insert semi-rigid prosthesis	8.99	NA	5.39	1.27	NA	15.65	090
54401		A	Insert self-contd prosthesis	10.28	NA	6.08	1.73	NA	18.09	090
54402		A	Remove penis prosthesis	9.21	NA	5.44	0.58	NA	15.23	090
54405		A	Insert multi-comp prosthesis	13.43	NA	7.25	2.10	NA	22.78	090
54407		A	Remove multi-comp prosthesis	13.34	NA	7.00	1.10	NA	21.44	090
54409		A	Revise penis prosthesis	12.20	NA	6.59	0.87	NA	19.66	090
54420		A	Revision of penis	11.42	NA	7.23	0.87	NA	19.52	090
54430		A	Revision of penis	10.15	NA	6.87	0.69	NA	17.71	090
54435		A	Revision of penis	6.12	NA	5.12	0.39	NA	11.63	090
54450		A	Preputial stretching	1.12	0.85	0.46	0.07	2.04	1.65	000
54500		A	Biopsy of testis	1.31	4.14	0.74	0.05	5.50	2.10	000
54505		A	Biopsy of testis	3.46	NA	2.32	0.22	NA	6.00	010
54510		A	Removal of testis lesion	5.45	NA	3.16	0.38	NA	8.99	090
54520		A	Removal of testis	5.23	NA	3.22	0.52	NA	8.97	090
54530		A	Removal of testis	8.58	NA	4.78	0.77	NA	14.13	090
54535		A	Extensive testis surgery	12.16	NA	6.30	1.02	NA	19.48	090
54550		A	Exploration for testis	7.78	NA	4.37	0.61	NA	12.76	090
54560		A	Exploration for testis	11.13	NA	6.09	0.81	NA	18.03	090
54600		A	Reduce testis torsion	7.01	NA	3.90	0.48	NA	11.39	090
54620		A	Suspension of testis	4.90	NA	2.88	0.33	NA	8.11	010
54640		A	Suspension of testis	6.90	NA	3.90	0.91	NA	11.71	090
54650		A	Orchiopexy (Fowler-Stephens)	11.45	NA	6.05	0.91	NA	18.41	090
54660		A	Revision of testis	5.11	NA	3.20	0.34	NA	8.65	090
54670		A	Repair testis injury	6.41	NA	3.71	0.43	NA	10.55	090
54680		A	Relocation of testis(es)	12.65	NA	6.61	0.80	NA	20.06	090
54700		A	Drainage of scrotum	3.43	6.31	2.81	0.11	9.85	6.35	010
54800		A	Biopsy of epididymis	2.33	3.92	1.15	0.19	6.44	3.67	000
54820		A	Exploration of epididymis	5.14	NA	3.21	0.29	NA	8.64	090
54830		A	Remove epididymis lesion	5.38	NA	3.28	0.39	NA	9.05	090
54840		A	Remove epididymis lesion	5.20	NA	3.25	0.48	NA	8.93	090
54860		A	Removal of epididymis	6.32	NA	3.81	0.50	NA	10.63	090
54861		A	Removal of epididymis	8.90	NA	4.83	0.72	NA	14.45	090
54900		A	Fusion of spermatic ducts	13.20	NA	6.55	0.87	NA	20.62	090
54901		A	Fusion of spermatic ducts	17.94	NA	8.55	1.20	NA	27.69	090
55000		A	Drainage of hydrocele	1.43	1.36	0.76	0.04	2.83	2.23	000
55040		A	Removal of hydrocele	5.36	NA	3.12	0.55	NA	9.03	090
55041		A	Removal of hydroceles	7.74	NA	4.21	0.81	NA	12.76	090
55060		A	Repair of hydrocele	5.52	NA	3.19	0.50	NA	9.21	090
55100		A	Drainage of scrotum abscess	2.13	7.25	2.72	0.07	9.45	4.92	010
55110		A	Explore scrotum	5.70	NA	3.04	0.37	NA	9.11	090
55120		A	Removal of scrotum lesion	5.09	NA	3.07	0.21	NA	8.37	090
55150		A	Removal of scrotum	7.22	NA	4.20	0.57	NA	11.99	090
55175		A	Revision of scrotum	5.24	NA	3.32	0.48	NA	9.04	090
55180		A	Revision of scrotum	10.72	NA	5.79	0.82	NA	17.33	090
55200		A	Incision of sperm duct	4.24	NA	2.77	0.20	NA	7.21	090
55250		A	Removal of sperm duct(s)	3.29	6.89	2.51	0.28	10.46	6.08	090
55300		A	Preparation, sperm duct x-ray	3.51	NA	1.50	0.27	NA	5.28	000
55400		A	Repair of sperm duct	8.49	NA	4.85	0.62	NA	13.96	090
55450		A	Ligation of sperm duct	4.12	6.35	2.47	0.32	10.79	6.91	010
55500		A	Removal of hydrocele	5.59	NA	3.04	0.50	NA	9.13	090
55520		A	Removal of sperm cord lesion	6.03	NA	3.27	0.51	NA	9.81	090
55530		A	Revise spermatic cord veins	5.66	NA	3.39	0.60	NA	9.65	090
55535		A	Revise spermatic cord veins	6.56	NA	3.78	0.45	NA	10.79	090
55540		A	Revise hernia & sperm veins	7.67	NA	3.90	0.91	NA	12.48	090
55600		A	Incise sperm duct pouch	6.38	NA	3.93	0.55	NA	10.86	090
55605		A	Incise sperm duct pouch	7.96	NA	4.56	0.59	NA	13.11	090
55650		A	Remove sperm duct pouch	11.80	NA	6.04	0.76	NA	18.60	090
55680		A	Remove sperm pouch lesion	5.19	NA	3.35	0.38	NA	8.92	090
55700		A	Biopsy of prostate	1.57	2.69	0.82	0.15	4.41	2.54	000
55705		A	Biopsy of prostate	4.57	NA	3.16	0.34	NA	8.07	010
55720		A	Drainage of prostate abscess	7.64	NA	4.80	0.37	NA	12.81	090
55725		A	Drainage of prostate abscess	8.68	NA	5.32	0.54	NA	14.54	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
55801		A	Removal of prostate	17.80	NA	8.82	1.44	NA	28.06	090
55810		A	Extensive prostate surgery	22.58	NA	10.82	1.77	NA	35.17	090
55812		A	Extensive prostate surgery	27.51	NA	12.82	1.94	NA	42.27	090
55815		A	Extensive prostate surgery	30.46	NA	13.64	2.42	NA	46.52	090
55821		A	Removal of prostate	14.25	NA	7.29	1.35	NA	22.89	090
55831		A	Removal of prostate	15.62	NA	7.82	1.44	NA	24.88	090
55840		A	Extensive prostate surgery	22.69	NA	11.10	1.61	NA	35.40	090
55842		A	Extensive prostate surgery	24.38	NA	11.72	1.88	NA	37.98	090
55845		A	Extensive prostate surgery	28.55	NA	13.27	2.44	NA	44.26	090
55859		A	Percut/needle insert, pros	12.52	NA	6.62	0.58	NA	19.72	090
55860		A	Surgical exposure, prostate	14.45	NA	7.42	0.70	NA	22.57	090
55862		A	Extensive prostate surgery	18.39	NA	8.86	1.20	NA	28.45	090
55865		A	Extensive prostate surgery	22.87	NA	10.69	2.39	NA	35.95	090
55870		A	Electroejaculation	2.58	1.52	0.99	0.18	4.28	3.75	000
56300		A	Laparoscopy; diagnostic	5.10	NA	2.79	0.93	NA	8.82	010
56301		A	Laparoscopy; tubal cautery	5.60	NA	3.48	1.28	NA	10.36	010
56302		A	Laparoscopy; tubal block	5.60	NA	3.49	1.32	NA	10.41	010
56303		A	Laparoscopy; excise lesions	11.79	NA	5.25	1.16	NA	18.20	090
56304		A	Laparoscopy; lysis	11.29	NA	5.20	1.20	NA	17.69	090
56305		A	Laparoscopy; biopsy	5.40	NA	2.87	0.79	NA	9.06	010
56306		A	Laparoscopy; aspiration	5.70	NA	3.28	1.18	NA	10.16	010
56307		A	Laparoscopy; remove adnexa	11.05	NA	5.11	1.60	NA	17.76	010
56308		A	Laparoscopy; hysterectomy	14.19	NA	6.56	2.07	NA	22.82	010
56309		A	Laparoscopy; remove myoma	14.21	NA	6.53	1.03	NA	21.77	010
56310		A	Laparoscopic enterolysis	14.44	NA	7.11	1.75	NA	23.30	090
56311		A	Laparoscopic lymph node biop	9.25	NA	4.59	1.47	NA	15.31	010
56312		A	Laparoscopic lymphadenectomy	12.38	NA	5.86	0.84	NA	19.08	010
56313		A	Laparoscopic lymphadenectomy	14.32	NA	6.96	2.31	NA	23.59	010
56314		A	Lapar; drain lymphocele	9.48	NA	4.66	0.66	NA	14.80	090
56315		A	Laparoscopic appendectomy	8.70	NA	4.28	1.01	NA	13.99	090
56316		A	Laparoscopic hernia repair	6.27	NA	3.23	0.94	NA	10.44	090
56317		A	Laparoscopic hernia repair	8.24	NA	4.20	1.11	NA	13.55	090
56318		A	Laparoscopic orchiectomy	10.96	NA	6.02	0.81	NA	17.79	090
56320		A	Laparoscopy, spermatic veins	6.57	NA	3.54	0.45	NA	10.56	090
56322		A	Laparoscopy, vagus nerves	10.15	NA	4.84	1.18	NA	16.17	090
56323		A	Laparoscopy, vagus nerves	12.15	NA	5.91	1.41	NA	19.47	090
56324		A	Laparoscopy, cholecystoenter	12.58	NA	6.23	1.93	NA	20.74	090
56340		A	Laparoscopic cholecystectomy	11.09	NA	5.25	1.74	NA	18.08	090
56341		A	Laparoscopic cholecystectomy	11.94	NA	5.68	1.84	NA	19.46	090
56342		A	Laparoscopic cholecystectomy	14.23	NA	7.04	2.00	NA	23.27	090
56343		A	Laparoscopic salpingostomy	13.74	NA	6.70	1.11	NA	21.55	090
56344		A	Laparoscopic fimbrioplasty	12.88	NA	5.77	1.19	NA	19.84	090
56346		A	Laparoscopic gastrostomy	7.73	NA	4.29	1.19	NA	13.21	090
56348		A	Laparo; resect intestine	22.04	NA	10.28	2.78	NA	35.10	090
56349		A	Laparoscopy; fundoplasty	17.25	NA	9.46	2.53	NA	29.24	090
56350		A	Hysteroscopy; diagnostic	3.33	2.58	1.44	0.44	6.35	5.21	000
56351		A	Hysteroscopy; biopsy	4.75	3.17	2.03	0.44	8.36	7.22	000
56352		A	Hysteroscopy; lysis	6.17	NA	2.59	0.85	NA	9.61	000
56353		A	Hysteroscopy; resect septum	7.00	NA	2.98	0.85	NA	10.83	000
56354		A	Hysteroscopy; remove myoma	10.00	NA	4.19	1.30	NA	15.49	000
56355		A	Hysteroscopy; remove impact	5.21	NA	2.19	0.44	NA	7.84	000
56356		A	Hysteroscopy; ablation	6.17	NA	2.61	1.49	NA	10.27	000
56362		A	Laparoscopy w/cholangio	4.89	NA	2.29	0.19	NA	7.37	000
56363		A	Laparoscopy w/biopsy	5.18	NA	2.50	0.45	NA	8.13	000
56405		A	I & D of vulva/perineum	1.44	1.88	1.01	0.15	3.47	2.60	010
56420		A	Drainage of gland abscess	1.39	1.86	0.88	0.13	3.38	2.40	010
56440		A	Surgery for vulva lesion	2.84	2.83	2.05	0.52	6.19	5.41	010
56441		A	Lysis of labial lesion(s)	1.97	2.15	1.80	0.30	4.42	4.07	010
56501		A	Destruction, vulva lesion(s)	1.53	1.85	1.18	0.11	3.49	2.82	010
56515		A	Destruction, vulva lesion(s)	1.88	2.17	1.67	0.66	4.71	4.21	010
56605		A	Biopsy of vulva/perineum	1.10	1.44	0.47	0.15	2.69	1.72	000
56606		A	Biopsy of vulva/perineum	0.55	1.21	0.25	0.08	1.84	0.88	000
56620		A	Partial removal of vulva	7.47	NA	4.32	1.40	NA	13.19	090
56625		A	Complete removal of vulva	8.40	NA	4.96	2.13	NA	15.49	090
56630		A	Extensive vulva surgery	12.36	NA	6.83	3.28	NA	22.47	090
56631		A	Extensive vulva surgery	16.20	NA	8.96	4.51	NA	29.67	090
56632		A	Extensive vulva surgery	20.29	NA	10.64	4.51	NA	35.44	090
56633		A	Extensive vulva surgery	16.47	NA	8.54	3.28	NA	28.29	090
56634		A	Extensive vulva surgery	17.88	NA	9.67	4.51	NA	32.06	090
56637		A	Extensive vulva surgery	21.97	NA	11.32	4.51	NA	37.80	090
56640		A	Extensive vulva surgery	22.17	NA	11.23	4.36	NA	37.76	090
56700		A	Partial removal of hymen	2.52	2.45	1.78	0.35	5.32	4.65	010
56720		A	Incision of hymen	0.68	1.32	0.61	0.11	2.11	1.40	000
56740		A	Remove vagina gland lesion	3.76	2.82	2.37	0.55	7.13	6.68	010

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
56800		A	Repair of vagina	3.89	NA	2.54	0.57	NA	7.00	010
56805		A	Repair clitoris	18.86	NA	9.03	1.37	NA	29.26	090
56810		A	Repair of perineum	4.13	NA	2.57	0.51	NA	7.21	010
57000		A	Exploration of vagina	2.97	NA	2.08	0.35	NA	5.40	010
57010		A	Drainage of pelvic abscess	6.03	NA	3.54	0.51	NA	10.08	090
57020		A	Drainage of pelvic fluid	1.50	1.24	0.60	0.14	2.88	2.24	000
57061		A	Destruction vagina lesion(s)	1.25	1.77	1.06	0.17	3.19	2.48	010
57065		A	Destruction vagina lesion(s)	2.61	2.42	1.96	0.74	5.77	5.31	010
57100		A	Biopsy of vagina	0.97	1.14	0.41	0.13	2.24	1.51	000
57105		A	Biopsy of vagina	1.69	1.99	1.57	0.33	4.01	3.59	010
57108		A	Partial removal of vagina	6.36	NA	3.73	1.10	NA	11.19	090
57110		A	Removal of vagina	14.29	NA	6.92	1.76	NA	22.97	090
57120		A	Closure of vagina	7.41	NA	4.33	1.51	NA	13.25	090
57130		A	Remove vagina lesion	2.43	NA	1.85	0.55	NA	4.83	010
57135		A	Remove vagina lesion	2.67	2.39	1.97	0.38	5.44	5.02	010
57150		A	Treat vagina infection	0.55	0.81	0.22	0.04	1.40	0.81	000
57160		A	Insertion of pessary/device	0.89	1.07	0.36	0.05	2.01	1.30	000
57170		A	Fitting of diaphragm/cap	0.91	1.07	0.35	0.06	2.04	1.32	000
57180		A	Treat vaginal bleeding	1.58	1.78	1.19	0.11	3.47	2.88	010
57200		A	Repair of vagina	3.94	NA	2.66	0.60	NA	7.20	090
57210		A	Repair vagina/perineum	5.17	NA	3.20	0.65	NA	9.02	090
57220		A	Revision of urethra	4.31	NA	3.05	0.80	NA	8.16	090
57230		A	Repair of urethral lesion	5.64	NA	3.76	0.64	NA	10.04	090
57240		A	Repair bladder & vagina	6.07	NA	3.92	1.60	NA	11.59	090
57250		A	Repair rectum & vagina	5.53	NA	3.53	1.69	NA	10.75	090
57260		A	Repair of vagina	8.27	NA	4.66	1.88	NA	14.81	090
57265		A	Extensive repair of vagina	11.34	NA	6.28	2.11	NA	19.73	090
57268		A	Repair of bowel bulge	6.76	NA	4.03	1.50	NA	12.29	090
57270		A	Repair of bowel pouch	12.11	NA	6.08	1.44	NA	19.63	090
57280		A	Suspension of vagina	15.04	NA	7.27	1.85	NA	24.16	090
57282		A	Repair of vaginal prolapse	8.86	NA	4.91	1.89	NA	15.66	090
57284		A	Repair paravaginal defect	12.70	NA	6.67	0.84	NA	20.21	090
57288		A	Repair bladder defect	13.02	NA	6.65	1.36	NA	21.03	090
57289		A	Repair bladder & vagina	11.58	NA	6.21	1.13	NA	18.92	090
57291		A	Construction of vagina	7.95	NA	5.76	1.19	NA	14.90	090
57292		A	Construct vagina with graft	13.09	NA	6.89	1.38	NA	21.36	090
57300		A	Repair rectum-vagina fistula	7.61	NA	4.30	1.66	NA	13.57	090
57305		A	Repair rectum-vagina fistula	13.77	NA	7.02	1.56	NA	22.35	090
57307		A	Fistula repair & colostomy	15.93	NA	7.93	1.28	NA	25.14	090
57308		A	Fistula repair, transperine	9.94	NA	4.76	1.41	NA	16.11	090
57310		A	Repair urethrovaginal lesion	6.78	NA	4.22	0.48	NA	11.48	090
57311		A	Repair urethrovaginal lesion	7.98	NA	4.74	0.41	NA	13.13	090
57320		A	Repair bladder-vagina lesion	8.01	NA	4.77	1.35	NA	14.13	090
57330		A	Repair bladder-vagina lesion	12.35	NA	6.21	0.81	NA	19.37	090
57335		A	Repair vagina	18.73	NA	9.14	0.81	NA	28.68	090
57400		A	Dilation of vagina	2.27	NA	1.22	0.06	NA	3.55	000
57410		A	Pelvic examination	1.75	1.93	1.01	0.05	3.73	2.81	000
57415		A	Removal vaginal foreign body	2.17	2.75	1.78	0.05	4.97	4.00	010
57452		A	Examination of vagina	0.99	1.30	0.39	0.14	2.43	1.52	000
57454		A	Vagina examination & biopsy	1.27	1.42	0.51	0.26	2.95	2.04	000
57460		A	Cervix excision	2.83	1.83	1.16	0.46	5.12	4.45	000
57500		A	Biopsy of cervix	0.97	1.17	0.42	0.12	2.26	1.51	000
57505		A	Endocervical curettage	1.14	1.54	1.07	0.13	2.81	2.34	010
57510		A	Cauterization of cervix	1.90	2.45	1.38	0.09	4.44	3.37	010
57511		A	Cryocautery of cervix	1.90	1.99	0.75	0.17	4.06	2.82	010
57513		A	Laser surgery of cervix	1.90	2.06	1.35	0.67	4.63	3.92	010
57520		A	Conization of cervix	4.04	3.50	2.56	0.73	8.27	7.33	090
57522		A	Conization of cervix	3.36	3.16	2.30	0.73	7.25	6.39	090
57530		A	Removal of cervix	4.79	NA	3.23	0.78	NA	8.80	090
57531		A	Removal of cervix, radical	28.00	NA	12.75	3.87	NA	44.62	090
57540		A	Removal of residual cervix	12.22	NA	5.99	1.51	NA	19.72	090
57545		A	Remove cervix, repair pelvis	13.03	NA	6.53	1.03	NA	20.59	090
57550		A	Removal of residual cervix	5.53	NA	3.52	1.54	NA	10.59	090
57555		A	Remove cervix, repair vagina	8.95	NA	5.09	2.17	NA	16.21	090
57556		A	Remove cervix, repair bowel	8.37	NA	4.64	1.92	NA	14.93	090
57700		A	Revision of cervix	3.55	NA	2.27	0.34	NA	6.16	090
57720		A	Revision of cervix	4.13	NA	2.97	0.50	NA	7.60	090
57800		A	Dilation of cervical canal	0.77	0.94	0.33	0.10	1.81	1.20	000
57820		A	D&C of residual cervix	1.67	2.07	1.86	0.46	4.20	3.99	010
58100		A	Biopsy of uterus lining	0.71	0.92	0.29	0.14	1.77	1.14	000
58120		A	Dilation and curettage (D&C)	3.27	3.12	2.22	0.56	6.95	6.05	010
58140		A	Removal of uterus lesion	14.60	NA	6.98	1.71	NA	23.29	090
58145		A	Removal of uterus lesion	8.04	NA	4.57	1.54	NA	14.15	090
58150		A	Total hysterectomy	15.24	NA	7.32	2.08	NA	24.64	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
58152		A	Total hysterectomy	15.09	NA	7.28	2.59	NA	24.96	090
58180		A	Partial hysterectomy	15.29	NA	7.27	2.11	NA	24.67	090
58200		A	Extensive hysterectomy	21.59	NA	10.57	2.80	NA	34.96	090
58210		A	Extensive hysterectomy	28.85	NA	13.49	3.87	NA	46.21	090
58240		A	Removal of pelvis contents	38.39	NA	17.76	6.15	NA	62.30	090
58260		A	Vaginal hysterectomy	12.20	NA	5.84	2.07	NA	20.11	090
58262		A	Vaginal hysterectomy	13.99	NA	6.57	2.07	NA	22.63	090
58263		A	Vaginal hysterectomy	15.28	NA	6.88	2.22	NA	24.38	090
58267		A	Hysterectomy & vagina repair	15.00	NA	6.93	2.46	NA	24.39	090
58270		A	Hysterectomy & vagina repair	13.48	NA	6.37	2.22	NA	22.07	090
58275		A	Hysterectomy, revise vagina	14.98	NA	6.95	2.32	NA	24.25	090
58280		A	Hysterectomy, revise vagina	15.41	NA	7.10	2.30	NA	24.81	090
58285		A	Extensive hysterectomy	18.57	NA	9.55	2.70	NA	30.82	090
58300		N	Insert intrauterine device	+1.01	2.37	1.01	0.13	3.51	2.15	XXX
58301		A	Remove intrauterine device	1.27	1.20	0.49	0.08	2.55	1.84	000
58321		A	Artificial insemination	0.92	0.86	0.34	0.15	1.93	1.41	000
58322		A	Artificial insemination	1.10	0.90	0.42	0.15	2.15	1.67	000
58323		A	Sperm washing	0.23	0.37	0.10	0.04	0.64	0.37	000
58340		A	Catheter for hysterography	0.88	9.69	0.32	0.08	10.65	1.28	000
58345		A	Reopen fallopian tube	4.66	NA	1.74	0.41	NA	6.81	010
58350		A	Reopen fallopian tube	1.01	1.58	0.98	0.16	2.75	2.15	010
58400		A	Suspension of uterus	6.36	NA	3.70	1.16	NA	11.22	090
58410		A	Suspension of uterus	12.73	NA	6.19	0.84	NA	19.76	090
58520		A	Repair of ruptured uterus	11.92	NA	5.74	0.99	NA	18.65	090
58540		A	Revision of uterus	14.64	NA	6.89	1.42	NA	22.95	090
58600		A	Division of fallopian tube	3.84	NA	2.46	1.38	NA	7.68	090
58605		A	Division of fallopian tube	3.34	NA	2.26	1.01	NA	6.61	090
58611		A	Ligate oviduct(s)	0.63	NA	0.40	0.10	NA	1.13	ZZZ
58615		A	Occlude fallopian tube(s)	3.90	NA	5.53	0.35	NA	9.78	010
58700		A	Removal of fallopian tube	6.49	NA	3.56	1.31	NA	11.36	090
58720		A	Removal of ovary/tube(s)	11.36	NA	5.58	1.63	NA	18.57	090
58740		A	Revise fallopian tube(s)	5.83	NA	3.47	1.88	NA	11.18	090
58750		A	Repair oviduct	14.84	NA	7.09	1.46	NA	23.39	090
58752		A	Revise ovarian tube(s)	14.84	NA	7.36	0.93	NA	23.13	090
58760		A	Remove tubal obstruction	13.13	NA	6.43	1.19	NA	20.75	090
58770		A	Create new tubal opening	13.97	NA	6.88	1.11	NA	21.96	090
58800		A	Drainage of ovarian cyst(s)	4.14	3.67	3.33	0.53	8.34	8.00	090
58805		A	Drainage of ovarian cyst(s)	5.88	NA	3.27	1.36	NA	10.51	090
58820		A	Open drain ovary abscess	4.22	NA	2.85	0.49	NA	7.56	090
58822		A	Percut drain ovary abscess	10.13	NA	4.89	0.81	NA	15.83	090
58823		A	Percut drain pelvic abscess	3.38	NA	2.46	0.30	NA	6.14	000
58825		A	Transposition, ovary(s)	6.13	NA	3.69	0.93	NA	10.75	090
58900		A	Biopsy of ovary(s)	5.99	NA	3.29	1.07	NA	10.35	090
58920		A	Partial removal of ovary(s)	6.78	NA	3.66	1.41	NA	11.85	090
58925		A	Removal of ovarian cyst(s)	11.36	NA	5.46	1.38	NA	18.20	090
58940		A	Removal of ovary(s)	7.29	NA	3.76	1.33	NA	12.38	090
58943		A	Removal of ovary(s)	18.43	NA	9.07	2.63	NA	30.13	090
58950		A	Resect ovarian malignancy	15.27	NA	7.83	2.38	NA	25.48	090
58951		A	Resect ovarian malignancy	21.81	NA	10.61	3.93	NA	36.35	090
58952		A	Resect ovarian malignancy	25.01	NA	11.86	3.92	NA	40.79	090
58960		A	Exploration of abdomen	14.65	NA	7.59	2.95	NA	25.19	090
58970		A	Retrieval of oocyte	3.53	6.04	1.90	0.58	10.15	6.01	000
58976		A	Transfer of embryo	3.83	4.93	4.62	0.63	9.39	9.08	000
59000		A	Amniocentesis	1.30	1.36	0.53	0.18	2.84	2.01	000
59012		A	Fetal cord puncture, prenatal	3.45	NA	1.53	0.31	NA	5.29	000
59015		A	Chorion biopsy	2.20	1.25	0.91	0.10	3.55	3.21	000
59020		A	Fetal contract stress test	0.66	1.15	1.15	0.29	2.10	2.10	000
59020	26	A	Fetal contract stress test	0.66	NA	0.21	0.19	NA	1.06	000
59020	TC	A	Fetal contract stress test	0.00	0.94	0.94	0.10	1.04	1.04	000
59025		A	Fetal non-stress test	0.53	0.61	0.61	0.12	1.26	1.26	000
59025	26	A	Fetal non-stress test	0.53	NA	0.21	0.08	NA	0.82	000
59025	TC	A	Fetal non-stress test	0.00	0.40	0.40	0.04	0.44	0.44	000
59030		A	Fetal scalp blood sample	1.99	NA	1.00	0.21	NA	3.20	000
59050		A	Fetal monitor w/report	0.89	NA	0.37	0.15	NA	1.41	XXX
59051		A	Fetal monitor/interpret only	0.74	NA	0.31	0.15	NA	1.20	XXX
59100		A	Remove uterus lesion	12.35	NA	6.27	0.96	NA	19.58	090
59120		A	Treat ectopic pregnancy	11.49	NA	5.88	1.50	NA	18.87	090
59121		A	Treat ectopic pregnancy	11.67	NA	5.63	1.07	NA	18.37	090
59130		A	Treat ectopic pregnancy	14.22	NA	16.39	0.70	NA	31.31	090
59135		A	Treat ectopic pregnancy	13.88	NA	6.08	1.15	NA	21.11	090
59136		A	Treat ectopic pregnancy	13.18	NA	6.67	1.44	NA	21.29	090
59140		A	Treat ectopic pregnancy	5.46	NA	2.97	0.29	NA	8.72	090
59150		A	Treat ectopic pregnancy	6.89	NA	4.30	1.05	NA	12.24	090
59151		A	Treat ectopic pregnancy	7.86	NA	4.21	0.64	NA	12.71	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
59160		A	D&C after delivery	2.71	2.93	1.99	0.52	6.16	5.22	010
59200		A	Insert cervical dilator	0.79	1.03	0.31	0.11	1.93	1.21	000
59300		A	Episiotomy or vaginal repair	2.41	1.54	0.97	0.10	4.05	3.48	000
59320		A	Revision of cervix	2.48	NA	1.36	0.41	NA	4.25	000
59325		A	Revision of cervix	4.07	NA	2.35	0.29	NA	6.71	000
59350		A	Repair of uterus	4.95	NA	2.11	0.82	NA	7.88	000
59400		A	Obstetrical care	23.06	NA	12.94	3.47	NA	39.47	MMM
59409		A	Obstetrical care	13.50	NA	5.47	2.20	NA	21.17	MMM
59410		A	Obstetrical care	14.78	NA	6.52	2.39	NA	23.69	MMM
59412		A	Antepartum manipulation	1.71	1.29	0.70	0.29	3.29	2.70	MMM
59414		A	Deliver placenta	1.61	NA	1.07	0.27	NA	2.95	MMM
59425		A	Antepartum care only	4.81	4.02	4.05	0.66	9.49	9.52	MMM
59426		A	Antepartum care only	8.28	6.86	6.89	1.14	16.28	16.31	MMM
59430		A	Care after delivery	2.13	1.11	1.10	0.07	3.31	3.30	MMM
59510		A	Cesarean delivery	26.22	NA	14.88	3.92	NA	45.02	MMM
59514		A	Cesarean delivery only	15.97	NA	6.48	2.55	NA	25.00	MMM
59515		A	Cesarean delivery	17.37	NA	7.92	2.73	NA	28.02	MMM
59525		A	Remove uterus after cesarean	8.54	NA	3.67	0.88	NA	13.09	MMM
59610		A	Vbac delivery	24.62	NA	10.06	3.47	NA	38.15	MMM
59612		A	Vbac delivery only	15.06	NA	6.06	2.20	NA	23.32	MMM
59614		A	Vbac care after delivery	16.34	NA	6.41	2.39	NA	25.14	MMM
59618		A	Attempted vbac delivery	27.78	NA	11.13	3.92	NA	42.83	MMM
59620		A	Attempted vbac delivery only	17.53	NA	17.55	2.55	NA	37.63	MMM
59622		A	Attempted vbac after care	18.93	NA	7.86	2.73	NA	29.52	MMM
59812		A	Treatment of miscarriage	3.25	3.59	2.21	0.77	7.61	6.23	090
59820		A	Care of miscarriage	4.01	3.93	2.50	0.77	8.71	7.28	090
59821		A	Treatment of miscarriage	4.47	4.13	2.67	0.62	9.22	7.76	090
59830		A	Treat uterus infection	6.11	NA	3.64	0.52	NA	10.27	090
59840		A	Abortion	3.01	3.85	2.08	0.69	7.55	5.78	010
59841		A	Abortion	5.24	5.30	3.28	0.76	11.30	9.28	010
59850		A	Abortion	5.91	NA	2.77	0.85	NA	9.53	090
59851		A	Abortion	5.93	NA	3.07	0.88	NA	9.88	090
59852		A	Abortion	8.24	NA	4.05	1.27	NA	13.56	090
59855		A	Abortion	6.12	NA	3.12	0.96	NA	10.20	090
59856		A	Abortion	7.48	NA	3.75	1.19	NA	12.42	090
59857		A	Abortion	9.29	NA	10.55	1.44	NA	21.28	090
59866		A	Abortion	4.00	NA	4.69	0.66	NA	9.35	000
59870		A	Evacuate mole of uterus	4.28	NA	2.99	0.67	NA	7.94	090
59871		A	Remove cerclage suture	2.13	3.59	2.17	0.41	6.13	4.71	000
60000		A	Drain thyroid/tongue cyst	1.76	1.56	1.65	0.09	3.41	3.50	010
60001		A	Aspirate/inject thyriod cyst	0.97	1.47	0.36	0.12	2.56	1.45	000
60100		A	Biopsy of thyroid	0.97	1.88	0.72	0.12	2.97	1.81	000
60200		A	Remove thyroid lesion	9.55	NA	6.23	1.04	NA	16.82	090
60210		A	Partial excision thyroid	10.88	NA	6.20	1.65	NA	18.73	090
60212		A	Parital thyroid excision	16.03	NA	8.19	1.74	NA	25.96	090
60220		A	Partial removal of thyroid	10.53	NA	6.31	1.61	NA	18.45	090
60225		A	Partial removal of thyroid	14.19	NA	8.08	1.92	NA	24.19	090
60240		A	Removal of thyroid	16.06	NA	9.13	1.96	NA	27.15	090
60252		A	Removal of thyroid	18.20	NA	10.75	2.55	NA	31.50	090
60254		A	Extensive thyroid surgery	23.88	NA	14.70	3.08	NA	41.66	090
60260		A	Repeat thyroid surgery	15.46	NA	9.42	0.34	NA	25.22	090
60270		A	Removal of thyroid	17.94	NA	10.61	2.54	NA	31.09	090
60271		A	Removal of thyroid	14.89	NA	8.98	2.25	NA	26.12	090
60280		A	Remove thyroid duct lesion	6.08	NA	4.89	1.11	NA	12.08	090
60281		A	Remove thyroid duct lesion	8.53	NA	5.94	0.95	NA	15.42	090
60500		A	Explore parathyroid glands	16.23	NA	8.14	2.31	NA	26.68	090
60502		A	Re-explore parathyroids	20.35	NA	10.27	2.33	NA	32.95	090
60505		A	Explore parathyroid glands	21.49	NA	11.63	2.56	NA	35.68	090
60512		A	Autotransplant, parathyroid	4.45	NA	2.04	0.54	NA	7.03	ZZZ
60520		A	Removal of thymus gland	16.81	NA	9.26	2.46	NA	28.53	090
60521		A	Removal thymus gland	18.87	NA	10.85	2.46	NA	32.18	090
60522		A	Removal of thymus gland	23.09	NA	12.72	2.46	NA	38.27	090
60540		A	Explore adrenal gland	17.03	NA	8.46	2.08	NA	27.57	090
60545		A	Explore adrenal gland	19.88	NA	9.89	2.34	NA	32.11	090
60600		A	Remove carotid body lesion	17.93	NA	12.24	1.88	NA	32.05	090
60605		A	Remove carotid body lesion	20.24	NA	17.68	2.21	NA	40.13	090
61000		A	Remove cranial cavity fluid	1.58	1.26	1.30	0.17	3.01	3.05	000
61001		A	Remove cranial cavity fluid	1.49	1.24	1.27	0.17	2.90	2.93	000
61020		A	Remove brain cavity fluid	1.51	1.30	1.23	0.20	3.01	2.94	000
61026		A	Injection into brain canal	1.69	1.33	1.28	0.22	3.24	3.19	000
61050		A	Remove brain canal fluid	1.51	NA	1.34	0.15	NA	3.00	000
61055		A	Injection into brain canal	2.10	NA	1.45	0.19	NA	3.74	000
61070		A	Brain canal shunt procedure	0.89	3.37	0.84	0.03	4.29	1.76	000
61105		A	Drill skull for examination	5.14	NA	3.51	1.24	NA	9.89	090

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[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
61106		A	Drill skull for exam/surgery	4.62	NA	2.67	1.15	NA	8.44	ZZZ
61107		A	Drill skull for implantation	5.00	NA	3.13	1.26	NA	9.39	000
61108		A	Drill skull for drainage	10.19	NA	6.82	2.22	NA	19.23	090
61120		A	Pierce skull for examination	8.76	NA	5.73	1.08	NA	15.57	090
61130		A	Pierce skull, exam/surgery	6.37	NA	3.71	0.96	NA	11.04	ZZZ
61140		A	Pierce skull for biopsy	15.90	NA	10.04	2.56	NA	28.50	090
61150		A	Pierce skull for drainage	17.57	NA	10.62	2.63	NA	30.82	090
61151		A	Pierce skull for drainage	12.42	NA	8.03	0.37	NA	20.82	090
61154		A	Pierce skull, remove clot	14.99	NA	9.45	3.27	NA	27.71	090
61156		A	Pierce skull for drainage	16.32	NA	10.26	3.05	NA	29.63	090
61210		A	Pierce skull; implant device	5.84	NA	3.67	1.53	NA	11.04	000
61215		A	Insert brain-fluid device	4.89	NA	3.87	1.63	NA	10.39	090
61250		A	Pierce skull & explore	10.42	NA	6.74	1.44	NA	18.60	090
61253		A	Pierce skull & explore	12.36	NA	7.87	1.69	NA	21.92	090
61304		A	Open skull for exploration	21.96	NA	13.26	4.78	NA	40.00	090
61305		A	Open skull for exploration	26.61	NA	15.78	5.05	NA	47.44	090
61312		A	Open skull for drainage	24.57	NA	14.75	4.46	NA	43.78	090
61313		A	Open skull for drainage	24.93	NA	15.30	4.38	NA	44.61	090
61314		A	Open skull for drainage	24.23	NA	14.74	4.68	NA	43.65	090
61315		A	Open skull for drainage	27.68	NA	17.03	4.47	NA	49.18	090
61320		A	Open skull for drainage	25.62	NA	15.91	3.41	NA	44.94	090
61321		A	Open skull for drainage	28.50	NA	17.28	3.54	NA	49.32	090
61330		A	Decompress eye socket	23.32	NA	18.40	1.22	NA	42.94	090
61332		A	Explore/biopsy eye socket	27.28	NA	20.32	2.76	NA	50.36	090
61333		A	Explore orbit; remove lesion	27.95	NA	19.48	3.26	NA	50.69	090
61334		A	Explore orbit; remove object	18.27	NA	11.98	1.82	NA	32.07	090
61340		A	Relieve cranial pressure	18.66	NA	11.75	2.54	NA	32.95	090
61343		A	Incise skull, pressure relief	29.77	NA	18.69	5.28	NA	53.74	090
61345		A	Relieve cranial pressure	27.20	NA	16.48	3.45	NA	47.13	090
61440		A	Incise skull for surgery	26.63	NA	14.53	3.00	NA	44.16	090
61450		A	Incise skull for surgery	25.95	NA	15.66	3.43	NA	45.04	090
61458		A	Incise skull for brain wound	27.29	NA	16.70	4.87	NA	48.86	090
61460		A	Incise skull for surgery	28.39	NA	17.74	3.98	NA	50.11	090
61470		A	Incise skull for surgery	26.06	NA	16.40	2.53	NA	44.99	090
61480		A	Incise skull for surgery	26.49	NA	32.47	1.78	NA	60.74	090
61490		A	Incise skull for surgery	25.66	NA	15.39	2.16	NA	43.21	090
61500		A	Removal of skull lesion	17.92	NA	11.45	3.58	NA	32.95	090
61501		A	Remove infected skull bone	14.84	NA	9.58	3.33	NA	27.75	090
61510		A	Removal of brain lesion	28.45	NA	17.40	4.90	NA	50.75	090
61512		A	Remove brain lining lesion	35.09	NA	21.10	5.28	NA	61.47	090
61514		A	Removal of brain abscess	25.26	NA	15.37	4.74	NA	45.37	090
61516		A	Removal of brain lesion	24.61	NA	15.37	4.57	NA	44.55	090
61518		A	Removal of brain lesion	37.32	NA	23.03	5.46	NA	65.81	090
61519		A	Remove brain lining lesion	41.39	NA	25.28	5.77	NA	72.44	090
61520		A	Removal of brain lesion	54.84	NA	33.94	5.89	NA	94.67	090
61521		A	Removal of brain lesion	44.48	NA	27.27	5.85	NA	77.60	090
61522		A	Removal of brain abscess	29.45	NA	19.01	3.79	NA	52.25	090
61524		A	Removal of brain lesion	27.86	NA	17.28	5.15	NA	50.29	090
61526		A	Removal of brain lesion	52.17	NA	33.40	4.79	NA	90.36	090
61530		A	Removal of brain lesion	43.86	NA	29.39	4.79	NA	78.04	090
61531		A	Implant brain electrodes	14.63	NA	9.56	1.75	NA	25.94	090
61533		A	Implant brain electrodes	19.71	NA	12.33	3.33	NA	35.37	090
61534		A	Removal of brain lesion	20.97	NA	13.26	2.01	NA	36.24	090
61535		A	Remove brain electrodes	11.63	NA	8.05	1.25	NA	20.93	090
61536		A	Removal of brain lesion	35.52	NA	21.77	3.99	NA	61.28	090
61538		A	Removal of brain tissue	26.81	NA	17.07	4.97	NA	48.85	090
61539		A	Removal of brain tissue	32.08	NA	18.98	4.07	NA	55.13	090
61541		A	Incision of brain tissue	28.85	NA	18.26	3.78	NA	50.89	090
61542		A	Removal of brain tissue	31.02	NA	17.53	3.90	NA	52.45	090
61543		A	Removal of brain tissue	29.22	NA	18.17	2.49	NA	49.88	090
61544		A	Remove & treat brain lesion	25.50	NA	16.41	2.11	NA	44.02	090
61545		A	Excision of brain tumor	43.80	NA	26.55	4.80	NA	75.15	090
61546		A	Removal of pituitary gland	31.30	NA	19.32	4.78	NA	55.40	090
61548		A	Removal of pituitary gland	21.53	NA	14.40	4.03	NA	39.96	090
61550		A	Release of skull seams	14.65	NA	6.61	1.11	NA	22.37	090
61552		A	Release of skull seams	19.56	NA	10.26	2.70	NA	32.52	090
61556		A	Incise skull/sutures	22.26	NA	11.78	3.04	NA	37.08	090
61557		A	Incise skull/sutures	22.38	NA	11.40	3.05	NA	36.83	090
61558		A	Excision of skull/sutures	25.58	NA	16.83	3.47	NA	45.88	090
61559		A	Excision of skull/sutures	32.79	NA	21.49	4.50	NA	58.78	090
61563		A	Excision of skull tumor	26.83	NA	17.62	3.68	NA	48.13	090
61564		A	Excision of skull tumor	33.83	NA	22.16	4.64	NA	60.63	090
61570		A	Remove brain foreign body	24.60	NA	14.66	3.06	NA	42.32	090
61571		A	Incise skull for brain wound	26.39	NA	16.46	3.21	NA	46.06	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
61575		A	Skull base/brainstem surgery	34.36	NA	23.04	5.05	NA	62.45	090
61576		A	Skull base/brainstem surgery	52.43	NA	36.28	3.91	NA	92.62	090
61580		A	Craniofacial approach, skull	30.35	NA	20.42	4.10	NA	54.87	090
61581		A	Craniofacial approach, skull	34.60	NA	23.59	4.66	NA	62.85	090
61582		A	Craniofacial approach, skull	31.66	NA	19.47	4.22	NA	55.35	090
61583		A	Craniofacial approach, skull	36.21	NA	22.95	4.83	NA	63.99	090
61584		A	Orbitocranial approach/skull	34.65	NA	21.45	4.68	NA	60.78	090
61585		A	Orbitocranial approach/skull	38.61	NA	25.32	5.23	NA	69.16	090
61586		A	Resect nasopharynx, skull	25.10	NA	18.73	2.32	NA	46.15	090
61590		A	Infratemporal approach/skull	41.78	NA	28.03	5.68	NA	75.49	090
61591		A	Infratemporal approach/skull	43.68	NA	29.19	5.96	NA	78.83	090
61592		A	Orbitocranial approach/skull	39.64	NA	24.66	5.41	NA	69.71	090
61595		A	Transtemporal approach/skull	29.57	NA	20.52	4.00	NA	54.09	090
61596		A	Transcochlear approach/skull	35.63	NA	24.72	4.86	NA	65.21	090
61597		A	Transcondylar approach/skull	37.96	NA	22.85	5.13	NA	65.94	090
61598		A	Transpetrosal approach/skull	33.41	NA	22.09	4.52	NA	60.02	090
61600		A	Resect/excise cranial lesion	25.85	NA	18.10	3.46	NA	47.41	090
61601		A	Resect/excise cranial lesion	27.89	NA	17.64	3.72	NA	49.25	090
61605		A	Resect/excise cranial lesion	29.33	NA	19.91	3.93	NA	53.17	090
61606		A	Resect/excise cranial lesion	38.83	NA	23.98	5.25	NA	68.06	090
61607		A	Resect/excise cranial lesion	36.27	NA	22.45	4.91	NA	63.63	090
61608		A	Resect/excise cranial lesion	42.10	NA	25.98	5.71	NA	73.79	090
61609		A	Transect, artery, sinus	9.89	NA	5.36	1.40	NA	16.65	ZZZ
61610		A	Transect, artery, sinus	29.67	NA	16.40	4.21	NA	50.28	ZZZ
61611		A	Transect, artery, sinus	7.42	NA	8.99	1.06	NA	17.47	ZZZ
61612		A	Transect, artery, sinus	27.88	NA	15.35	3.96	NA	47.19	ZZZ
61613		A	Remove aneurysm, sinus	40.86	NA	24.84	5.61	NA	71.31	090
61615		A	Resect/excise lesion, skull	32.07	NA	21.56	4.31	NA	57.94	090
61616		A	Resect/excise lesion, skull	43.33	NA	27.06	5.86	NA	76.25	090
61618		A	Repair dura	16.99	NA	11.54	2.22	NA	30.75	090
61619		A	Repair dura	20.71	NA	14.37	2.77	NA	37.85	090
61624		A	Occlusion/embolization cath	20.15	NA	12.30	1.79	NA	34.24	000
61626		A	Occlusion/embolization cath	16.62	NA	9.57	1.47	NA	27.66	000
61680		A	Intracranial vessel surgery	30.71	NA	18.58	5.79	NA	55.08	090
61682		A	Intracranial vessel surgery	61.57	NA	36.19	6.36	NA	104.12	090
61684		A	Intracranial vessel surgery	39.81	NA	24.39	3.47	NA	67.67	090
61686		A	Intracranial vessel surgery	64.49	NA	36.48	4.20	NA	105.17	090
61690		A	Intracranial vessel surgery	29.31	NA	18.15	4.09	NA	51.55	090
61692		A	Intracranial vessel surgery	51.87	NA	31.20	3.36	NA	86.43	090
61700		A	Inner skull vessel surgery	50.52	NA	29.37	5.67	NA	85.56	090
61702		A	Inner skull vessel surgery	48.41	NA	28.26	6.61	NA	83.28	090
61703		A	Clamp neck artery	17.47	NA	11.29	2.24	NA	31.00	090
61705		A	Revise circulation to head	36.20	NA	20.67	5.25	NA	62.12	090
61708		A	Revise circulation to head	35.30	NA	15.87	2.32	NA	53.49	090
61710		A	Revise circulation to head	29.67	NA	14.80	1.75	NA	46.22	090
61711		A	Fusion of skull arteries	36.33	NA	21.45	6.20	NA	63.98	090
61712		A	Skull or spine microsurgery	3.49	NA	2.21	0.93	NA	6.63	ZZZ
61720		A	Incise skull/brain surgery	16.77	NA	10.55	4.05	NA	31.37	090
61735		A	Incise skull/brain surgery	20.43	NA	12.95	1.51	NA	34.89	090
61750		A	Incise skull; brain biopsy	18.20	NA	11.26	4.31	NA	33.77	090
61751		A	Brain biopsy with cat scan	17.62	NA	10.82	4.44	NA	32.88	090
61760		A	Implant brain electrodes	22.27	NA	13.31	1.75	NA	37.33	090
61770		A	Incise skull for treatment	21.44	NA	13.67	3.43	NA	38.54	090
61790		A	Treat trigeminal nerve	10.86	NA	6.57	3.03	NA	20.46	090
61791		A	Treat trigeminal tract	14.61	NA	9.51	3.16	NA	27.28	090
61793		A	Focus radiation beam	17.24	NA	11.21	1.96	NA	30.41	090
61795		A	Brain surgery using computer	4.04	NA	2.61	1.55	NA	8.20	000
61850		A	Implant neuroelectrodes	12.39	NA	8.25	2.26	NA	22.90	090
61855		A	Implant neuroelectrodes	13.39	NA	8.95	1.47	NA	23.81	090
61860		A	Implant neuroelectrodes	20.87	NA	13.11	1.59	NA	35.57	090
61865		A	Implant neuroelectrodes	22.97	NA	13.68	3.09	NA	39.74	090
61870		A	Implant neuroelectrodes	14.94	NA	10.21	0.82	NA	25.97	090
61875		A	Implant neuroelectrodes	15.06	NA	21.03	1.31	NA	37.40	090
61880		A	Revise/remove neuroelectrode	6.29	NA	4.64	0.66	NA	11.59	090
61885		A	Implant neuroreceiver	5.85	NA	4.42	0.29	NA	10.56	090
61888		A	Revise/remove neuroreceiver	5.07	NA	3.60	0.44	NA	9.11	010
62000		A	Repair of skull fracture	12.53	NA	6.11	0.95	NA	19.59	090
62005		A	Repair of skull fracture	16.17	NA	9.71	1.97	NA	27.85	090
62010		A	Treatment of head injury	19.81	NA	12.24	3.39	NA	35.44	090
62100		A	Repair brain fluid leakage	22.03	NA	14.47	3.72	NA	40.22	090
62115		A	Reduction of skull defect	21.66	NA	13.85	1.82	NA	37.33	090
62116		A	Reduction of skull defect	23.59	NA	15.13	1.99	NA	40.71	090
62117		A	Reduction of skull defect	26.60	NA	16.82	2.25	NA	45.67	090
62120		A	Repair skull cavity lesion	23.35	NA	16.32	1.98	NA	41.65	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
62121		A	Incise skull repair	21.58	NA	14.65	3.41	NA	39.64	090
62140		A	Repair of skull defect	13.51	NA	8.88	2.39	NA	24.78	090
62141		A	Repair of skull defect	14.91	NA	9.90	3.28	NA	28.09	090
62142		A	Remove skull plate/flap	10.79	NA	7.19	2.64	NA	20.62	090
62143		A	Replace skull plate/flap	13.05	NA	8.77	1.65	NA	23.47	090
62145		A	Repair of skull & brain	18.82	NA	12.41	2.29	NA	33.52	090
62146		A	Repair of skull with graft	16.12	NA	10.41	2.15	NA	28.68	090
62147		A	Repair of skull with graft	19.34	NA	12.51	2.57	NA	34.42	090
62180		A	Establish brain cavity shunt	21.06	NA	13.51	2.70	NA	37.27	090
62190		A	Establish brain cavity shunt	11.07	NA	7.75	3.21	NA	22.03	090
62192		A	Establish brain cavity shunt	12.25	NA	8.28	2.74	NA	23.27	090
62194		A	Replace/irrigate catheter	5.03	NA	2.49	0.29	NA	7.81	010
62200		A	Establish brain cavity shunt	18.32	NA	11.85	3.09	NA	33.26	090
62201		A	Establish brain cavity shunt	14.86	NA	10.10	1.72	NA	26.68	090
62220		A	Establish brain cavity shunt	13.00	NA	8.29	3.12	NA	24.41	090
62223		A	Establish brain cavity shunt	12.87	NA	8.36	3.02	NA	24.25	090
62225		A	Replace/irrigate catheter	5.41	NA	3.93	0.58	NA	9.92	090
62230		A	Replace/revise brain shunt	10.54	NA	6.77	1.82	NA	19.13	090
62256		A	Remove brain cavity shunt	6.60	NA	4.90	1.17	NA	12.67	090
62258		A	Replace brain cavity shunt	14.54	NA	9.12	2.55	NA	26.21	090
62268		A	Drain spinal cord cyst	4.74	NA	2.47	0.36	NA	7.57	000
62269		A	Needle biopsy spinal cord	5.02	NA	2.43	0.28	NA	7.73	000
62270		A	Spinal fluid tap, diagnostic	1.13	0.64	0.40	0.06	1.83	1.59	000
62272		A	Drain spinal fluid	1.35	0.79	0.58	0.12	2.26	2.05	000
62273		A	Treat lumbar spine lesion	2.15	1.24	0.82	0.26	3.65	3.23	000
62274		A	Inject spinal anesthetic	1.78	2.37	1.22	0.17	4.32	3.17	000
62275		A	Inject spinal anesthetic	1.79	2.14	1.21	0.19	4.12	3.19	000
62276		A	Inject spinal anesthetic	2.04	1.89	1.46	0.23	4.16	3.73	000
62277		A	Inject spinal anesthetic	2.15	3.63	1.26	0.23	6.01	3.64	000
62278		A	Inject spinal anesthetic	1.51	1.52	2.16	0.26	3.29	3.93	000
62279		A	Inject spinal anesthetic	1.58	1.80	1.13	0.24	3.62	2.95	000
62280		A	Treat spinal cord lesion	2.63	2.29	1.49	0.14	5.06	4.26	010
62281		A	Treat spinal cord lesion	2.66	2.36	1.39	0.28	5.30	4.33	010
62282		A	Treat spinal canal lesion	2.33	3.74	1.41	0.40	6.47	4.14	010
62284		A	Injection for myelogram	1.54	2.27	0.78	0.34	4.15	2.66	000
62287		A	Percutaneous diskectomy	8.08	NA	4.98	2.65	NA	15.71	090
62288		A	Injection into spinal canal	1.74	2.48	1.36	0.24	4.46	3.34	000
62289		A	Injection into spinal canal	1.64	2.43	1.19	0.29	4.36	3.12	000
62290		A	Inject for spine disk x-ray	3.00	2.84	1.48	0.24	6.08	4.72	000
62291		A	Inject for spine disk x-ray	2.91	2.96	1.17	0.39	6.26	4.47	000
62292		A	Injection into disk lesion	7.86	NA	4.91	2.13	NA	14.90	090
62294		A	Injection into spinal artery	11.83	NA	6.64	0.68	NA	19.15	090
62298		A	Injection into spinal canal	2.20	2.45	1.25	0.13	4.78	3.58	000
62350		A	Implant spinal catheter	6.87	NA	3.29	1.02	NA	11.18	090
62351		A	Implant spinal catheter	10.00	NA	6.04	1.50	NA	17.54	090
62355		A	Remove spinal canal catheter	5.45	NA	2.26	0.68	NA	8.39	090
62360		A	Insert spine infusion device	2.62	NA	2.18	0.33	NA	5.13	090
62361		A	Implant spine infusion pump	5.42	NA	2.63	0.78	NA	8.83	090
62362		A	Implant spine infusion pump	7.04	NA	3.87	1.02	NA	11.93	090
62365		A	Remove spine infusion device	5.42	NA	2.88	0.68	NA	8.98	090
62367	26	A	Analyze spine infusion pump	0.48	0.10	0.10	0.07	0.65	0.65	XXX
62368	26	A	Analyze spine infusion pump	0.75	0.16	0.16	0.11	1.02	1.02	XXX
63001		A	Removal of spinal lamina	15.82	NA	10.73	3.42	NA	29.97	090
63003		A	Removal of spinal lamina	15.95	NA	10.73	3.23	NA	29.91	090
63005		A	Removal of spinal lamina	14.92	NA	10.60	3.10	NA	28.62	090
63011		A	Removal of spinal lamina	14.52	NA	10.02	1.87	NA	26.41	090
63012		A	Removal of spinal lamina	15.40	NA	10.51	3.15	NA	29.06	090
63015		A	Removal of spinal lamina	19.35	NA	12.63	4.18	NA	36.16	090
63016		A	Removal of spinal lamina	19.20	NA	12.90	4.11	NA	36.21	090
63017		A	Removal of spinal lamina	15.94	NA	11.18	4.00	NA	31.12	090
63020		A	Neck spine disk surgery	14.81	NA	10.25	3.38	NA	28.44	090
63030		A	Low back disk surgery	12.00	NA	8.73	2.81	NA	23.54	090
63035		A	Added spinal disk surgery	3.15	NA	2.10	0.76	NA	6.01	ZZZ
63040		A	Neck spine disk surgery	18.81	NA	12.81	4.30	NA	35.92	090
63042		A	Low back disk surgery	17.47	NA	11.99	4.38	NA	33.84	090
63045		A	Removal of spinal lamina	16.50	NA	11.21	4.38	NA	32.09	090
63046		A	Removal of spinal lamina	15.80	NA	10.99	4.58	NA	31.37	090
63047		A	Removal of spinal lamina	14.61	NA	10.46	4.48	NA	29.55	090
63048		A	Removal of spinal lamina	3.26	NA	2.23	1.03	NA	6.52	ZZZ
63055		A	Decompress spinal cord	21.99	NA	14.35	4.18	NA	40.52	090
63056		A	Decompress spinal cord	20.36	NA	13.92	3.76	NA	38.04	090
63057		A	Decompress spinal cord	5.26	NA	3.19	0.85	NA	9.30	ZZZ
63064		A	Decompress spinal cord	24.61	NA	16.30	4.09	NA	45.00	090
63066		A	Decompress spinal cord	3.26	NA	2.18	0.45	NA	5.89	ZZZ

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
63075		A	Neck spine disk surgery	19.41	NA	12.78	3.21	NA	35.40	090
63076		A	Neck spine disk surgery	4.05	NA	2.73	0.97	NA	7.75	ZZZ
63077		A	Spine disk surgery, thorax	21.44	NA	14.91	3.17	NA	39.52	090
63078		A	Spine disk surgery, thorax	3.28	NA	2.34	0.45	NA	6.07	ZZZ
63081		A	Removal of vertebral body	23.73	NA	15.84	4.50	NA	44.07	090
63082		A	Removal of vertebral body	4.37	NA	2.96	1.22	NA	8.55	ZZZ
63085		A	Removal of vertebral body	26.92	NA	17.86	4.69	NA	49.47	090
63086		A	Removal of vertebral body	3.19	NA	1.35	1.07	NA	5.61	ZZZ
63087		A	Removal of vertebral body	35.57	NA	22.64	4.85	NA	63.06	090
63088		A	Removal of vertebral body	4.33	NA	2.98	1.18	NA	8.49	ZZZ
63090		A	Removal of vertebral body	28.16	NA	18.37	4.92	NA	51.45	090
63091		A	Removal of vertebral body	3.03	NA	2.10	0.46	NA	5.59	ZZZ
63170		A	Incise spinal cord tract(s)	19.83	NA	13.17	3.28	NA	36.28	090
63172		A	Drainage of spinal cyst	17.66	NA	12.04	4.26	NA	33.96	090
63173		A	Drainage of spinal cyst	21.99	NA	14.50	1.81	NA	38.30	090
63180		A	Revise spinal cord ligaments	18.27	NA	11.80	2.05	NA	32.12	090
63182		A	Revise spinal cord ligaments	20.50	NA	13.00	2.21	NA	35.71	090
63185		A	Incise spinal column/nerves	15.04	NA	9.89	2.93	NA	27.86	090
63190		A	Incise spinal column/nerves	17.45	NA	11.57	3.91	NA	32.93	090
63191		A	Incise spinal column/nerves	17.54	NA	12.16	2.21	NA	31.91	090
63194		A	Incise spinal column & cord	19.19	NA	13.04	2.33	NA	34.56	090
63195		A	Incise spinal column & cord	18.84	NA	12.24	2.11	NA	33.19	090
63196		A	Incise spinal column & cord	22.30	NA	12.39	1.83	NA	36.52	090
63197		A	Incise spinal column & cord	21.11	NA	13.78	2.62	NA	37.51	090
63198		A	Incise spinal column & cord	25.38	NA	33.47	3.19	NA	62.04	090
63199		A	Incise spinal column & cord	26.89	NA	12.16	2.61	NA	41.66	090
63200		A	Release of spinal cord	19.18	NA	12.21	1.83	NA	33.22	090
63250		A	Revise spinal cord vessels	40.76	NA	23.31	5.22	NA	69.29	090
63251		A	Revise spinal cord vessels	41.20	NA	24.91	4.32	NA	70.43	090
63252		A	Revise spinal cord vessels	41.19	NA	22.74	5.52	NA	69.45	090
63265		A	Excise intraspinal lesion	21.56	NA	13.88	3.90	NA	39.34	090
63266		A	Excise intraspinal lesion	22.30	NA	14.16	4.43	NA	40.89	090
63267		A	Excise intraspinal lesion	17.95	NA	11.93	4.20	NA	34.08	090
63268		A	Excise intraspinal lesion	18.52	NA	11.63	2.46	NA	32.61	090
63270		A	Excise intraspinal lesion	26.80	NA	16.57	3.42	NA	46.79	090
63271		A	Excise intraspinal lesion	26.92	NA	16.80	4.79	NA	48.51	090
63272		A	Excise intraspinal lesion	25.32	NA	15.72	4.26	NA	45.30	090
63273		A	Excise intraspinal lesion	24.29	NA	15.41	3.12	NA	42.82	090
63275		A	Biopsy/excise spinal tumor	23.68	NA	14.78	5.09	NA	43.55	090
63276		A	Biopsy/excise spinal tumor	23.45	NA	14.78	4.62	NA	42.85	090
63277		A	Biopsy/excise spinal tumor	20.83	NA	13.44	4.25	NA	38.52	090
63278		A	Biopsy/excise spinal tumor	20.56	NA	13.18	4.32	NA	38.06	090
63280		A	Biopsy/excise spinal tumor	28.35	NA	17.77	4.99	NA	51.11	090
63281		A	Biopsy/excise spinal tumor	28.05	NA	17.40	4.96	NA	50.41	090
63282		A	Biopsy/excise spinal tumor	26.39	NA	16.53	4.44	NA	47.36	090
63283		A	Biopsy/excise spinal tumor	25.00	NA	15.98	3.44	NA	44.42	090
63285		A	Biopsy/excise spinal tumor	36.00	NA	21.55	4.49	NA	62.04	090
63286		A	Biopsy/excise spinal tumor	35.63	NA	21.97	4.92	NA	62.52	090
63287		A	Biopsy/excise spinal tumor	36.70	NA	22.55	4.53	NA	63.78	090
63290		A	Biopsy/excise spinal tumor	37.38	NA	22.74	4.65	NA	64.77	090
63300		A	Removal of vertebral body	24.43	NA	15.51	2.02	NA	41.96	090
63301		A	Removal of vertebral body	27.60	NA	17.36	3.58	NA	48.54	090
63302		A	Removal of vertebral body	27.81	NA	18.00	3.02	NA	48.83	090
63303		A	Removal of vertebral body	30.50	NA	18.91	3.39	NA	52.80	090
63304		A	Removal of vertebral body	30.33	NA	18.67	2.49	NA	51.49	090
63305		A	Removal of vertebral body	32.03	NA	19.28	3.75	NA	55.06	090
63306		A	Removal of vertebral body	32.22	NA	19.95	2.65	NA	54.82	090
63307		A	Removal of vertebral body	31.63	NA	17.92	2.98	NA	52.53	090
63308		A	Removal of vertebral body	5.25	NA	3.17	0.73	NA	9.15	ZZZ
63600		A	Remove spinal cord lesion	14.02	NA	5.15	2.63	NA	21.80	090
63610		A	Stimulation of spinal cord	8.73	NA	2.31	2.06	NA	13.10	000
63615		A	Remove lesion of spinal cord	16.28	NA	10.48	2.03	NA	28.79	090
63650		A	Implant neuroelectrodes	6.74	NA	2.48	2.13	NA	11.35	090
63655		A	Implant neuroelectrodes	10.29	NA	7.28	3.64	NA	21.21	090
63660		A	Revise/remove neuroelectrode	6.16	NA	3.22	1.56	NA	10.94	090
63685		A	Implant neuroreceiver	7.04	NA	3.67	1.46	NA	12.17	090
63688		A	Revise/remove neuroreceiver	5.39	NA	3.27	1.26	NA	9.92	090
63690		A	Analysis of neuroreceiver	0.45	0.31	0.24	0.12	0.88	0.81	XXX
63691		A	Analysis of neuroreceiver	0.65	0.41	0.35	0.11	1.17	1.11	XXX
63700		A	Repair of spinal herniation	16.53	NA	10.92	2.22	NA	29.67	090
63702		A	Repair of spinal herniation	18.48	NA	11.93	2.49	NA	32.90	090
63704		A	Repair of spinal herniation	21.18	NA	14.82	2.77	NA	38.77	090
63706		A	Repair of spinal herniation	24.11	NA	15.25	3.18	NA	42.54	090
63707		A	Repair spinal fluid leakage	11.26	NA	8.05	2.56	NA	21.87	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
63709		A	Repair spinal fluid leakage	14.32	NA	10.23	3.30	NA	27.85	090
63710		A	Graft repair of spine defect	14.07	NA	9.67	1.58	NA	25.32	090
63740		A	Install spinal shunt	11.36	NA	7.83	2.99	NA	22.18	090
63741		A	Install spinal shunt	8.25	NA	4.93	2.39	NA	15.57	090
63744		A	Revision of spinal shunt	8.10	NA	4.95	1.68	NA	14.73	090
63746		A	Removal of spinal shunt	6.43	NA	3.39	1.08	NA	10.90	090
64400		A	Injection for nerve block	1.11	1.44	1.03	0.05	2.60	2.19	000
64402		A	Injection for nerve block	1.25	2.85	1.19	0.09	4.19	2.53	000
64405		A	Injection for nerve block	1.32	1.49	0.99	0.07	2.88	2.38	000
64408		A	Injection for nerve block	1.41	1.68	1.36	0.11	3.20	2.88	000
64410		A	Injection for nerve block	1.43	1.56	1.12	0.15	3.14	2.70	000
64412		A	Injection for nerve block	1.18	1.52	0.96	0.08	2.78	2.22	000
64413		A	Injection for nerve block	1.40	1.74	1.17	0.08	3.22	2.65	000
64415		A	Injection for nerve block	1.48	1.52	1.12	0.07	3.07	2.67	000
64417		A	Injection for nerve block	1.44	1.44	1.09	0.15	3.03	2.68	000
64418		A	Injection for nerve block	1.32	1.42	0.98	0.10	2.84	2.40	000
64420		A	Injection for nerve block	1.18	1.47	0.98	0.07	2.72	2.23	000
64421		A	Injection for nerve block	1.68	1.62	1.16	0.17	3.47	3.01	000
64425		A	Injection for nerve block	1.75	1.43	1.07	0.10	3.28	2.92	000
64430		A	Injection for nerve block	1.46	2.10	1.16	0.12	3.68	2.74	000
64435		A	Injection for nerve block	1.45	2.24	1.58	0.09	3.78	3.12	000
64440		A	Injection for nerve block	1.34	2.16	1.20	0.09	3.59	2.63	000
64441		A	Injection for nerve block	1.79	2.29	1.25	0.12	4.20	3.16	000
64442		A	Injection for nerve block	1.41	2.40	1.33	0.16	3.97	2.90	000
64443		A	Injection for nerve block	0.98	2.18	1.34	0.12	3.28	2.44	ZZZ
64445		A	Injection for nerve block	1.48	2.00	1.19	0.06	3.54	2.73	000
64450		A	Injection for nerve block	1.27	1.00	1.00	0.05	2.32	2.32	000
64505		A	Injection for nerve block	1.36	1.57	1.14	0.06	2.99	2.56	000
64508		A	Injection for nerve block	1.12	1.69	1.42	0.08	2.89	2.62	000
64510		A	Injection for nerve block	1.22	1.43	1.05	0.18	2.83	2.45	000
64520		A	Injection for nerve block	1.35	2.03	1.10	0.17	3.55	2.62	000
64530		A	Injection for nerve block	1.58	3.11	1.30	0.28	4.97	3.16	000
64550		A	Apply neurostimulator	0.18	0.25	0.04	0.04	0.47	0.26	000
64553		A	Implant neuroelectrodes	2.31	1.19	1.50	0.10	3.60	3.91	010
64555		A	Implant neuroelectrodes	2.27	1.75	0.91	0.10	4.12	3.28	010
64560		A	Implant neuroelectrodes	2.36	1.13	1.05	0.24	3.73	3.65	010
64565		A	Implant neuroelectrodes	1.76	1.77	0.73	0.08	3.61	2.57	010
64573		A	Implant neuroelectrodes	4.43	NA	2.77	0.61	NA	7.81	090
64575		A	Implant neuroelectrodes	4.35	NA	3.07	0.40	NA	7.82	090
64577		A	Implant neuroelectrodes	4.62	NA	3.02	0.45	NA	8.09	090
64580		A	Implant neuroelectrodes	4.12	NA	2.55	0.20	NA	6.87	090
64585		A	Revise/remove neuroelectrode	2.06	1.66	1.54	0.09	3.81	3.69	010
64590		A	Implant neuroreceiver	2.40	NA	2.18	0.35	NA	4.93	010
64595		A	Revise/remove neuroreceiver	1.73	NA	1.55	0.21	NA	3.49	010
64600		A	Injection treatment of nerve	3.45	2.22	1.88	0.17	5.84	5.50	010
64605		A	Injection treatment of nerve	5.61	4.38	2.31	0.33	10.32	8.25	010
64610		A	Injection treatment of nerve	7.16	NA	4.22	1.35	NA	12.73	010
64612		A	Destroy nerve, face muscle	1.96	2.41	2.10	0.17	4.54	4.23	010
64613		A	Destroy nerve, spine muscle	1.96	1.23	1.18	0.17	3.36	3.31	010
64620		A	Injection treatment of nerve	2.84	1.87	1.47	0.19	4.90	4.50	010
64622		A	Injection treatment of nerve	3.00	3.33	1.56	0.35	6.68	4.91	010
64623		A	Injection treatment of nerve	0.99	2.08	1.13	0.17	3.24	2.29	ZZZ
64630		A	Injection treatment of nerve	3.00	2.29	1.43	0.38	5.67	4.81	010
64640		A	Injection treatment of nerve	2.76	2.52	1.94	0.09	5.37	4.79	010
64680		A	Injection treatment of nerve	2.62	1.56	1.55	0.41	4.59	4.58	010
64702		A	Revise finger/toe nerve	4.23	NA	3.52	0.70	NA	8.45	090
64704		A	Revise hand/foot nerve	4.57	NA	2.92	0.74	NA	8.23	090
64708		A	Revise arm/leg nerve	6.12	NA	4.82	1.26	NA	12.20	090
64712		A	Revision of sciatic nerve	7.75	NA	4.87	1.68	NA	14.30	090
64713		A	Revision of arm nerve(s)	11.00	NA	6.33	1.72	NA	19.05	090
64714		A	Revise low back nerve(s)	10.33	NA	4.61	1.41	NA	16.35	090
64716		A	Revision of cranial nerve	6.31	NA	4.82	0.67	NA	11.80	090
64718		A	Revise ulnar nerve at elbow	5.99	NA	4.90	1.13	NA	12.02	090
64719		A	Revise ulnar nerve at wrist	4.85	NA	4.10	0.85	NA	9.80	090
64721		A	Carpal tunnel surgery	4.29	4.68	6.98	0.83	9.80	12.10	090
64722		A	Relieve pressure on nerve(s)	4.70	NA	3.06	1.11	NA	8.87	090
64726		A	Release foot/toe nerve	4.18	NA	2.49	0.07	NA	6.74	090
64727		A	Internal nerve revision	3.10	NA	2.10	0.55	NA	5.75	ZZZ
64732		A	Incision of brow nerve	4.41	NA	3.16	0.72	NA	8.29	090
64734		A	Incision of cheek nerve	4.92	NA	3.23	0.67	NA	8.82	090
64736		A	Incision of chin nerve	4.60	NA	2.70	0.42	NA	7.72	090
64738		A	Incision of jaw nerve	5.73	NA	3.22	0.61	NA	9.56	090
64740		A	Incision of tongue nerve	5.59	NA	3.55	0.62	NA	9.76	090
64742		A	Incision of facial nerve	6.22	NA	4.72	0.44	NA	11.38	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
64744		A	Incise nerve, back of head	5.24	NA	3.43	1.10	NA	9.77	090
64746		A	Incise diaphragm nerve	5.93	NA	3.88	0.77	NA	10.58	090
64752		A	Incision of vagus nerve	7.06	NA	4.07	0.85	NA	11.98	090
64755		A	Incision of stomach nerves	13.52	NA	6.43	2.27	NA	22.22	090
64760		A	Incision of vagus nerve	6.96	NA	3.72	1.50	NA	12.18	090
64761		A	Incision of pelvis nerve	6.41	NA	3.66	0.50	NA	10.57	090
64763		A	Incise hip/thigh nerve	6.93	NA	5.70	0.92	NA	13.55	090
64766		A	Incise hip/thigh nerve	8.67	NA	4.91	1.20	NA	14.78	090
64771		A	Sever cranial nerve	7.35	NA	5.16	0.73	NA	13.24	090
64772		A	Incision of spinal nerve	7.21	NA	4.03	1.30	NA	12.54	090
64774		A	Remove skin nerve lesion	5.17	NA	3.43	0.45	NA	9.05	090
64776		A	Remove digit nerve lesion	5.12	NA	3.59	0.41	NA	9.12	090
64778		A	Added digit nerve surgery	3.11	NA	1.95	0.43	NA	5.49	ZZZ
64782		A	Remove limb nerve lesion	6.23	NA	3.40	0.46	NA	10.09	090
64783		A	Added limb nerve surgery	3.72	NA	2.42	0.47	NA	6.61	ZZZ
64784		A	Remove nerve lesion	9.82	NA	6.55	0.96	NA	17.33	090
64786		A	Remove sciatic nerve lesion	15.46	NA	10.12	2.14	NA	27.72	090
64787		A	Implant nerve end	4.30	NA	2.51	0.60	NA	7.41	ZZZ
64788		A	Remove skin nerve lesion	4.61	NA	2.99	0.50	NA	8.10	090
64790		A	Removal of nerve lesion	11.31	NA	7.35	1.22	NA	19.88	090
64792		A	Removal of nerve lesion	14.92	NA	9.11	1.66	NA	25.69	090
64795		A	Biopsy of nerve	3.01	NA	1.73	0.39	NA	5.13	000
64802		A	Remove sympathetic nerves	9.15	NA	5.06	1.10	NA	15.31	090
64804		A	Remove sympathetic nerves	14.64	NA	8.06	2.44	NA	25.14	090
64809		A	Remove sympathetic nerves	13.67	NA	6.18	2.04	NA	21.89	090
64818		A	Remove sympathetic nerves	10.30	NA	5.49	1.72	NA	17.51	090
64820		A	Remove sympathetic nerves	10.37	NA	7.87	1.42	NA	19.66	090
64830		A	Microrepair of nerve	3.10	NA	2.09	0.38	NA	5.57	ZZZ
64831		A	Repair of digit nerve	9.44	NA	6.91	0.56	NA	16.91	090
64832		A	Repair additional nerve	5.66	NA	3.63	0.24	NA	9.53	ZZZ
64834		A	Repair of hand or foot nerve	10.19	NA	7.05	0.56	NA	17.80	090
64835		A	Repair of hand or foot nerve	10.94	NA	7.57	1.03	NA	19.54	090
64836		A	Repair of hand or foot nerve	10.94	NA	7.50	1.22	NA	19.66	090
64837		A	Repair additional nerve	6.26	NA	3.93	0.85	NA	11.04	ZZZ
64840		A	Repair of leg nerve	13.02	NA	9.09	0.53	NA	22.64	090
64856		A	Repair/transpose nerve	13.80	NA	9.82	1.46	NA	25.08	090
64857		A	Repair arm/leg nerve	14.49	NA	10.20	1.54	NA	26.23	090
64858		A	Repair sciatic nerve	16.49	NA	10.05	2.11	NA	28.65	090
64859		A	Additional nerve surgery	4.26	NA	2.55	0.58	NA	7.39	ZZZ
64861		A	Repair of arm nerves	19.24	NA	14.22	1.38	NA	34.84	090
64862		A	Repair of low back nerves	19.44	NA	8.00	1.61	NA	29.05	090
64864		A	Repair of facial nerve	12.55	NA	8.83	1.16	NA	22.54	090
64865		A	Repair of facial nerve	15.24	NA	10.67	1.50	NA	27.41	090
64866		A	Fusion of facial/other nerve	15.74	NA	10.75	1.84	NA	28.33	090
64868		A	Fusion of facial/other nerve	14.04	NA	9.67	1.47	NA	25.18	090
64870		A	Fusion of facial/other nerve	15.99	NA	20.77	1.70	NA	38.46	090
64872		A	Subsequent repair of nerve	1.99	NA	1.29	0.29	NA	3.57	ZZZ
64874		A	Repair & revise nerve	2.98	NA	1.80	0.43	NA	5.21	ZZZ
64876		A	Repair nerve; shorten bone	3.38	NA	2.25	0.48	NA	6.11	ZZZ
64885		A	Nerve graft, head or neck	17.53	NA	11.64	1.48	NA	30.65	090
64886		A	Nerve graft, head or neck	20.75	NA	13.57	1.77	NA	36.09	090
64890		A	Nerve graft, hand or foot	15.15	NA	10.74	2.12	NA	28.01	090
64891		A	Nerve graft, hand or foot	16.14	NA	11.69	1.73	NA	29.56	090
64892		A	Nerve graft, arm or leg	14.65	NA	10.55	1.69	NA	26.89	090
64893		A	Nerve graft, arm or leg	15.60	NA	10.68	2.27	NA	28.55	090
64895		A	Nerve graft, hand or foot	19.25	NA	11.82	2.55	NA	33.62	090
64896		A	Nerve graft, hand or foot	20.49	NA	14.75	1.90	NA	37.14	090
64897		A	Nerve graft, arm or leg	18.24	NA	11.06	2.47	NA	31.77	090
64898		A	Nerve graft, arm or leg	19.50	NA	13.66	2.35	NA	35.51	090
64901		A	Additional nerve graft	10.22	NA	6.60	0.87	NA	17.69	ZZZ
64902		A	Additional nerve graft	11.83	NA	8.07	0.99	NA	20.89	ZZZ
64905		A	Nerve pedicle transfer	14.02	NA	10.13	0.70	NA	24.85	090
64907		A	Nerve pedicle transfer	18.83	NA	13.77	2.55	NA	35.15	090
65091		A	Revise eye	6.46	NA	8.43	0.45	NA	15.34	090
65093		A	Revise eye with implant	6.87	NA	9.14	0.52	NA	16.53	090
65101		A	Removal of eye	7.03	NA	9.28	0.47	NA	16.78	090
65103		A	Remove eye/insert implant	7.57	NA	9.63	0.50	NA	17.70	090
65105		A	Remove eye/attach implant	8.49	NA	10.38	0.55	NA	19.42	090
65110		A	Removal of eye	13.95	NA	13.66	1.14	NA	28.75	090
65112		A	Remove eye, revise socket	16.38	NA	15.14	1.09	NA	32.61	090
65114		A	Remove eye, revise socket	17.53	NA	16.81	1.65	NA	35.99	090
65125		A	Revise ocular implant	3.12	4.05	1.78	0.13	7.30	5.03	090
65130		A	Insert ocular implant	7.15	NA	8.87	0.50	NA	16.52	090
65135		A	Insert ocular implant	7.33	NA	9.07	0.35	NA	16.75	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
65140		A	Attach ocular implant	8.02	NA	9.49	0.33	NA	17.84	090
65150		A	Revise ocular implant	6.26	NA	8.41	0.56	NA	15.23	090
65155		A	Reinsert ocular implant	8.66	NA	10.02	0.90	NA	19.58	090
65175		A	Removal of ocular implant	6.28	NA	8.25	0.40	NA	14.93	090
65205		A	Remove foreign body from eye	0.71	3.17	0.23	0.02	3.90	0.96	000
65210		A	Remove foreign body from eye	0.84	3.18	0.26	0.03	4.05	1.13	000
65220		A	Remove foreign body from eye	0.71	4.56	0.22	0.04	5.31	0.97	000
65222		A	Remove foreign body from eye	0.93	3.17	0.23	0.03	4.13	1.19	000
65235		A	Remove foreign body from eye	7.57	NA	7.08	0.30	NA	14.95	090
65260		A	Remove foreign body from eye	10.96	NA	11.16	0.45	NA	22.57	090
65265		A	Remove foreign body from eye	12.59	NA	13.18	0.51	NA	26.28	090
65270		A	Repair of eye wound	1.90	2.72	2.29	0.07	4.69	4.26	010
65272		A	Repair of eye wound	3.82	4.32	4.04	0.10	8.24	7.96	090
65273		A	Repair of eye wound	4.36	NA	4.39	0.21	NA	8.96	090
65275		A	Repair of eye wound	5.34	4.47	4.28	0.04	9.85	9.66	090
65280		A	Repair of eye wound	7.66	NA	8.10	0.49	NA	16.25	090
65285		A	Repair of eye wound	12.90	NA	14.06	0.64	NA	27.60	090
65286		A	Repair of eye wound	5.51	6.60	6.30	0.25	12.36	12.06	090
65290		A	Repair of eye socket wound	5.41	NA	6.59	0.37	NA	12.37	090
65400		A	Removal of eye lesion	6.06	7.42	6.99	0.35	13.83	13.40	090
65410		A	Biopsy of cornea	1.47	1.50	1.16	0.11	3.08	2.74	000
65420		A	Removal of eye lesion	4.17	5.78	5.53	0.23	10.18	9.93	090
65426		A	Removal of eye lesion	5.25	6.83	6.54	0.38	12.46	12.17	090
65430		A	Corneal smear	1.47	3.62	1.03	0.03	5.12	2.53	000
65435		A	Curette/treat cornea	0.92	1.16	0.48	0.04	2.12	1.44	000
65436		A	Curette/treat cornea	4.19	4.51	4.25	0.08	8.78	8.52	090
65450		A	Treatment of corneal lesion	3.27	5.32	5.02	0.17	8.76	8.46	090
65600		A	Revision of cornea	3.40	4.03	1.45	0.14	7.57	4.99	090
65710		A	Corneal transplant	12.35	NA	13.50	1.13	NA	26.98	090
65730		A	Corneal transplant	14.25	NA	14.30	1.29	NA	29.84	090
65750		A	Corneal transplant	15.00	NA	14.90	1.33	NA	31.23	090
65755		A	Corneal transplant	14.89	NA	14.73	1.39	NA	31.01	090
65770		A	Revise cornea with implant	17.56	NA	16.78	0.71	NA	35.05	090
65772		A	Correction of astigmatism	4.29	5.25	4.98	0.31	9.85	9.58	090
65775		A	Correction of astigmatism	5.79	NA	7.85	0.50	NA	14.14	090
65800		A	Drainage of eye	1.91	1.98	1.73	0.10	3.99	3.74	000
65805		A	Drainage of eye	1.91	1.99	1.74	0.10	4.00	3.75	000
65810		A	Drainage of eye	4.87	NA	6.59	0.30	NA	11.76	090
65815		A	Drainage of eye	5.05	6.67	6.36	0.24	11.96	11.65	090
65820		A	Relieve inner eye pressure	8.13	NA	8.81	0.51	NA	17.45	090
65850		A	Incision of eye	10.52	NA	9.81	0.69	NA	21.02	090
65855		A	Laser surgery of eye	4.30	4.61	3.88	0.52	9.43	8.70	090
65860		A	Incise inner eye adhesions	3.55	3.56	2.91	0.37	7.48	6.83	090
65865		A	Incise inner eye adhesions	5.60	NA	6.64	0.41	NA	12.65	090
65870		A	Incise inner eye adhesions	6.27	NA	7.02	0.31	NA	13.60	090
65875		A	Incise inner eye adhesions	6.54	NA	7.18	0.34	NA	14.06	090
65880		A	Incise inner eye adhesions	7.09	NA	7.56	0.37	NA	15.02	090
65900		A	Remove eye lesion	10.93	NA	11.93	0.92	NA	23.78	090
65920		A	Remove implant from eye	8.40	NA	8.40	0.44	NA	17.24	090
65930		A	Remove blood clot from eye	7.44	NA	8.40	0.41	NA	16.25	090
66020		A	Injection treatment of eye	1.59	1.98	1.72	0.14	3.71	3.45	010
66030		A	Injection treatment of eye	1.25	1.77	1.32	0.03	3.05	2.60	010
66130		A	Remove eye lesion	7.69	6.54	6.27	0.28	14.51	14.24	090
66150		A	Glaucoma surgery	8.30	NA	9.01	0.59	NA	17.90	090
66155		A	Glaucoma surgery	8.29	NA	9.00	0.50	NA	17.79	090
66160		A	Glaucoma surgery	10.17	NA	10.01	0.55	NA	20.73	090
66165		A	Glaucoma surgery	8.01	NA	8.86	0.57	NA	17.44	090
66170		A	Glaucoma surgery	12.16	10.57	15.51	0.63	23.36	28.30	090
66172		A	Incision of eye	15.04	NA	12.81	0.63	NA	28.48	090
66180		A	Implant eye shunt	14.55	NA	13.02	1.03	NA	28.60	090
66185		A	Revise eye shunt	8.14	NA	9.00	0.58	NA	17.72	090
66220		A	Repair eye lesion	7.77	NA	9.21	0.34	NA	17.32	090
66225		A	Repair/graft eye lesion	11.05	NA	10.47	0.86	NA	22.38	090
66250		A	Follow-up surgery of eye	5.98	7.38	6.96	0.38	13.74	13.32	090
66500		A	Incision of iris	3.71	NA	4.02	0.27	NA	8.00	090
66505		A	Incision of iris	4.08	NA	4.20	0.17	NA	8.45	090
66600		A	Remove iris and lesion	8.68	NA	8.72	0.51	NA	17.91	090
66605		A	Removal of iris	12.79	NA	13.29	0.67	NA	26.75	090
66625		A	Removal of iris	5.13	6.70	6.41	0.48	12.31	12.02	090
66630		A	Removal of iris	6.16	NA	7.33	0.45	NA	13.94	090
66635		A	Removal of iris	6.25	NA	7.04	0.49	NA	13.78	090
66680		A	Repair iris & ciliary body	5.44	NA	6.63	0.35	NA	12.42	090
66682		A	Repair iris and ciliary body	6.21	NA	7.35	0.38	NA	13.94	090
66700		A	Destruction, ciliary body	4.78	6.17	5.89	0.35	11.30	11.02	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
66710		A	Destruction, ciliary body	4.78	6.36	5.87	0.41	11.55	11.06	090
66720		A	Destruction, ciliary body	4.78	6.07	5.85	0.38	11.23	11.01	090
66740		A	Destruction, ciliary body	4.78	NA	6.35	0.39	NA	11.52	090
66761		A	Revision of iris	4.07	3.83	3.19	0.47	8.37	7.73	090
66762		A	Revision of iris	4.58	4.11	3.47	0.55	9.24	8.60	090
66770		A	Removal of inner eye lesion	5.18	4.46	3.81	0.45	10.09	9.44	090
66820		A	Incision, secondary cataract	3.89	NA	6.03	0.29	NA	10.21	090
66821		A	After cataract laser surgery	2.35	2.80	2.56	0.37	5.52	5.28	090
66825		A	Reposition intraocular lens	8.23	NA	8.49	0.38	NA	17.10	090
66830		A	Removal of lens lesion	8.20	8.47	13.09	0.40	17.07	21.69	090
66840		A	Removal of lens material	7.91	NA	7.95	0.54	NA	16.40	090
66850		A	Removal of lens material	9.11	NA	8.58	0.70	NA	18.39	090
66852		A	Removal of lens material	9.97	NA	9.18	0.90	NA	20.05	090
66920		A	Extraction of lens	8.86	NA	8.48	0.60	NA	17.94	090
66930		A	Extraction of lens	10.18	NA	9.27	0.57	NA	20.02	090
66940		A	Extraction of lens	8.93	NA	8.54	0.62	NA	18.09	090
66983		A	Remove cataract, insert lens	8.99	NA	5.94	0.95	NA	15.88	090
66984		A	Remove cataract, insert lens	10.28	NA	8.36	0.94	NA	19.58	090
66985		A	Insert lens prosthesis	8.39	NA	7.24	0.63	NA	16.26	090
66986		A	Exchange lens prosthesis	12.28	NA	10.45	0.63	NA	23.36	090
67005		A	Partial removal of eye fluid	5.70	NA	3.42	1.13	NA	10.25	090
67010		A	Partial removal of eye fluid	6.87	NA	4.34	1.04	NA	12.25	090
67015		A	Release of eye fluid	6.92	NA	7.55	0.35	NA	14.82	090
67025		A	Replace eye fluid	6.84	10.75	7.07	0.36	17.95	14.27	090
67027		A	Implant eye drug system	10.85	24.75	15.60	0.47	36.07	26.92	090
67028		A	Injection eye drug	2.52	5.37	1.68	0.18	8.07	4.38	000
67030		A	Incise inner eye strands	4.84	NA	5.99	0.50	NA	11.33	090
67031		A	Laser surgery, eye strands	3.67	3.63	2.98	0.75	8.05	7.40	090
67036		A	Removal of inner eye fluid	11.89	NA	9.91	1.49	NA	23.29	090
67038		A	Strip retinal membrane	21.24	NA	17.55	1.80	NA	40.59	090
67039		A	Laser treatment of retina	14.52	NA	12.59	1.68	NA	28.79	090
67040		A	Laser treatment of retina	17.23	NA	14.64	1.75	NA	33.62	090
67101		A	Repair, detached retina	7.53	9.23	8.73	0.66	17.42	16.92	090
67105		A	Repair, detached retina	7.41	7.17	5.67	0.80	15.38	13.88	090
67107		A	Repair detached retina	14.84	NA	13.64	1.10	NA	29.58	090
67108		A	Repair detached retina	20.82	NA	18.57	1.76	NA	41.15	090
67110		A	Repair detached retina	8.81	13.73	10.00	0.97	23.51	19.78	090
67112		A	Re-repair detached retina	16.86	NA	15.75	0.86	NA	33.47	090
67115		A	Release, encircling material	4.99	NA	5.99	0.44	NA	11.42	090
67120		A	Remove eye implant material	5.98	10.12	6.53	0.38	16.48	12.89	090
67121		A	Remove eye implant material	10.67	NA	11.52	0.49	NA	22.68	090
67141		A	Treatment of retina	5.20	6.47	6.18	0.48	12.15	11.86	090
67145		A	Treatment of retina	5.37	5.01	4.15	0.49	10.87	10.01	090
67208		A	Treatment of retinal lesion	6.70	7.13	6.73	0.52	14.35	13.95	090
67210		A	Treatment of retinal lesion	10.05	7.98	6.80	0.47	18.50	17.32	090
67218		A	Treatment of retinal lesion	13.52	NA	13.52	0.70	NA	27.74	090
67227		A	Treatment of retinal lesion	6.58	7.23	6.94	0.51	14.32	14.03	090
67228		A	Treatment of retinal lesion	12.74	10.02	8.11	0.48	23.24	21.33	090
67250		A	Reinforce eye wall	8.66	NA	9.58	0.40	NA	18.64	090
67255		A	Reinforce/graft eye wall	8.90	NA	9.96	0.87	NA	19.73	090
67311		A	Revise eye muscle	6.65	NA	6.99	0.47	NA	14.11	090
67312		A	Revise two eye muscles	8.54	NA	8.28	0.53	NA	17.35	090
67314		A	Revise eye muscle	7.52	NA	7.48	0.58	NA	15.58	090
67316		A	Revise two eye muscles	9.66	NA	8.78	0.67	NA	19.11	090
67318		A	Revise eye muscle(s)	7.85	NA	7.92	0.33	NA	16.10	090
67320		A	Revise eye muscle(s)	8.66	NA	9.44	0.69	NA	18.79	090
67331		A	Eye surgery follow-up	8.12	NA	8.00	0.54	NA	16.66	090
67332		A	Rerevise eye muscles	8.99	NA	9.20	0.58	NA	18.77	090
67334		A	Revise eye muscle w/suture	7.96	NA	7.99	0.33	NA	16.28	090
67335		A	Eye suture during surgery	2.49	NA	3.31	0.43	NA	6.23	ZZZ
67340		A	Revise eye muscle	9.85	NA	10.06	0.41	NA	20.32	090
67343		A	Release eye tissue	7.35	NA	7.65	0.31	NA	15.31	090
67345		A	Destroy nerve of eye muscle	2.96	3.29	1.51	0.26	6.51	4.73	010
67350		A	Biopsy eye muscle	2.87	NA	3.23	0.13	NA	6.23	000
67400		A	Explore/biopsy eye socket	9.76	NA	10.78	0.62	NA	21.16	090
67405		A	Explore/drain eye socket	7.93	NA	9.75	0.67	NA	18.35	090
67412		A	Explore/treat eye socket	9.50	NA	12.50	0.67	NA	22.67	090
67413		A	Explore/treat eye socket	10.00	NA	11.17	0.57	NA	21.74	090
67414		A	Explore/decompress eye socket	11.13	NA	13.33	0.44	NA	24.90	090
67415		A	Aspiration orbital contents	1.76	NA	1.52	0.12	NA	3.40	000
67420		A	Explore/treat eye socket	20.06	NA	18.62	1.11	NA	39.79	090
67430		A	Explore/treat eye socket	13.39	NA	14.77	0.54	NA	28.70	090
67440		A	Explore/drain eye socket	13.09	NA	14.66	0.97	NA	28.72	090
67445		A	Explore/decompress eye socket	14.42	NA	15.53	0.57	NA	30.52	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
67450		A	Explore/biopsy eye socket	13.51	NA	14.67	0.87	NA	29.05	090
67500		A	Inject/treat eye socket	0.79	4.27	0.82	0.06	5.12	1.67	000
67505		A	Inject/treat eye socket	0.82	3.21	0.32	0.06	4.09	1.20	000
67515		A	Inject/treat eye socket	0.61	3.07	0.56	0.03	3.71	1.20	000
67550		A	Insert eye socket implant	10.19	NA	10.57	0.70	NA	21.46	090
67560		A	Revise eye socket implant	10.60	NA	10.68	0.48	NA	21.76	090
67570		A	Decompress optic nerve	13.58	NA	14.66	0.39	NA	28.63	090
67700		A	Drainage of eyelid abscess	1.35	4.33	0.65	0.03	5.71	2.03	010
67710		A	Incision of eyelid	1.02	4.42	1.59	0.06	5.50	2.67	010
67715		A	Incision of eyelid fold	1.22	NA	1.74	0.09	NA	3.05	010
67800		A	Remove eyelid lesion	1.38	4.52	0.78	0.05	5.95	2.21	010
67801		A	Remove eyelid lesions	1.88	2.96	2.30	0.08	4.92	4.26	010
67805		A	Remove eyelid lesions	2.22	6.30	2.60	0.08	8.60	4.90	010
67808		A	Remove eyelid lesion(s)	3.80	NA	4.12	0.13	NA	8.05	090
67810		A	Biopsy of eyelid	1.48	3.62	0.84	0.05	5.15	2.37	000
67820		A	Revise eyelashes	0.89	3.26	0.49	0.02	4.17	1.40	000
67825		A	Revise eyelashes	1.38	4.39	1.78	0.05	5.82	3.21	010
67830		A	Revise eyelashes	1.70	5.26	2.16	0.17	7.13	4.03	010
67835		A	Revise eyelashes	5.56	NA	5.13	0.45	NA	11.14	090
67840		A	Remove eyelid lesion	2.04	5.86	2.80	0.07	7.97	4.91	010
67850		A	Treat eyelid lesion	1.69	4.51	2.12	0.05	6.25	3.86	010
67875		A	Closure of eyelid by suture	1.35	5.70	2.47	0.13	7.18	3.95	000
67880		A	Revision of eyelid	3.80	7.02	3.83	0.23	11.05	7.86	090
67882		A	Revision of eyelid	5.07	8.66	4.86	0.37	14.10	10.30	090
67900		A	Repair brow defect	6.14	8.06	6.72	0.20	14.40	13.06	090
67901		A	Repair eyelid defect	6.97	NA	7.07	0.64	NA	14.68	090
67902		A	Repair eyelid defect	7.03	NA	7.32	0.72	NA	15.07	090
67903		A	Repair eyelid defect	6.37	7.89	6.78	0.73	14.99	13.88	090
67904		A	Repair eyelid defect	6.26	10.24	7.81	0.71	17.21	14.78	090
67906		A	Repair eyelid defect	6.79	8.01	7.07	0.36	15.16	14.22	090
67908		A	Repair eyelid defect	5.13	7.35	6.24	0.54	13.02	11.91	090
67909		A	Revise eyelid defect	5.40	7.53	6.35	0.48	13.41	12.23	090
67911		A	Revise eyelid defect	5.27	NA	6.44	0.79	NA	12.50	090
67914		A	Repair eyelid defect	3.68	7.24	4.03	0.39	11.31	8.10	090
67915		A	Repair eyelid defect	3.18	9.88	3.11	0.07	13.13	6.36	090
67916		A	Repair eyelid defect	5.31	9.05	5.26	0.38	14.74	10.95	090
67917		A	Repair eyelid defect	6.02	8.08	6.91	0.47	14.57	13.40	090
67921		A	Repair eyelid defect	3.40	7.03	3.86	0.20	10.63	7.46	090
67922		A	Repair eyelid defect	3.06	5.76	3.05	0.07	8.89	6.18	090
67923		A	Repair eyelid defect	5.88	9.31	5.60	0.38	15.57	11.86	090
67924		A	Repair eyelid defect	5.79	7.64	6.50	0.43	13.86	12.72	090
67930		A	Repair eyelid wound	3.61	7.30	3.72	0.08	10.99	7.41	010
67935		A	Repair eyelid wound	6.22	9.27	5.41	0.24	15.73	11.87	090
67938		A	Remove eyelid foreign body	1.33	4.21	0.52	0.03	5.57	1.88	010
67950		A	Revision of eyelid	5.82	6.42	9.88	0.45	12.69	16.15	090
67961		A	Revision of eyelid	5.69	6.37	6.29	0.50	12.56	12.48	090
67966		A	Revision of eyelid	6.57	6.92	9.56	0.66	14.15	16.79	090
67971		A	Reconstruction of eyelid	9.79	NA	8.88	0.64	NA	19.31	090
67973		A	Reconstruction of eyelid	12.87	NA	10.87	0.91	NA	24.65	090
67974		A	Reconstruction of eyelid	12.84	NA	10.76	0.87	NA	24.47	090
67975		A	Reconstruction of eyelid	9.13	NA	8.31	0.24	NA	17.68	090
68020		A	Incise/drain eyelid lining	1.37	4.39	0.77	0.03	5.79	2.17	010
68040		A	Treatment of eyelid lesions	0.85	3.48	0.47	0.02	4.35	1.34	000
68100		A	Biopsy of eyelid lining	1.35	4.02	1.09	0.06	5.43	2.50	000
68110		A	Remove eyelid lining lesion	1.77	4.74	2.01	0.07	6.58	3.85	010
68115		A	Remove eyelid lining lesion	2.36	5.69	2.53	0.11	8.16	5.00	010
68130		A	Remove eyelid lining lesion	4.93	NA	5.74	0.22	NA	10.89	090
68135		A	Remove eyelid lining lesion	1.84	4.77	2.06	0.04	6.65	3.94	010
68200		A	Treat eyelid by injection	0.49	3.00	0.49	0.03	3.52	1.01	000
68320		A	Revise/graft eyelid lining	5.37	4.91	5.81	0.42	10.70	11.60	090
68325		A	Revise/graft eyelid lining	7.36	NA	6.86	0.62	NA	14.84	090
68326		A	Revise/graft eyelid lining	7.15	NA	6.88	0.49	NA	14.52	090
68328		A	Revise/graft eyelid lining	8.18	NA	7.39	0.82	NA	16.39	090
68330		A	Revise eyelid lining	4.83	6.09	5.65	0.35	11.27	10.83	090
68335		A	Revise/graft eyelid lining	7.19	NA	5.70	0.68	NA	13.57	090
68340		A	Separate eyelid adhesions	4.17	8.46	4.33	0.17	12.80	8.67	090
68360		A	Revise eyelid lining	4.37	5.79	5.39	0.33	10.49	10.09	090
68362		A	Revise eyelid lining	7.34	NA	7.77	0.42	NA	15.53	090
68400		A	Incise/drain tear gland	1.69	5.80	2.63	0.06	7.55	4.38	010
68420		A	Incise/drain tear sac	2.30	6.09	2.95	0.06	8.45	5.31	010
68440		A	Incise tear duct opening	0.94	4.28	1.55	0.04	5.26	2.53	010
68500		A	Removal of tear gland	11.02	NA	9.77	0.75	NA	21.54	090
68505		A	Partial removal tear gland	10.94	NA	10.06	0.49	NA	21.49	090
68510		A	Biopsy of tear gland	4.61	7.41	3.32	0.28	12.30	8.21	000

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
68520		A	Removal of tear sac	7.51	NA	7.37	0.51	NA	15.39	090
68525		A	Biopsy of tear sac	4.43	NA	3.24	0.23	NA	7.90	000
68530		A	Clearance of tear duct	3.66	7.39	3.45	0.17	11.22	7.28	010
68540		A	Remove tear gland lesion	10.60	NA	9.51	0.50	NA	20.61	090
68550		A	Remove tear gland lesion	13.26	NA	11.83	0.74	NA	25.83	090
68700		A	Repair tear ducts	6.60	NA	6.79	0.15	NA	13.54	090
68705		A	Revise tear duct opening	2.06	4.94	2.18	0.05	7.05	4.29	010
68720		A	Create tear sac drain	8.96	NA	8.39	0.74	NA	18.09	090
68745		A	Create tear duct drain	8.63	NA	7.87	0.45	NA	16.95	090
68750		A	Create tear duct drain	8.66	NA	8.38	0.83	NA	17.87	090
68760		A	Close tear duct opening	1.73	4.63	0.98	0.04	6.40	2.75	010
68761		A	Close tear duct opening	1.36	3.31	0.76	0.04	4.71	2.16	010
68770		A	Close tear system fistula	7.02	10.08	6.07	0.23	17.33	13.32	090
68801		A	Dilate tear duct opening	0.94	3.99	0.51	0.02	4.95	1.47	010
68810		A	Probe nasolacrimal duct	1.90	5.34	2.26	0.03	7.27	4.19	010
68811		A	Probe nasolacrimal duct	2.35	NA	2.51	0.09	NA	4.95	010
68815		A	Probe nasolacrimal duct	3.20	6.01	3.16	0.10	9.31	6.46	010
68840		A	Explore/irrigate tear ducts	1.25	4.43	0.69	0.03	5.71	1.97	010
68850		A	Injection for tear sac x-ray	0.80	8.95	0.33	0.04	9.79	1.17	000
69000		A	Drain external ear lesion	1.45	1.35	0.59	0.03	2.83	2.07	010
69005		A	Drain external ear lesion	2.11	1.83	1.62	0.13	4.07	3.86	010
69020		A	Drain outer ear canal lesion	1.48	1.48	0.71	0.04	3.00	2.23	010
69100		A	Biopsy of external ear	0.81	0.92	0.45	0.07	1.80	1.33	000
69105		A	Biopsy of external ear canal	0.85	0.95	0.71	0.09	1.89	1.65	000
69110		A	Partial removal external ear	3.44	2.58	2.33	0.37	6.39	6.14	090
69120		A	Removal of external ear	4.05	NA	4.35	0.07	NA	8.47	090
69140		A	Remove ear canal lesion(s)	7.97	NA	7.56	0.88	NA	16.41	090
69145		A	Remove ear canal lesion(s)	2.62	2.43	2.01	0.28	5.33	4.91	090
69150		A	Extensive ear canal surgery	13.43	NA	10.95	1.25	NA	25.63	090
69155		A	Extensive ear/neck surgery	20.80	NA	14.75	1.61	NA	37.16	090
69200		A	Clear outer ear canal	0.77	0.89	0.34	0.04	1.70	1.15	000
69205		A	Clear outer ear canal	1.20	NA	1.03	0.11	NA	2.34	010
69210		A	Remove impacted ear wax	0.61	0.79	0.22	0.02	1.42	0.85	000
69220		A	Clean out mastoid cavity	0.83	0.95	0.52	0.05	1.83	1.40	000
69222		A	Clean out mastoid cavity	1.40	1.45	1.20	0.08	2.93	2.68	010
69300		R	Revise external ear	6.36	NA	5.44	0.28	NA	12.08	YYY
69310		A	Rebuild outer ear canal	10.79	NA	9.33	1.08	NA	21.20	090
69320		A	Rebuild outer ear canal	16.96	NA	13.20	1.66	NA	31.82	090
69400		A	Inflate middle ear canal	0.83	0.94	0.38	0.05	1.82	1.26	000
69401		A	Inflate middle ear canal	0.63	0.82	0.39	0.03	1.48	1.05	000
69405		A	Catheterize middle ear canal	2.63	2.26	1.19	0.04	4.93	3.86	010
69410		A	Inset middle ear baffle	0.33	0.66	0.19	0.07	1.06	0.59	000
69420		A	Incision of eardrum	1.33	1.44	0.79	0.08	2.85	2.20	010
69421		A	Incision of eardrum	1.73	1.68	1.43	0.13	3.54	3.29	010
69424		A	Remove ventilating tube	0.85	1.00	0.59	0.06	1.91	1.50	000
69433		A	Create eardrum opening	1.52	1.53	0.96	0.15	3.20	2.63	010
69436		A	Create eardrum opening	1.96	NA	1.56	0.23	NA	3.75	010
69440		A	Exploration of middle ear	7.57	NA	7.13	0.93	NA	15.63	090
69450		A	Eardrum revision	5.57	NA	5.87	1.15	NA	12.59	090
69501		A	Mastoidectomy	9.07	NA	8.01	1.17	NA	18.25	090
69502		A	Mastoidectomy	12.38	NA	10.43	1.45	NA	24.26	090
69505		A	Remove mastoid structures	12.99	NA	10.68	1.79	NA	25.46	090
69511		A	Extensive mastoid surgery	13.52	NA	11.17	1.84	NA	26.53	090
69530		A	Extensive mastoid surgery	19.19	NA	14.85	1.72	NA	35.76	090
69535		A	Remove part of temporal bone	36.14	NA	25.22	2.85	NA	64.21	090
69540		A	Remove ear lesion	1.20	1.35	1.07	0.14	2.69	2.41	010
69550		A	Remove ear lesion	10.99	NA	9.30	2.00	NA	22.29	090
69552		A	Remove ear lesion	19.46	NA	14.98	1.86	NA	36.30	090
69554		A	Remove ear lesion	33.16	NA	23.94	2.63	NA	59.73	090
69601		A	Mastoid surgery revision	13.24	NA	11.10	1.55	NA	25.89	090
69602		A	Mastoid surgery revision	13.58	NA	11.23	1.75	NA	26.56	090
69603		A	Mastoid surgery revision	14.02	NA	11.38	1.88	NA	27.28	090
69604		A	Mastoid surgery revision	14.02	NA	11.25	2.70	NA	27.97	090
69605		A	Mastoid surgery revision	18.49	NA	14.22	1.86	NA	34.57	090
69610		A	Repair of eardrum	4.43	3.46	3.10	0.10	7.99	7.63	010
69620		A	Repair of eardrum	5.89	5.11	3.79	1.16	12.16	10.84	090
69631		A	Repair eardrum structures	9.86	NA	8.81	1.61	NA	20.28	090
69632		A	Rebuild eardrum structures	12.75	NA	10.85	1.73	NA	25.33	090
69633		A	Rebuild eardrum structures	12.10	NA	10.47	1.78	NA	24.35	090
69635		A	Repair eardrum structures	13.33	NA	11.05	1.91	NA	26.29	090
69636		A	Rebuild eardrum structures	15.22	NA	12.59	2.11	NA	29.92	090
69637		A	Rebuild eardrum structures	15.11	NA	12.49	2.22	NA	29.82	090
69641		A	Revise middle ear & mastoid	12.71	NA	10.64	1.87	NA	25.22	090
69642		A	Revise middle ear & mastoid	16.84	NA	13.41	2.21	NA	32.46	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
69643	.....	A	Revise middle ear & mastoid	15.32	NA	12.50	2.51	NA	30.33	090
69644	.....	A	Revise middle ear & mastoid	16.97	NA	13.65	2.70	NA	33.32	090
69645	.....	A	Revise middle ear & mastoid	16.38	NA	13.21	2.51	NA	32.10	090
69646	.....	A	Revise middle ear & mastoid	17.99	NA	14.31	2.40	NA	34.70	090
69650	.....	A	Release middle ear bone	9.66	NA	8.44	1.33	NA	19.43	090
69660	.....	A	Revise middle ear bone	11.90	NA	9.85	1.82	NA	23.57	090
69661	.....	A	Revise middle ear bone	15.74	NA	12.46	1.93	NA	30.13	090
69662	.....	A	Revise middle ear bone	15.44	NA	12.39	1.94	NA	29.77	090
69666	.....	A	Repair middle ear structures	9.75	NA	8.52	1.77	NA	20.04	090
69667	.....	A	Repair middle ear structures	9.76	NA	8.54	1.66	NA	19.96	090
69670	.....	A	Remove mastoid air cells	11.51	NA	9.98	1.08	NA	22.57	090
69676	.....	A	Remove middle ear nerve	9.52	NA	8.60	0.86	NA	18.98	090
69700	.....	A	Close mastoid fistula	8.23	NA	5.34	0.84	NA	14.41	090
69711	.....	A	Remove/repair hearing aid	10.44	NA	9.25	0.44	NA	20.13	090
69720	.....	A	Release facial nerve	14.38	NA	11.86	2.27	NA	28.51	090
69725	.....	A	Release facial nerve	25.38	NA	18.41	1.51	NA	45.30	090
69740	.....	A	Repair facial nerve	15.96	NA	11.67	1.69	NA	29.32	090
69745	.....	A	Repair facial nerve	16.69	NA	13.17	1.53	NA	31.39	090
69801	.....	A	Incise inner ear	8.56	NA	7.69	1.84	NA	18.09	090
69802	.....	A	Incise inner ear	13.10	NA	10.98	1.22	NA	25.30	090
69805	.....	A	Explore inner ear	13.82	NA	11.15	2.00	NA	26.97	090
69806	.....	A	Explore inner ear	12.35	NA	10.47	2.54	NA	25.36	090
69820	.....	A	Establish inner ear window	10.34	NA	8.82	1.00	NA	20.16	090
69840	.....	A	Revise inner ear window	10.26	NA	12.01	0.51	NA	22.78	090
69905	.....	A	Remove inner ear	11.10	NA	9.53	2.07	NA	22.70	090
69910	.....	A	Remove inner ear & mastoid	13.63	NA	11.12	2.34	NA	27.09	090
69915	.....	A	Incise inner ear nerve	21.23	NA	16.10	2.02	NA	39.35	090
69930	.....	A	Implant cochlear device	16.81	NA	12.89	3.34	NA	33.04	090
69950	.....	A	Incise inner ear nerve	25.64	NA	17.75	2.31	NA	45.70	090
69955	.....	A	Release facial nerve	27.04	NA	20.01	2.25	NA	49.30	090
69960	.....	A	Release inner ear canal	27.04	NA	18.59	1.93	NA	47.56	090
69970	.....	A	Remove inner ear lesion	30.04	NA	21.22	2.26	NA	53.52	090
70010	.....	A	Contrast x-ray of brain	1.19	3.46	3.46	0.34	4.99	4.99	XXX
70010	26	A	Contrast x-ray of brain	1.19	0.39	0.39	0.08	1.66	1.66	XXX
70010	TC	A	Contrast x-ray of brain	0.00	3.07	3.07	0.26	3.33	3.33	XXX
70015	.....	A	Contrast x-ray of brain	1.19	1.35	1.35	0.17	2.71	2.71	XXX
70015	26	A	Contrast x-ray of brain	1.19	0.39	0.39	0.08	1.66	1.66	XXX
70015	TC	A	Contrast x-ray of brain	0.00	0.96	0.96	0.09	1.05	1.05	XXX
70030	.....	A	X-ray eye for foreign body	0.17	0.36	0.36	0.04	0.57	0.57	XXX
70030	26	A	X-ray eye for foreign body	0.17	0.06	0.06	0.01	0.24	0.24	XXX
70030	TC	A	X-ray eye for foreign body	0.00	0.30	0.30	0.03	0.33	0.33	XXX
70100	.....	A	X-ray exam of jaw	0.18	0.44	0.44	0.04	0.66	0.66	XXX
70100	26	A	X-ray exam of jaw	0.18	0.07	0.07	0.01	0.26	0.26	XXX
70100	TC	A	X-ray exam of jaw	0.00	0.37	0.37	0.03	0.40	0.40	XXX
70110	.....	A	X-ray exam of jaw	0.25	0.53	0.53	0.06	0.84	0.84	XXX
70110	26	A	X-ray exam of jaw	0.25	0.09	0.09	0.02	0.36	0.36	XXX
70110	TC	A	X-ray exam of jaw	0.00	0.44	0.44	0.04	0.48	0.48	XXX
70120	.....	A	X-ray exam of mastoids	0.18	0.51	0.51	0.05	0.74	0.74	XXX
70120	26	A	X-ray exam of mastoids	0.18	0.07	0.07	0.01	0.26	0.26	XXX
70120	TC	A	X-ray exam of mastoids	0.00	0.44	0.44	0.04	0.48	0.48	XXX
70130	.....	A	X-ray exam of mastoids	0.34	0.68	0.68	0.07	1.09	1.09	XXX
70130	26	A	X-ray exam of mastoids	0.34	0.12	0.12	0.02	0.48	0.48	XXX
70130	TC	A	X-ray exam of mastoids	0.00	0.56	0.56	0.05	0.61	0.61	XXX
70134	.....	A	X-ray exam of middle ear	0.34	0.64	0.64	0.07	1.05	1.05	XXX
70134	26	A	X-ray exam of middle ear	0.34	0.12	0.12	0.02	0.48	0.48	XXX
70134	TC	A	X-ray exam of middle ear	0.00	0.52	0.52	0.05	0.57	0.57	XXX
70140	.....	A	X-ray exam of facial bones	0.19	0.51	0.51	0.05	0.75	0.75	XXX
70140	26	A	X-ray exam of facial bones	0.19	0.07	0.07	0.01	0.27	0.27	XXX
70140	TC	A	X-ray exam of facial bones	0.00	0.44	0.44	0.04	0.48	0.48	XXX
70150	.....	A	X-ray exam of facial bones	0.26	0.65	0.65	0.07	0.98	0.98	XXX
70150	26	A	X-ray exam of facial bones	0.26	0.09	0.09	0.02	0.37	0.37	XXX
70150	TC	A	X-ray exam of facial bones	0.00	0.56	0.56	0.05	0.61	0.61	XXX
70160	.....	A	X-ray exam of nasal bones	0.17	0.43	0.43	0.04	0.64	0.64	XXX
70160	26	A	X-ray exam of nasal bones	0.17	0.06	0.06	0.01	0.24	0.24	XXX
70160	TC	A	X-ray exam of nasal bones	0.00	0.37	0.37	0.03	0.40	0.40	XXX
70170	.....	A	X-ray exam of tear duct	0.30	0.77	0.77	0.08	1.15	1.15	XXX
70170	26	A	X-ray exam of tear duct	0.30	0.10	0.10	0.02	0.42	0.42	XXX
70170	TC	A	X-ray exam of tear duct	0.00	0.67	0.67	0.06	0.73	0.73	XXX
70190	.....	A	X-ray exam of eye sockets	0.21	0.51	0.51	0.05	0.77	0.77	XXX
70190	26	A	X-ray exam of eye sockets	0.21	0.07	0.07	0.01	0.29	0.29	XXX
70190	TC	A	X-ray exam of eye sockets	0.00	0.44	0.44	0.04	0.48	0.48	XXX
70200	.....	A	X-ray exam of eye sockets	0.28	0.65	0.65	0.07	1.00	1.00	XXX
70200	26	A	X-ray exam of eye sockets	0.28	0.10	0.10	0.02	0.40	0.40	XXX
70200	TC	A	X-ray exam of eye sockets	0.00	0.56	0.56	0.05	0.61	0.61	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
70210	.....	A	X-ray exam of sinuses	0.17	0.50	0.50	0.05	0.72	0.72	XXX
70210	26	A	X-ray exam of sinuses	0.17	0.06	0.06	0.01	0.24	0.24	XXX
70210	TC	A	X-ray exam of sinuses	0.00	0.44	0.44	0.04	0.48	0.48	XXX
70220	.....	A	X-ray exam of sinuses	0.25	0.65	0.65	0.07	0.97	0.97	XXX
70220	26	A	X-ray exam of sinuses	0.25	0.09	0.09	0.02	0.36	0.36	XXX
70220	TC	A	X-ray exam of sinuses	0.00	0.56	0.56	0.05	0.61	0.61	XXX
70240	.....	A	X-ray exam pituitary saddle	0.19	0.36	0.36	0.04	0.59	0.59	XXX
70240	26	A	X-ray exam pituitary saddle	0.19	0.07	0.07	0.01	0.27	0.27	XXX
70240	TC	A	X-ray exam pituitary saddle	0.00	0.30	0.30	0.03	0.33	0.33	XXX
70250	.....	A	X-ray exam of skull	0.24	0.52	0.52	0.06	0.82	0.82	XXX
70250	26	A	X-ray exam of skull	0.24	0.08	0.08	0.02	0.34	0.34	XXX
70250	TC	A	X-ray exam of skull	0.00	0.44	0.44	0.04	0.48	0.48	XXX
70260	.....	A	X-ray exam of skull	0.34	0.75	0.75	0.08	1.17	1.17	XXX
70260	26	A	X-ray exam of skull	0.34	0.12	0.12	0.02	0.48	0.48	XXX
70260	TC	A	X-ray exam of skull	0.00	0.63	0.63	0.06	0.69	0.69	XXX
70300	.....	A	X-ray exam of teeth	0.10	0.22	0.22	0.03	0.35	0.35	XXX
70300	26	A	X-ray exam of teeth	0.10	0.04	0.04	0.01	0.15	0.15	XXX
70300	TC	A	X-ray exam of teeth	0.00	0.19	0.19	0.02	0.21	0.21	XXX
70310	.....	A	X-ray exam of teeth	0.16	0.35	0.35	0.04	0.55	0.55	XXX
70310	26	A	X-ray exam of teeth	0.16	0.05	0.05	0.01	0.22	0.22	XXX
70310	TC	A	X-ray exam of teeth	0.00	0.30	0.30	0.03	0.33	0.33	XXX
70320	.....	A	Full mouth x-ray of teeth	0.22	0.63	0.63	0.07	0.92	0.92	XXX
70320	26	A	Full mouth x-ray of teeth	0.22	0.07	0.07	0.02	0.31	0.31	XXX
70320	TC	A	Full mouth x-ray of teeth	0.00	0.56	0.56	0.05	0.61	0.61	XXX
70328	.....	A	X-ray exam of jaw joint	0.18	0.42	0.42	0.04	0.64	0.64	XXX
70328	26	A	X-ray exam of jaw joint	0.18	0.07	0.07	0.01	0.26	0.26	XXX
70328	TC	A	X-ray exam of jaw joint	0.00	0.35	0.35	0.03	0.38	0.38	XXX
70330	.....	A	X-ray exam of jaw joints	0.24	0.68	0.68	0.07	0.99	0.99	XXX
70330	26	A	X-ray exam of jaw joints	0.24	0.08	0.08	0.02	0.34	0.34	XXX
70330	TC	A	X-ray exam of jaw joints	0.00	0.60	0.60	0.05	0.65	0.65	XXX
70332	.....	A	X-ray exam of jaw joint	0.54	1.67	1.67	0.17	2.38	2.38	XXX
70332	26	A	X-ray exam of jaw joint	0.54	0.19	0.19	0.04	0.77	0.77	XXX
70332	TC	A	X-ray exam of jaw joint	0.00	1.49	1.49	0.13	1.62	1.62	XXX
70336	.....	A	Magnetic image jaw joint	1.48	8.27	8.27	0.73	10.48	10.48	XXX
70336	26	A	Magnetic image jaw joint	1.48	0.32	0.32	0.06	1.86	1.86	XXX
70336	TC	A	Magnetic image jaw joint	0.00	7.95	7.95	0.67	8.62	8.62	XXX
70350	.....	A	X-ray head for orthodontia	0.17	0.33	0.33	0.03	0.53	0.53	XXX
70350	26	A	X-ray head for orthodontia	0.17	0.06	0.06	0.01	0.24	0.24	XXX
70350	TC	A	X-ray head for orthodontia	0.00	0.27	0.27	0.02	0.29	0.29	XXX
70355	.....	A	Panoramic x-ray of jaws	0.20	0.47	0.47	0.05	0.72	0.72	XXX
70355	26	A	Panoramic x-ray of jaws	0.20	0.07	0.07	0.01	0.28	0.28	XXX
70355	TC	A	Panoramic x-ray of jaws	0.00	0.40	0.40	0.04	0.44	0.44	XXX
70360	.....	A	X-ray exam of neck	0.17	0.36	0.36	0.04	0.57	0.57	XXX
70360	26	A	X-ray exam of neck	0.17	0.06	0.06	0.01	0.24	0.24	XXX
70360	TC	A	X-ray exam of neck	0.00	0.30	0.30	0.03	0.33	0.33	XXX
70370	.....	A	Throat x-ray & fluoroscopy	0.32	1.03	1.03	0.10	1.45	1.45	XXX
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.11	0.11	0.02	0.45	0.45	XXX
70370	TC	A	Throat x-ray & fluoroscopy	0.00	0.92	0.92	0.08	1.00	1.00	XXX
70371	.....	A	Speech evaluation, complex	0.84	1.77	1.77	0.19	2.80	2.80	XXX
70371	26	A	Speech evaluation, complex	0.84	0.28	0.28	0.06	1.18	1.18	XXX
70371	TC	A	Speech evaluation, complex	0.00	1.49	1.49	0.13	1.62	1.62	XXX
70373	.....	A	Contrast x-ray of larynx	0.44	1.41	1.41	0.14	1.99	1.99	XXX
70373	26	A	Contrast x-ray of larynx	0.44	0.15	0.15	0.03	0.62	0.62	XXX
70373	TC	A	Contrast x-ray of larynx	0.00	1.27	1.27	0.11	1.38	1.38	XXX
70380	.....	A	X-ray exam of salivary gland	0.17	0.54	0.54	0.05	0.76	0.76	XXX
70380	26	A	X-ray exam of salivary gland	0.17	0.06	0.06	0.01	0.24	0.24	XXX
70380	TC	A	X-ray exam of salivary gland	0.00	0.48	0.48	0.04	0.52	0.52	XXX
70390	.....	A	X-ray exam of salivary duct	0.38	1.39	1.39	0.14	1.91	1.91	XXX
70390	26	A	X-ray exam of salivary duct	0.38	0.13	0.13	0.03	0.54	0.54	XXX
70390	TC	A	X-ray exam of salivary duct	0.00	1.27	1.27	0.11	1.38	1.38	XXX
70450	.....	A	CAT scan of head or brain	0.85	3.63	3.63	0.35	4.83	4.83	XXX
70450	26	A	CAT scan of head or brain	0.85	0.28	0.28	0.06	1.19	1.19	XXX
70450	TC	A	CAT scan of head or brain	0.00	3.35	3.35	0.29	3.64	3.64	XXX
70460	.....	A	Contrast CAT scan of head	1.13	4.38	4.38	0.43	5.94	5.94	XXX
70460	26	A	Contrast CAT scan of head	1.13	0.37	0.37	0.08	1.58	1.58	XXX
70460	TC	A	Contrast CAT scan of head	0.00	4.01	4.01	0.35	4.36	4.36	XXX
70470	.....	A	Contrast CAT scans of head	1.27	5.43	5.43	0.52	7.22	7.22	XXX
70470	26	A	Contrast CAT scans of head	1.27	0.42	0.42	0.09	1.78	1.78	XXX
70470	TC	A	Contrast CAT scans of head	0.00	5.02	5.02	0.43	5.45	5.45	XXX
70480	.....	A	CAT scan of skull	1.28	3.77	3.77	0.38	5.43	5.43	XXX
70480	26	A	CAT scan of skull	1.28	0.42	0.42	0.09	1.79	1.79	XXX
70480	TC	A	CAT scan of skull	0.00	3.35	3.35	0.29	3.64	3.64	XXX
70481	.....	A	Contrast CAT scan of skull	1.38	4.47	4.47	0.44	6.29	6.29	XXX
70481	26	A	Contrast CAT scan of skull	1.38	0.45	0.45	0.09	1.92	1.92	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
70481	TC	A	Contrast CAT scan of skull	0.00	4.01	4.01	0.35	4.36	4.36	XXX
70482		A	Contrast CAT scans of skull	1.45	5.49	5.49	0.53	7.47	7.47	XXX
70482	26	A	Contrast CAT scans of skull	1.45	0.48	0.48	0.10	2.03	2.03	XXX
70482	TC	A	Contrast CAT scans of skull	0.00	5.02	5.02	0.43	5.45	5.45	XXX
70486		A	CAT scan of face, jaw	1.14	3.72	3.72	0.37	5.23	5.23	XXX
70486	26	A	CAT scan of face, jaw	1.14	0.37	0.37	0.08	1.59	1.59	XXX
70486	TC	A	CAT scan of face, jaw	0.00	3.35	3.35	0.29	3.64	3.64	XXX
70487		A	Contrast CAT scan, face/jaw	1.30	4.44	4.44	0.44	6.18	6.18	XXX
70487	26	A	Contrast CAT scan, face/jaw	1.30	0.42	0.42	0.09	1.81	1.81	XXX
70487	TC	A	Contrast CAT scan, face/jaw	0.00	4.01	4.01	0.35	4.36	4.36	XXX
70488		A	Contrast CAT scans face/jaw	1.42	5.49	5.49	0.53	7.44	7.44	XXX
70488	26	A	Contrast CAT scans face/jaw	1.42	0.47	0.47	0.10	1.99	1.99	XXX
70488	TC	A	Contrast CAT scans face/jaw	0.00	5.02	5.02	0.43	5.45	5.45	XXX
70490		A	CAT scan of neck tissue	1.28	3.77	3.77	0.38	5.43	5.43	XXX
70490	26	A	CAT scan of neck tissue	1.28	0.42	0.42	0.09	1.79	1.79	XXX
70490	TC	A	CAT scan of neck tissue	0.00	3.35	3.35	0.29	3.64	3.64	XXX
70491		A	Contrast CAT of neck tissue	1.38	4.47	4.47	0.44	6.29	6.29	XXX
70491	26	A	Contrast CAT of neck tissue	1.38	0.45	0.45	0.09	1.92	1.92	XXX
70491	TC	A	Contrast CAT of neck tissue	0.00	4.01	4.01	0.35	4.36	4.36	XXX
70492		A	Contrast CAT of neck tissue	1.45	5.49	5.49	0.53	7.47	7.47	XXX
70492	26	A	Contrast CAT of neck tissue	1.45	0.48	0.48	0.10	2.03	2.03	XXX
70492	TC	A	Contrast CAT of neck tissue	0.00	5.02	5.02	0.43	5.45	5.45	XXX
70540		A	Magnetic image, face, neck	1.48	8.44	8.44	0.77	10.69	10.69	XXX
70540	26	A	Magnetic image, face, neck	1.48	0.49	0.49	0.10	2.07	2.07	XXX
70540	TC	A	Magnetic image, face, neck	0.00	7.95	7.95	0.67	8.62	8.62	XXX
70541		R	Magnetic image, head (MRA)	1.81	8.44	8.44	0.77	11.02	11.02	XXX
70541	26	R	Magnetic image, head (MRA)	1.81	0.49	0.49	0.10	2.40	2.40	XXX
70541	TC	R	Magnetic image, head (MRA)	0.00	7.95	7.95	0.67	8.62	8.62	XXX
70551		A	Magnetic image, brain (MRI)	1.48	8.44	8.44	0.77	10.69	10.69	XXX
70551	26	A	Magnetic image, brain (MRI)	1.48	0.49	0.49	0.10	2.07	2.07	XXX
70551	TC	A	Magnetic image, brain (MRI)	0.00	7.95	7.95	0.67	8.62	8.62	XXX
70552		A	Magnetic image, brain (MRI)	1.78	10.13	10.13	0.93	12.84	12.84	XXX
70552	26	A	Magnetic image, brain (MRI)	1.78	0.60	0.60	0.12	2.50	2.50	XXX
70552	TC	A	Magnetic image, brain (MRI)	0.00	9.53	9.53	0.81	10.34	10.34	XXX
70553		A	Magnetic image, brain	2.36	18.45	18.45	1.65	22.46	22.46	XXX
70553	26	A	Magnetic image, brain	2.36	0.80	0.80	0.16	3.32	3.32	XXX
70553	TC	A	Magnetic image, brain	0.00	17.65	17.65	1.49	19.14	19.14	XXX
71010		A	Chest x-ray	0.18	0.39	0.39	0.04	0.61	0.61	XXX
71010	26	A	Chest x-ray	0.18	0.06	0.06	0.01	0.25	0.25	XXX
71010	TC	A	Chest x-ray	0.00	0.33	0.33	0.03	0.36	0.36	XXX
71015		A	X-ray exam of chest	0.21	0.45	0.45	0.04	0.70	0.70	XXX
71015	26	A	X-ray exam of chest	0.21	0.07	0.07	0.01	0.29	0.29	XXX
71015	TC	A	X-ray exam of chest	0.00	0.37	0.37	0.03	0.40	0.40	XXX
71020		A	Chest x-ray	0.22	0.51	0.51	0.05	0.78	0.78	XXX
71020	26	A	Chest x-ray	0.22	0.07	0.07	0.01	0.30	0.30	XXX
71020	TC	A	Chest x-ray	0.00	0.44	0.44	0.04	0.48	0.48	XXX
71021		A	Chest x-ray	0.27	0.61	0.61	0.07	0.95	0.95	XXX
71021	26	A	Chest x-ray	0.27	0.09	0.09	0.02	0.38	0.38	XXX
71021	TC	A	Chest x-ray	0.00	0.52	0.52	0.05	0.57	0.57	XXX
71022		A	Chest x-ray	0.31	0.63	0.63	0.07	1.01	1.01	XXX
71022	26	A	Chest x-ray	0.31	0.10	0.10	0.02	0.43	0.43	XXX
71022	TC	A	Chest x-ray	0.00	0.52	0.52	0.05	0.57	0.57	XXX
71023		A	Chest x-ray and fluoroscopy	0.38	0.68	0.68	0.08	1.14	1.14	XXX
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.13	0.13	0.03	0.54	0.54	XXX
71023	TC	A	Chest x-ray and fluoroscopy	0.00	0.56	0.56	0.05	0.61	0.61	XXX
71030		A	Chest x-ray	0.31	0.66	0.66	0.07	1.04	1.04	XXX
71030	26	A	Chest x-ray	0.31	0.10	0.10	0.02	0.43	0.43	XXX
71030	TC	A	Chest x-ray	0.00	0.56	0.56	0.05	0.61	0.61	XXX
71034		A	Chest x-ray & fluoroscopy	0.46	1.18	1.18	0.12	1.76	1.76	XXX
71034	26	A	Chest x-ray & fluoroscopy	0.46	0.16	0.16	0.03	0.65	0.65	XXX
71034	TC	A	Chest x-ray & fluoroscopy	0.00	1.02	1.02	0.09	1.11	1.11	XXX
71035		A	Chest x-ray	0.18	0.43	0.43	0.04	0.65	0.65	XXX
71035	26	A	Chest x-ray	0.18	0.06	0.06	0.01	0.25	0.25	XXX
71035	TC	A	Chest x-ray	0.00	0.37	0.37	0.03	0.40	0.40	XXX
71036		A	X-ray guidance for biopsy	0.54	1.30	1.30	0.14	1.98	1.98	XXX
71036	26	A	X-ray guidance for biopsy	0.54	0.19	0.19	0.04	0.77	0.77	XXX
71036	TC	A	X-ray guidance for biopsy	0.00	1.12	1.12	0.10	1.22	1.22	XXX
71038		A	X-ray guidance for biopsy	0.54	1.38	1.38	0.15	2.07	2.07	XXX
71038	26	A	X-ray guidance for biopsy	0.54	0.19	0.19	0.04	0.77	0.77	XXX
71038	TC	A	X-ray guidance for biopsy	0.00	1.19	1.19	0.11	1.30	1.30	XXX
71040		A	Contrast x-ray of bronchi	0.58	1.24	1.24	0.13	1.95	1.95	XXX
71040	26	A	Contrast x-ray of bronchi	0.58	0.20	0.20	0.04	0.82	0.82	XXX
71040	TC	A	Contrast x-ray of bronchi	0.00	1.03	1.03	0.09	1.12	1.12	XXX
71060		A	Contrast x-ray of bronchi	0.74	1.82	1.82	0.19	2.75	2.75	XXX

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[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
71060	26	A	Contrast x-ray of bronchi	0.74	0.25	0.25	0.05	1.04	1.04	XXX
71060	TC	A	Contrast x-ray of bronchi	0.00	1.56	1.56	0.14	1.70	1.70	XXX
71090		A	X-ray & pacemaker insertion	0.54	1.38	1.38	0.15	2.07	2.07	XXX
71090	26	A	X-ray & pacemaker insertion	0.54	0.19	0.19	0.04	0.77	0.77	XXX
71090	TC	A	X-ray & pacemaker insertion	0.00	1.19	1.19	0.11	1.30	1.30	XXX
71100		A	X-ray exam of ribs	0.22	0.48	0.48	0.06	0.76	0.76	XXX
71100	26	A	X-ray exam of ribs	0.22	0.07	0.07	0.02	0.31	0.31	XXX
71100	TC	A	X-ray exam of ribs	0.00	0.40	0.40	0.04	0.44	0.44	XXX
71101		A	X-ray exam of ribs, chest	0.27	0.57	0.57	0.06	0.90	0.90	XXX
71101	26	A	X-ray exam of ribs, chest	0.27	0.10	0.10	0.02	0.39	0.39	XXX
71101	TC	A	X-ray exam of ribs, chest	0.00	0.48	0.48	0.04	0.52	0.52	XXX
71110		A	X-ray exam of ribs	0.27	0.65	0.65	0.07	0.99	0.99	XXX
71110	26	A	X-ray exam of ribs	0.27	0.10	0.10	0.02	0.39	0.39	XXX
71110	TC	A	X-ray exam of ribs	0.00	0.56	0.56	0.05	0.61	0.61	XXX
71111		A	X-ray exam of ribs, chest	0.32	0.74	0.74	0.08	1.14	1.14	XXX
71111	26	A	X-ray exam of ribs, chest	0.32	0.11	0.11	0.02	0.45	0.45	XXX
71111	TC	A	X-ray exam of ribs, chest	0.00	0.63	0.63	0.06	0.69	0.69	XXX
71120		A	X-ray exam of breastbone	0.20	0.53	0.53	0.05	0.78	0.78	XXX
71120	26	A	X-ray exam of breastbone	0.20	0.07	0.07	0.01	0.28	0.28	XXX
71120	TC	A	X-ray exam of breastbone	0.00	0.46	0.46	0.04	0.50	0.50	XXX
71130		A	X-ray exam of breastbone	0.22	0.57	0.57	0.05	0.84	0.84	XXX
71130	26	A	X-ray exam of breastbone	0.22	0.07	0.07	0.01	0.30	0.30	XXX
71130	TC	A	X-ray exam of breastbone	0.00	0.50	0.50	0.04	0.54	0.54	XXX
71250		A	Cat scan of chest	1.16	4.57	4.57	0.44	6.17	6.17	XXX
71250	26	A	Cat scan of chest	1.16	0.38	0.38	0.08	1.62	1.62	XXX
71250	TC	A	Cat scan of chest	0.00	4.19	4.19	0.36	4.55	4.55	XXX
71260		A	Contrast CAT scan of chest	1.24	5.43	5.43	0.51	7.18	7.18	XXX
71260	26	A	Contrast CAT scan of chest	1.24	0.41	0.41	0.08	1.73	1.73	XXX
71260	TC	A	Contrast CAT scan of chest	0.00	5.02	5.02	0.43	5.45	5.45	XXX
71270		A	Contrast CAT scans of chest	1.38	6.73	6.73	0.61	8.72	8.72	XXX
71270	26	A	Contrast CAT scans of chest	1.38	0.45	0.45	0.09	1.92	1.92	XXX
71270	TC	A	Contrast CAT scans of chest	0.00	6.27	6.27	0.52	6.79	6.79	XXX
71550		A	Magnetic image, chest	1.60	8.48	8.48	0.78	10.86	10.86	XXX
71550	26	A	Magnetic image, chest	1.60	0.54	0.54	0.11	2.25	2.25	XXX
71550	TC	A	Magnetic image, chest	0.00	7.95	7.95	0.67	8.62	8.62	XXX
71555		N	Magnetic imaging/chest (MRA)	+1.81	8.48	8.48	0.78	11.07	11.07	XXX
71555	26	N	Magnetic imaging/chest (MRA)	+1.81	0.54	0.54	0.11	2.46	2.46	XXX
71555	TC	N	Magnetic imaging/chest (MRA)	+0.00	7.95	7.95	0.67	8.62	8.62	XXX
72010		A	X-ray exam of spine	0.45	0.88	0.88	0.09	1.42	1.42	XXX
72010	26	A	X-ray exam of spine	0.45	0.15	0.15	0.03	0.63	0.63	XXX
72010	TC	A	X-ray exam of spine	0.00	0.73	0.73	0.06	0.79	0.79	XXX
72020		A	X-ray exam of spine	0.15	0.35	0.35	0.04	0.54	0.54	XXX
72020	26	A	X-ray exam of spine	0.15	0.05	0.05	0.01	0.21	0.21	XXX
72020	TC	A	X-ray exam of spine	0.00	0.30	0.30	0.03	0.33	0.33	XXX
72040		A	X-ray exam of neck spine	0.22	0.50	0.50	0.05	0.77	0.77	XXX
72040	26	A	X-ray exam of neck spine	0.22	0.07	0.07	0.01	0.30	0.30	XXX
72040	TC	A	X-ray exam of neck spine	0.00	0.42	0.42	0.04	0.46	0.46	XXX
72050		A	X-ray exam of neck spine	0.31	0.74	0.74	0.08	1.13	1.13	XXX
72050	26	A	X-ray exam of neck spine	0.31	0.10	0.10	0.02	0.43	0.43	XXX
72050	TC	A	X-ray exam of neck spine	0.00	0.63	0.63	0.06	0.69	0.69	XXX
72052		A	X-ray exam of neck spine	0.36	0.93	0.93	0.09	1.38	1.38	XXX
72052	26	A	X-ray exam of neck spine	0.36	0.13	0.13	0.02	0.51	0.51	XXX
72052	TC	A	X-ray exam of neck spine	0.00	0.80	0.80	0.07	0.87	0.87	XXX
72069		A	X-ray exam of trunk spine	0.22	0.42	0.42	0.04	0.68	0.68	XXX
72069	26	A	X-ray exam of trunk spine	0.22	0.07	0.07	0.01	0.30	0.30	XXX
72069	TC	A	X-ray exam of trunk spine	0.00	0.35	0.35	0.03	0.38	0.38	XXX
72070		A	X-ray exam of thorax spine	0.22	0.54	0.54	0.05	0.81	0.81	XXX
72070	26	A	X-ray exam of thorax spine	0.22	0.07	0.07	0.01	0.30	0.30	XXX
72070	TC	A	X-ray exam of thorax spine	0.00	0.46	0.46	0.04	0.50	0.50	XXX
72072		A	X-ray exam of thoracic spine	0.22	0.60	0.60	0.06	0.88	0.88	XXX
72072	26	A	X-ray exam of thoracic spine	0.22	0.07	0.07	0.01	0.30	0.30	XXX
72072	TC	A	X-ray exam of thoracic spine	0.00	0.52	0.52	0.05	0.57	0.57	XXX
72074		A	X-ray exam of thoracic spine	0.22	0.72	0.72	0.07	1.01	1.01	XXX
72074	26	A	X-ray exam of thoracic spine	0.22	0.07	0.07	0.01	0.30	0.30	XXX
72074	TC	A	X-ray exam of thoracic spine	0.00	0.65	0.65	0.06	0.71	0.71	XXX
72080		A	X-ray exam of trunk spine	0.22	0.55	0.55	0.05	0.82	0.82	XXX
72080	26	A	X-ray exam of trunk spine	0.22	0.07	0.07	0.01	0.30	0.30	XXX
72080	TC	A	X-ray exam of trunk spine	0.00	0.48	0.48	0.04	0.52	0.52	XXX
72090		A	X-ray exam of trunk spine	0.28	0.57	0.57	0.06	0.91	0.91	XXX
72090	26	A	X-ray exam of trunk spine	0.28	0.10	0.10	0.02	0.40	0.40	XXX
72090	TC	A	X-ray exam of trunk spine	0.00	0.48	0.48	0.04	0.52	0.52	XXX
72100		A	X-ray exam of lower spine	0.22	0.55	0.55	0.05	0.82	0.82	XXX
72100	26	A	X-ray exam of lower spine	0.22	0.07	0.07	0.01	0.30	0.30	XXX
72100	TC	A	X-ray exam of lower spine	0.00	0.48	0.48	0.04	0.52	0.52	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
72110	.....	A	X-ray exam of lower spine	0.31	0.75	0.75	0.08	1.14	1.14	XXX
72110	26	A	X-ray exam of lower spine	0.31	0.10	0.10	0.02	0.43	0.43	XXX
72110	TC	A	X-ray exam of lower spine	0.00	0.65	0.65	0.06	0.71	0.71	XXX
72114	.....	A	X-ray exam of lower spine	0.36	0.97	0.97	0.09	1.42	1.42	XXX
72114	26	A	X-ray exam of lower spine	0.36	0.13	0.13	0.02	0.51	0.51	XXX
72114	TC	A	X-ray exam of lower spine	0.00	0.84	0.84	0.07	0.91	0.91	XXX
72120	.....	A	X-ray exam of lower spine	0.22	0.71	0.71	0.07	1.00	1.00	XXX
72120	26	A	X-ray exam of lower spine	0.22	0.07	0.07	0.01	0.30	0.30	XXX
72120	TC	A	X-ray exam of lower spine	0.00	0.63	0.63	0.06	0.69	0.69	XXX
72125	.....	A	CAT scan of neck spine	1.16	4.57	4.57	0.44	6.17	6.17	XXX
72125	26	A	CAT scan of neck spine	1.16	0.38	0.38	0.08	1.62	1.62	XXX
72125	TC	A	CAT scan of neck spine	0.00	4.19	4.19	0.36	4.55	4.55	XXX
72126	.....	A	Contrast CAT scan of neck	1.22	5.41	5.41	0.51	7.14	7.14	XXX
72126	26	A	Contrast CAT scan of neck	1.22	0.39	0.39	0.08	1.69	1.69	XXX
72126	TC	A	Contrast CAT scan of neck	0.00	5.02	5.02	0.43	5.45	5.45	XXX
72127	.....	A	Contrast CAT scans of neck	1.27	6.69	6.69	0.61	8.57	8.57	XXX
72127	26	A	Contrast CAT scans of neck	1.27	0.42	0.42	0.09	1.78	1.78	XXX
72127	TC	A	Contrast CAT scans of neck	0.00	6.27	6.27	0.52	6.79	6.79	XXX
72128	.....	A	CAT scan of thorax spine	1.16	4.57	4.57	0.44	6.17	6.17	XXX
72128	26	A	CAT scan of thorax spine	1.16	0.38	0.38	0.08	1.62	1.62	XXX
72128	TC	A	CAT scan of thorax spine	0.00	4.19	4.19	0.36	4.55	4.55	XXX
72129	.....	A	Contrast CAT scan of thorax	1.22	5.41	5.41	0.51	7.14	7.14	XXX
72129	26	A	Contrast CAT scan of thorax	1.22	0.39	0.39	0.08	1.69	1.69	XXX
72129	TC	A	Contrast CAT scan of thorax	0.00	5.02	5.02	0.43	5.45	5.45	XXX
72130	.....	A	Contrast CAT scans of thorax	1.27	6.69	6.69	0.61	8.57	8.57	XXX
72130	26	A	Contrast CAT scans of thorax	1.27	0.42	0.42	0.09	1.78	1.78	XXX
72130	TC	A	Contrast CAT scans of thorax	0.00	6.27	6.27	0.52	6.79	6.79	XXX
72131	.....	A	CAT scan of lower spine	1.16	4.57	4.57	0.44	6.17	6.17	XXX
72131	26	A	CAT scan of lower spine	1.16	0.38	0.38	0.08	1.62	1.62	XXX
72131	TC	A	CAT scan of lower spine	0.00	4.19	4.19	0.36	4.55	4.55	XXX
72132	.....	A	Contrast CAT of lower spine	1.22	5.41	5.41	0.51	7.14	7.14	XXX
72132	26	A	Contrast CAT of lower spine	1.22	0.39	0.39	0.08	1.69	1.69	XXX
72132	TC	A	Contrast CAT of lower spine	0.00	5.02	5.02	0.43	5.45	5.45	XXX
72133	.....	A	Contrast CAT scans, low spine	1.27	6.69	6.69	0.61	8.57	8.57	XXX
72133	26	A	Contrast CAT scans, low spine	1.27	0.42	0.42	0.09	1.78	1.78	XXX
72133	TC	A	Contrast CAT scans, low spine	0.00	6.27	6.27	0.52	6.79	6.79	XXX
72141	.....	A	Magnetic image, neck spine	1.60	8.48	8.48	0.78	10.86	10.86	XXX
72141	26	A	Magnetic image, neck spine	1.60	0.54	0.54	0.11	2.25	2.25	XXX
72141	TC	A	Magnetic image, neck spine	0.00	7.95	7.95	0.67	8.62	8.62	XXX
72142	.....	A	Magnetic image, neck spine	1.92	10.17	10.17	0.94	13.03	13.03	XXX
72142	26	A	Magnetic image, neck spine	1.92	0.64	0.64	0.13	2.69	2.69	XXX
72142	TC	A	Magnetic image, neck spine	0.00	9.53	9.53	0.81	10.34	10.34	XXX
72146	.....	A	Magnetic image, chest spine	1.60	9.36	9.36	0.85	11.81	11.81	XXX
72146	26	A	Magnetic image, chest spine	1.60	0.54	0.54	0.11	2.25	2.25	XXX
72146	TC	A	Magnetic image, chest spine	0.00	8.83	8.83	0.74	9.57	9.57	XXX
72147	.....	A	Magnetic image, chest spine	1.92	10.17	10.17	0.94	13.03	13.03	XXX
72147	26	A	Magnetic image, chest spine	1.92	0.64	0.64	0.13	2.69	2.69	XXX
72147	TC	A	Magnetic image, chest spine	0.00	9.53	9.53	0.81	10.34	10.34	XXX
72148	.....	A	Magnetic image, lumbar spine	1.48	9.32	9.32	0.84	11.64	11.64	XXX
72148	26	A	Magnetic image, lumbar spine	1.48	0.49	0.49	0.10	2.07	2.07	XXX
72148	TC	A	Magnetic image, lumbar spine	0.00	8.83	8.83	0.74	9.57	9.57	XXX
72149	.....	A	Magnetic image, lumbar spine	1.78	10.13	10.13	0.93	12.84	12.84	XXX
72149	26	A	Magnetic image, lumbar spine	1.78	0.60	0.60	0.12	2.50	2.50	XXX
72149	TC	A	Magnetic image, lumbar spine	0.00	9.53	9.53	0.81	10.34	10.34	XXX
72156	.....	A	Magnetic image, neck spine	2.57	18.51	18.51	1.66	22.74	22.74	XXX
72156	26	A	Magnetic image, neck spine	2.57	0.86	0.86	0.17	3.60	3.60	XXX
72156	TC	A	Magnetic image, neck spine	0.00	17.65	17.65	1.49	19.14	19.14	XXX
72157	.....	A	Magnetic image, chest spine	2.57	18.51	18.51	1.66	22.74	22.74	XXX
72157	26	A	Magnetic image, chest spine	2.57	0.86	0.86	0.17	3.60	3.60	XXX
72157	TC	A	Magnetic image, chest spine	0.00	17.65	17.65	1.49	19.14	19.14	XXX
72158	.....	A	Magnetic image, lumbar spine	2.36	18.45	18.45	1.65	22.46	22.46	XXX
72158	26	A	Magnetic image, lumbar spine	2.36	0.80	0.80	0.16	3.32	3.32	XXX
72158	TC	A	Magnetic image, lumbar spine	0.00	17.65	17.65	1.49	19.14	19.14	XXX
72159	.....	N	Magnetic imaging/spine (MRA)	+1.80	9.32	9.32	0.84	11.96	11.96	XXX
72159	26	N	Magnetic imaging/spine (MRA)	+1.80	0.49	0.49	0.10	2.39	2.39	XXX
72159	TC	N	Magnetic imaging/spine (MRA)	+0.00	8.83	8.83	0.74	9.57	9.57	XXX
72170	.....	A	X-ray exam of pelvis	0.17	0.42	0.42	0.04	0.63	0.63	XXX
72170	26	A	X-ray exam of pelvis	0.17	0.05	0.05	0.01	0.23	0.23	XXX
72170	TC	A	X-ray exam of pelvis	0.00	0.37	0.37	0.03	0.40	0.40	XXX
72190	.....	A	X-ray exam of pelvis	0.21	0.55	0.55	0.05	0.81	0.81	XXX
72190	26	A	X-ray exam of pelvis	0.21	0.07	0.07	0.01	0.29	0.29	XXX
72190	TC	A	X-ray exam of pelvis	0.00	0.48	0.48	0.04	0.52	0.52	XXX
72192	.....	A	CAT scan of pelvis	1.09	4.55	4.55	0.43	6.07	6.07	XXX
72192	26	A	CAT scan of pelvis	1.09	0.36	0.36	0.07	1.52	1.52	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
72192	TC	A	CAT scan of pelvis	0.00	4.19	4.19	0.36	4.55	4.55	XXX
72193		A	Contrast CAT scan of pelvis	1.16	5.23	5.23	0.49	6.88	6.88	XXX
72193	26	A	Contrast CAT scan of pelvis	1.16	0.38	0.38	0.08	1.62	1.62	XXX
72193	TC	A	Contrast CAT scan of pelvis	0.00	4.85	4.85	0.41	5.26	5.26	XXX
72194		A	Contrast CAT scans of pelvis	1.22	6.42	6.42	0.58	8.22	8.22	XXX
72194	26	A	Contrast CAT scans of pelvis	1.22	0.39	0.39	0.08	1.69	1.69	XXX
72194	TC	A	Contrast CAT scans of pelvis	0.00	6.02	6.02	0.50	6.52	6.52	XXX
72196		A	Magnetic image, pelvis	1.60	8.48	8.48	0.78	10.86	10.86	XXX
72196	26	A	Magnetic image, pelvis	1.60	0.54	0.54	0.11	2.25	2.25	XXX
72196	TC	A	Magnetic image, pelvis	0.00	7.95	7.95	0.67	8.62	8.62	XXX
72198		N	Magnetic imaging/pelvis (MRA)	+1.80	8.48	8.48	0.78	11.06	11.06	XXX
72198	26	N	Magnetic imaging/pelvis (MRA)	+1.80	0.54	0.54	0.11	2.45	2.45	XXX
72198	TC	N	Magnetic imaging/pelvis (MRA)	+0.00	7.95	7.95	0.67	8.62	8.62	XXX
72200		A	X-ray exam sacroiliac joints	0.17	0.43	0.43	0.04	0.64	0.64	XXX
72200	26	A	X-ray exam sacroiliac joints	0.17	0.06	0.06	0.01	0.24	0.24	XXX
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.37	0.37	0.03	0.40	0.40	XXX
72202		A	X-ray exam sacroiliac joints	0.19	0.51	0.51	0.05	0.75	0.75	XXX
72202	26	A	X-ray exam sacroiliac joints	0.19	0.07	0.07	0.01	0.27	0.27	XXX
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.44	0.44	0.04	0.48	0.48	XXX
72220		A	X-ray exam of tailbone	0.17	0.46	0.46	0.05	0.68	0.68	XXX
72220	26	A	X-ray exam of tailbone	0.17	0.06	0.06	0.01	0.24	0.24	XXX
72220	TC	A	X-ray exam of tailbone	0.00	0.40	0.40	0.04	0.44	0.44	XXX
72240		A	Contrast x-ray of neck spine	0.91	3.67	3.67	0.35	4.93	4.93	XXX
72240	26	A	Contrast x-ray of neck spine	0.91	0.31	0.31	0.06	1.28	1.28	XXX
72240	TC	A	Contrast x-ray of neck spine	0.00	3.36	3.36	0.29	3.65	3.65	XXX
72255		A	Contrast x-ray thorax spine	0.91	3.38	3.38	0.32	4.61	4.61	XXX
72255	26	A	Contrast x-ray thorax spine	0.91	0.31	0.31	0.06	1.28	1.28	XXX
72255	TC	A	Contrast x-ray thorax spine	0.00	3.07	3.07	0.26	3.33	3.33	XXX
72265		A	Contrast x-ray lower spine	0.83	3.17	3.17	0.31	4.31	4.31	XXX
72265	26	A	Contrast x-ray lower spine	0.83	0.28	0.28	0.06	1.17	1.17	XXX
72265	TC	A	Contrast x-ray lower spine	0.00	2.89	2.89	0.25	3.14	3.14	XXX
72270		A	Contrast x-ray of spine	1.33	4.76	4.76	0.46	6.55	6.55	XXX
72270	26	A	Contrast x-ray of spine	1.33	0.44	0.44	0.09	1.86	1.86	XXX
72270	TC	A	Contrast x-ray of spine	0.00	4.32	4.32	0.37	4.69	4.69	XXX
72285		A	X-ray of neck spine disk	0.83	6.23	6.23	0.56	7.62	7.62	XXX
72285	26	A	X-ray of neck spine disk	0.83	0.28	0.28	0.06	1.17	1.17	XXX
72285	TC	A	X-ray of neck spine disk	0.00	5.95	5.95	0.50	6.45	6.45	XXX
72295		A	X-ray of lower spine disk	0.83	5.86	5.86	0.52	7.21	7.21	XXX
72295	26	A	X-ray of lower spine disk	0.83	0.28	0.28	0.06	1.17	1.17	XXX
72295	TC	A	X-ray of lower spine disk	0.00	5.57	5.57	0.46	6.03	6.03	XXX
73000		A	X-ray exam of collarbone	0.16	0.42	0.42	0.04	0.62	0.62	XXX
73000	26	A	X-ray exam of collarbone	0.16	0.05	0.05	0.01	0.22	0.22	XXX
73000	TC	A	X-ray exam of collarbone	0.00	0.37	0.37	0.03	0.40	0.40	XXX
73010		A	X-ray exam of shoulder blade	0.17	0.43	0.43	0.04	0.64	0.64	XXX
73010	26	A	X-ray exam of shoulder blade	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73010	TC	A	X-ray exam of shoulder blade	0.00	0.37	0.37	0.03	0.40	0.40	XXX
73020		A	X-ray exam of shoulder	0.15	0.39	0.39	0.04	0.58	0.58	XXX
73020	26	A	X-ray exam of shoulder	0.15	0.05	0.05	0.01	0.21	0.21	XXX
73020	TC	A	X-ray exam of shoulder	0.00	0.33	0.33	0.03	0.36	0.36	XXX
73030		A	X-ray exam of shoulder	0.18	0.46	0.46	0.05	0.69	0.69	XXX
73030	26	A	X-ray exam of shoulder	0.18	0.06	0.06	0.01	0.25	0.25	XXX
73030	TC	A	X-ray exam of shoulder	0.00	0.40	0.40	0.04	0.44	0.44	XXX
73040		A	Contrast x-ray of shoulder	0.54	1.67	1.67	0.17	2.38	2.38	XXX
73040	26	A	Contrast x-ray of shoulder	0.54	0.19	0.19	0.04	0.77	0.77	XXX
73040	TC	A	Contrast x-ray of shoulder	0.00	1.49	1.49	0.13	1.62	1.62	XXX
73050		A	X-ray exam of shoulders	0.20	0.54	0.54	0.05	0.79	0.79	XXX
73050	26	A	X-ray exam of shoulders	0.20	0.07	0.07	0.01	0.28	0.28	XXX
73050	TC	A	X-ray exam of shoulders	0.00	0.48	0.48	0.04	0.52	0.52	XXX
73060		A	X-ray exam of humerus	0.17	0.46	0.46	0.05	0.68	0.68	XXX
73060	26	A	X-ray exam of humerus	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73060	TC	A	X-ray exam of humerus	0.00	0.40	0.40	0.04	0.44	0.44	XXX
73070		A	X-ray exam of elbow	0.15	0.42	0.42	0.04	0.61	0.61	XXX
73070	26	A	X-ray exam of elbow	0.15	0.05	0.05	0.01	0.21	0.21	XXX
73070	TC	A	X-ray exam of elbow	0.00	0.37	0.37	0.03	0.40	0.40	XXX
73080		A	X-ray exam of elbow	0.17	0.46	0.46	0.05	0.68	0.68	XXX
73080	26	A	X-ray exam of elbow	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73080	TC	A	X-ray exam of elbow	0.00	0.40	0.40	0.04	0.44	0.44	XXX
73085		A	Contrast x-ray of elbow	0.54	1.67	1.67	0.17	2.38	2.38	XXX
73085	26	A	Contrast x-ray of elbow	0.54	0.19	0.19	0.04	0.77	0.77	XXX
73085	TC	A	Contrast x-ray of elbow	0.00	1.49	1.49	0.13	1.62	1.62	XXX
73090		A	X-ray exam of forearm	0.16	0.42	0.42	0.04	0.62	0.62	XXX
73090	26	A	X-ray exam of forearm	0.16	0.05	0.05	0.01	0.22	0.22	XXX
73090	TC	A	X-ray exam of forearm	0.00	0.37	0.37	0.03	0.40	0.40	XXX
73092		A	X-ray exam of arm, infant	0.16	0.40	0.40	0.04	0.60	0.60	XXX

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[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
73092	26	A	X-ray exam of arm, infant	0.16	0.05	0.05	0.01	0.22	0.22	XXX
73092	TC	A	X-ray exam of arm, infant	0.00	0.35	0.35	0.03	0.38	0.38	XXX
73100		A	X-ray exam of wrist	0.16	0.40	0.40	0.04	0.60	0.60	XXX
73100	26	A	X-ray exam of wrist	0.16	0.05	0.05	0.01	0.22	0.22	XXX
73100	TC	A	X-ray exam of wrist	0.00	0.35	0.35	0.03	0.38	0.38	XXX
73110		A	X-ray exam of wrist	0.17	0.44	0.44	0.04	0.65	0.65	XXX
73110	26	A	X-ray exam of wrist	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73110	TC	A	X-ray exam of wrist	0.00	0.38	0.38	0.03	0.41	0.41	XXX
73115		A	Contrast x-ray of wrist	0.54	1.30	1.30	0.14	1.98	1.98	XXX
73115	26	A	Contrast x-ray of wrist	0.54	0.19	0.19	0.04	0.77	0.77	XXX
73115	TC	A	Contrast x-ray of wrist	0.00	1.12	1.12	0.10	1.22	1.22	XXX
73120		A	X-ray exam of hand	0.16	0.40	0.40	0.04	0.60	0.60	XXX
73120	26	A	X-ray exam of hand	0.16	0.05	0.05	0.01	0.22	0.22	XXX
73120	TC	A	X-ray exam of hand	0.00	0.35	0.35	0.03	0.38	0.38	XXX
73130		A	X-ray exam of hand	0.17	0.44	0.44	0.04	0.65	0.65	XXX
73130	26	A	X-ray exam of hand	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73130	TC	A	X-ray exam of hand	0.00	0.38	0.38	0.03	0.41	0.41	XXX
73140		A	X-ray exam of finger(s)	0.13	0.34	0.34	0.04	0.51	0.51	XXX
73140	26	A	X-ray exam of finger(s)	0.13	0.04	0.04	0.01	0.18	0.18	XXX
73140	TC	A	X-ray exam of finger(s)	0.00	0.30	0.30	0.03	0.33	0.33	XXX
73200		A	CAT scan of arm	1.09	3.88	3.88	0.37	5.34	5.34	XXX
73200	26	A	CAT scan of arm	1.09	0.36	0.36	0.07	1.52	1.52	XXX
73200	TC	A	CAT scan of arm	0.00	3.52	3.52	0.30	3.82	3.82	XXX
73201		A	Contrast CAT scan of arm	1.16	4.57	4.57	0.44	6.17	6.17	XXX
73201	26	A	Contrast CAT scan of arm	1.16	0.38	0.38	0.08	1.62	1.62	XXX
73201	TC	A	Contrast CAT scan of arm	0.00	4.19	4.19	0.36	4.55	4.55	XXX
73202		A	Contrast CAT scans of arm	1.22	5.66	5.66	0.53	7.41	7.41	XXX
73202	26	A	Contrast CAT scans of arm	1.22	0.39	0.39	0.08	1.69	1.69	XXX
73202	TC	A	Contrast CAT scans of arm	0.00	5.27	5.27	0.45	5.72	5.72	XXX
73220		A	Magnetic image, arm, hand	1.48	8.44	8.44	0.77	10.69	10.69	XXX
73220	26	A	Magnetic image, arm, hand	1.48	0.49	0.49	0.10	2.07	2.07	XXX
73220	TC	A	Magnetic image, arm, hand	0.00	7.95	7.95	0.67	8.62	8.62	XXX
73221		A	Magnetic image, joint of arm	1.48	8.27	8.27	0.73	10.48	10.48	XXX
73221	26	A	Magnetic image, joint of arm	1.48	0.32	0.32	0.06	1.86	1.86	XXX
73221	TC	A	Magnetic image, joint of arm	0.00	7.95	7.95	0.67	8.62	8.62	XXX
73225		N	Magnetic imaging/upper (MRA)	+1.73	8.44	8.44	0.77	10.94	10.94	XXX
73225	26	N	Magnetic imaging/upper (MRA)	+1.73	0.49	0.49	0.10	2.32	2.32	XXX
73225	TC	N	Magnetic imaging/upper (MRA)	+0.00	7.95	7.95	0.67	8.62	8.62	XXX
73500		A	X-ray exam of hip	0.17	0.39	0.39	0.04	0.60	0.60	XXX
73500	26	A	X-ray exam of hip	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73500	TC	A	X-ray exam of hip	0.00	0.33	0.33	0.03	0.36	0.36	XXX
73510		A	X-ray exam of hip	0.21	0.48	0.48	0.05	0.74	0.74	XXX
73510	26	A	X-ray exam of hip	0.21	0.07	0.07	0.01	0.29	0.29	XXX
73510	TC	A	X-ray exam of hip	0.00	0.40	0.40	0.04	0.44	0.44	XXX
73520		A	X-ray exam of hips	0.26	0.57	0.57	0.06	0.89	0.89	XXX
73520	26	A	X-ray exam of hips	0.26	0.09	0.09	0.02	0.37	0.37	XXX
73520	TC	A	X-ray exam of hips	0.00	0.48	0.48	0.04	0.52	0.52	XXX
73525		A	Contrast x-ray of hip	0.54	1.67	1.67	0.17	2.38	2.38	XXX
73525	26	A	Contrast x-ray of hip	0.54	0.19	0.19	0.04	0.77	0.77	XXX
73525	TC	A	Contrast x-ray of hip	0.00	1.49	1.49	0.13	1.62	1.62	XXX
73530		A	X-ray exam of hip	0.29	0.47	0.47	0.05	0.81	0.81	XXX
73530	26	A	X-ray exam of hip	0.29	0.10	0.10	0.02	0.41	0.41	XXX
73530	TC	A	X-ray exam of hip	0.00	0.37	0.37	0.03	0.40	0.40	XXX
73540		A	X-ray exam of pelvis & hips	0.20	0.48	0.48	0.05	0.73	0.73	XXX
73540	26	A	X-ray exam of pelvis & hips	0.20	0.07	0.07	0.01	0.28	0.28	XXX
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.40	0.40	0.04	0.44	0.44	XXX
73550		A	X-ray exam of thigh	0.17	0.46	0.46	0.05	0.68	0.68	XXX
73550	26	A	X-ray exam of thigh	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73550	TC	A	X-ray exam of thigh	0.00	0.40	0.40	0.04	0.44	0.44	XXX
73560		A	X-ray exam of knee	0.17	0.42	0.42	0.04	0.63	0.63	XXX
73560	26	A	X-ray exam of knee	0.17	0.05	0.05	0.01	0.23	0.23	XXX
73560	TC	A	X-ray exam of knee	0.00	0.37	0.37	0.03	0.40	0.40	XXX
73562		A	X-ray exam of knee	0.18	0.47	0.47	0.05	0.70	0.70	XXX
73562	26	A	X-ray exam of knee	0.18	0.07	0.07	0.01	0.26	0.26	XXX
73562	TC	A	X-ray exam of knee	0.00	0.40	0.40	0.04	0.44	0.44	XXX
73564		A	X-ray exam of knee	0.22	0.51	0.51	0.06	0.79	0.79	XXX
73564	26	A	X-ray exam of knee	0.22	0.07	0.07	0.02	0.31	0.31	XXX
73564	TC	A	X-ray exam of knee	0.00	0.44	0.44	0.04	0.48	0.48	XXX
73565		A	X-ray exam of knee	0.17	0.40	0.40	0.04	0.61	0.61	XXX
73565	26	A	X-ray exam of knee	0.17	0.05	0.05	0.01	0.23	0.23	XXX
73565	TC	A	X-ray exam of knee	0.00	0.35	0.35	0.03	0.38	0.38	XXX
73580		A	Contrast x-ray of knee joint	0.54	2.05	2.05	0.21	2.80	2.80	XXX
73580	26	A	Contrast x-ray of knee joint	0.54	0.19	0.19	0.04	0.77	0.77	XXX
73580	TC	A	Contrast x-ray of knee joint	0.00	1.86	1.86	0.17	2.03	2.03	XXX

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[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
73590	.....	A	X-ray exam of lower leg	0.17	0.42	0.42	0.04	0.63	0.63	XXX
73590	26	A	X-ray exam of lower leg	0.17	0.05	0.05	0.01	0.23	0.23	XXX
73590	TC	A	X-ray exam of lower leg	0.00	0.37	0.37	0.03	0.40	0.40	XXX
73592	.....	A	X-ray exam of leg, infant	0.16	0.40	0.40	0.04	0.60	0.60	XXX
73592	26	A	X-ray exam of leg, infant	0.16	0.05	0.05	0.01	0.22	0.22	XXX
73592	TC	A	X-ray exam of leg, infant	0.00	0.35	0.35	0.03	0.38	0.38	XXX
73600	.....	A	X-ray exam of ankle	0.16	0.40	0.40	0.04	0.60	0.60	XXX
73600	26	A	X-ray exam of ankle	0.16	0.05	0.05	0.01	0.22	0.22	XXX
73600	TC	A	X-ray exam of ankle	0.00	0.35	0.35	0.03	0.38	0.38	XXX
73610	.....	A	X-ray exam of ankle	0.17	0.44	0.44	0.04	0.65	0.65	XXX
73610	26	A	X-ray exam of ankle	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73610	TC	A	X-ray exam of ankle	0.00	0.38	0.38	0.03	0.41	0.41	XXX
73615	.....	A	Contrast x-ray of ankle	0.54	1.67	1.67	0.17	2.38	2.38	XXX
73615	26	A	Contrast x-ray of ankle	0.54	0.19	0.19	0.04	0.77	0.77	XXX
73615	TC	A	Contrast x-ray of ankle	0.00	1.49	1.49	0.13	1.62	1.62	XXX
73620	.....	A	X-ray exam of foot	0.16	0.40	0.40	0.04	0.60	0.60	XXX
73620	26	A	X-ray exam of foot	0.16	0.05	0.05	0.01	0.22	0.22	XXX
73620	TC	A	X-ray exam of foot	0.00	0.35	0.35	0.03	0.38	0.38	XXX
73630	.....	A	X-ray exam of foot	0.17	0.44	0.44	0.04	0.65	0.65	XXX
73630	26	A	X-ray exam of foot	0.17	0.06	0.06	0.01	0.24	0.24	XXX
73630	TC	A	X-ray exam of foot	0.00	0.38	0.38	0.03	0.41	0.41	XXX
73650	.....	A	X-ray exam of heel	0.16	0.39	0.39	0.04	0.59	0.59	XXX
73650	26	A	X-ray exam of heel	0.16	0.05	0.05	0.01	0.22	0.22	XXX
73650	TC	A	X-ray exam of heel	0.00	0.33	0.33	0.03	0.36	0.36	XXX
73660	.....	A	X-ray exam of toe(s)	0.13	0.34	0.34	0.04	0.51	0.51	XXX
73660	26	A	X-ray exam of toe(s)	0.13	0.04	0.04	0.01	0.18	0.18	XXX
73660	TC	A	X-ray exam of toe(s)	0.00	0.30	0.30	0.03	0.33	0.33	XXX
73700	.....	A	CAT scan of leg	1.09	3.88	3.88	0.37	5.34	5.34	XXX
73700	26	A	CAT scan of leg	1.09	0.36	0.36	0.07	1.52	1.52	XXX
73700	TC	A	CAT scan of leg	0.00	3.52	3.52	0.30	3.82	3.82	XXX
73701	.....	A	Contrast CAT scan of leg	1.16	4.57	4.57	0.44	6.17	6.17	XXX
73701	26	A	Contrast CAT scan of leg	1.16	0.38	0.38	0.08	1.62	1.62	XXX
73701	TC	A	Contrast CAT scan of leg	0.00	4.19	4.19	0.36	4.55	4.55	XXX
73702	.....	A	Contrast CAT scans of leg	1.22	5.66	5.66	0.53	7.41	7.41	XXX
73702	26	A	Contrast CAT scans of leg	1.22	0.39	0.39	0.08	1.69	1.69	XXX
73702	TC	A	Contrast CAT scans of leg	0.00	5.27	5.27	0.45	5.72	5.72	XXX
73720	.....	A	Magnetic image, leg, foot	1.48	8.44	8.44	0.77	10.69	10.69	XXX
73720	26	A	Magnetic image, leg, foot	1.48	0.49	0.49	0.10	2.07	2.07	XXX
73720	TC	A	Magnetic image, leg, foot	0.00	7.95	7.95	0.67	8.62	8.62	XXX
73721	.....	A	Magnetic image, joint of leg	1.48	8.27	8.27	0.73	10.48	10.48	XXX
73721	26	A	Magnetic image, joint of leg	1.48	0.32	0.32	0.06	1.86	1.86	XXX
73721	TC	A	Magnetic image, joint of leg	0.00	7.95	7.95	0.67	8.62	8.62	XXX
73725	.....	R	Magnetic imaging/lower (MRA)	1.82	8.44	8.44	0.77	11.03	11.03	XXX
73725	26	R	Magnetic imaging/lower (MRA)	1.82	0.49	0.49	0.10	2.41	2.41	XXX
73725	TC	R	Magnetic imaging/lower (MRA)	0.00	7.95	7.95	0.67	8.62	8.62	XXX
74000	.....	A	X-ray exam of abdomen	0.18	0.43	0.43	0.04	0.65	0.65	XXX
74000	26	A	X-ray exam of abdomen	0.18	0.06	0.06	0.01	0.25	0.25	XXX
74000	TC	A	X-ray exam of abdomen	0.00	0.37	0.37	0.03	0.40	0.40	XXX
74010	.....	A	X-ray exam of abdomen	0.23	0.48	0.48	0.06	0.77	0.77	XXX
74010	26	A	X-ray exam of abdomen	0.23	0.08	0.08	0.02	0.33	0.33	XXX
74010	TC	A	X-ray exam of abdomen	0.00	0.40	0.40	0.04	0.44	0.44	XXX
74020	.....	A	X-ray exam of abdomen	0.27	0.54	0.54	0.06	0.87	0.87	XXX
74020	26	A	X-ray exam of abdomen	0.27	0.10	0.10	0.02	0.39	0.39	XXX
74020	TC	A	X-ray exam of abdomen	0.00	0.44	0.44	0.04	0.48	0.48	XXX
74022	.....	A	X-ray exam series, abdomen	0.32	0.63	0.63	0.07	1.02	1.02	XXX
74022	26	A	X-ray exam series, abdomen	0.32	0.11	0.11	0.02	0.45	0.45	XXX
74022	TC	A	X-ray exam series, abdomen	0.00	0.52	0.52	0.05	0.57	0.57	XXX
74150	.....	A	CAT scan of abdomen	1.19	4.40	4.40	0.43	6.02	6.02	XXX
74150	26	A	CAT scan of abdomen	1.19	0.39	0.39	0.08	1.66	1.66	XXX
74150	TC	A	CAT scan of abdomen	0.00	4.01	4.01	0.35	4.36	4.36	XXX
74160	.....	A	Contrast CAT scan of abdomen	1.27	5.27	5.27	0.50	7.04	7.04	XXX
74160	26	A	Contrast CAT scan of abdomen	1.27	0.42	0.42	0.09	1.78	1.78	XXX
74160	TC	A	Contrast CAT scan of abdomen	0.00	4.85	4.85	0.41	5.26	5.26	XXX
74170	.....	A	Contrast CAT scans, abdomen	1.40	6.48	6.48	0.60	8.48	8.48	XXX
74170	26	A	Contrast CAT scans, abdomen	1.40	0.46	0.46	0.10	1.96	1.96	XXX
74170	TC	A	Contrast CAT scans, abdomen	0.00	6.02	6.02	0.50	6.52	6.52	XXX
74181	.....	A	Magnetic image, abdomen (MRI)	1.60	8.48	8.48	0.78	10.86	10.86	XXX
74181	26	A	Magnetic image, abdomen (MRI)	1.60	0.54	0.54	0.11	2.25	2.25	XXX
74181	TC	A	Magnetic image, abdomen (MRI)	0.00	7.95	7.95	0.67	8.62	8.62	XXX
74185	.....	N	Magnetic image/abdomen (MRA)	+1.80	8.48	8.48	0.78	11.06	11.06	XXX
74185	26	N	Magnetic image/abdomen (MRA)	+1.80	0.54	0.54	0.11	2.45	2.45	XXX
74185	TC	N	Magnetic image/abdomen (MRA)	+0.00	7.95	7.95	0.67	8.62	8.62	XXX
74190	.....	A	X-ray exam of peritoneum	0.48	1.02	1.02	0.10	1.60	1.60	XXX
74190	26	A	X-ray exam of peritoneum	0.48	0.10	0.10	0.02	0.60	0.60	XXX

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[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
74190	TC	A	X-ray exam of peritoneum	0.00	0.92	0.92	0.08	1.00	1.00	XXX
74210		A	Contrast xray exam of throat	0.36	0.96	0.96	0.09	1.41	1.41	XXX
74210	26	A	Contrast xray exam of throat	0.36	0.12	0.12	0.02	0.50	0.50	XXX
74210	TC	A	Contrast xray exam of throat	0.00	0.84	0.84	0.07	0.91	0.91	XXX
74220		A	Contrast xray exam, esophagus	0.46	1.00	1.00	0.10	1.56	1.56	XXX
74220	26	A	Contrast xray exam, esophagus	0.46	0.16	0.16	0.03	0.65	0.65	XXX
74220	TC	A	Contrast xray exam, esophagus	0.00	0.84	0.84	0.07	0.91	0.91	XXX
74230		A	Cinema xray throat/esophagus	0.53	1.11	1.11	0.12	1.76	1.76	XXX
74230	26	A	Cinema xray throat/esophagus	0.53	0.19	0.19	0.04	0.76	0.76	XXX
74230	TC	A	Cinema xray throat/esophagus	0.00	0.92	0.92	0.08	1.00	1.00	XXX
74235		A	Remove esophagus obstruction	1.19	2.25	2.25	0.25	3.69	3.69	XXX
74235	26	A	Remove esophagus obstruction	1.19	0.39	0.39	0.08	1.66	1.66	XXX
74235	TC	A	Remove esophagus obstruction	0.00	1.86	1.86	0.17	2.03	2.03	XXX
74240		A	X-ray exam upper GI tract	0.69	1.27	1.27	0.14	2.10	2.10	XXX
74240	26	A	X-ray exam upper GI tract	0.69	0.24	0.24	0.05	0.98	0.98	XXX
74240	TC	A	X-ray exam upper GI tract	0.00	1.03	1.03	0.09	1.12	1.12	XXX
74241		A	X-ray exam upper GI tract	0.69	1.30	1.30	0.14	2.13	2.13	XXX
74241	26	A	X-ray exam upper GI tract	0.69	0.24	0.24	0.05	0.98	0.98	XXX
74241	TC	A	X-ray exam upper GI tract	0.00	1.06	1.06	0.09	1.15	1.15	XXX
74245		A	X-ray exam upper GI tract	0.91	1.99	1.99	0.21	3.11	3.11	XXX
74245	26	A	X-ray exam upper GI tract	0.91	0.31	0.31	0.06	1.28	1.28	XXX
74245	TC	A	X-ray exam upper GI tract	0.00	1.69	1.69	0.15	1.84	1.84	XXX
74246		A	Contrast xray upper GI tract	0.69	1.41	1.41	0.15	2.25	2.25	XXX
74246	26	A	Contrast xray upper GI tract	0.69	0.24	0.24	0.05	0.98	0.98	XXX
74246	TC	A	Contrast xray upper GI tract	0.00	1.17	1.17	0.10	1.27	1.27	XXX
74247		A	Contrast xray upper GI tract	0.69	1.43	1.43	0.16	2.28	2.28	XXX
74247	26	A	Contrast xray upper GI tract	0.69	0.24	0.24	0.05	0.98	0.98	XXX
74247	TC	A	Contrast xray upper GI tract	0.00	1.19	1.19	0.11	1.30	1.30	XXX
74249		A	Contrast xray upper GI tract	0.91	2.13	2.13	0.22	3.26	3.26	XXX
74249	26	A	Contrast xray upper GI tract	0.91	0.31	0.31	0.06	1.28	1.28	XXX
74249	TC	A	Contrast xray upper GI tract	0.00	1.82	1.82	0.16	1.98	1.98	XXX
74250		A	X-ray exam of small bowel	0.47	1.08	1.08	0.11	1.66	1.66	XXX
74250	26	A	X-ray exam of small bowel	0.47	0.16	0.16	0.03	0.66	0.66	XXX
74250	TC	A	X-ray exam of small bowel	0.00	0.92	0.92	0.08	1.00	1.00	XXX
74251		A	X-ray exam of small bowel	0.69	1.08	1.08	0.11	1.88	1.88	XXX
74251	26	A	X-ray exam of small bowel	0.69	0.16	0.16	0.03	0.88	0.88	XXX
74251	TC	A	X-ray exam of small bowel	0.00	0.92	0.92	0.08	1.00	1.00	XXX
74260		A	X-ray exam of small bowel	0.50	1.23	1.23	0.12	1.85	1.85	XXX
74260	26	A	X-ray exam of small bowel	0.50	0.17	0.17	0.03	0.70	0.70	XXX
74260	TC	A	X-ray exam of small bowel	0.00	1.06	1.06	0.09	1.15	1.15	XXX
74270		A	Contrast x-ray exam of colon	0.69	1.44	1.44	0.16	2.29	2.29	XXX
74270	26	A	Contrast x-ray exam of colon	0.69	0.24	0.24	0.05	0.98	0.98	XXX
74270	TC	A	Contrast x-ray exam of colon	0.00	1.21	1.21	0.11	1.32	1.32	XXX
74280		A	Contrast x-ray exam of colon	0.99	1.92	1.92	0.21	3.12	3.12	XXX
74280	26	A	Contrast x-ray exam of colon	0.99	0.33	0.33	0.07	1.39	1.39	XXX
74280	TC	A	Contrast x-ray exam of colon	0.00	1.59	1.59	0.14	1.73	1.73	XXX
74283		A	Contrast x-ray exam of colon	2.02	2.49	2.49	0.30	4.81	4.81	XXX
74283	26	A	Contrast x-ray exam of colon	2.02	0.67	0.67	0.14	2.83	2.83	XXX
74283	TC	A	Contrast x-ray exam of colon	0.00	1.82	1.82	0.16	1.98	1.98	XXX
74290		A	Contrast x-ray, gallbladder	0.32	0.63	0.63	0.07	1.02	1.02	XXX
74290	26	A	Contrast x-ray, gallbladder	0.32	0.11	0.11	0.02	0.45	0.45	XXX
74290	TC	A	Contrast x-ray, gallbladder	0.00	0.52	0.52	0.05	0.57	0.57	XXX
74291		A	Contrast x-rays, gallbladder	0.20	0.36	0.36	0.04	0.60	0.60	XXX
74291	26	A	Contrast x-rays, gallbladder	0.20	0.07	0.07	0.01	0.28	0.28	XXX
74291	TC	A	Contrast x-rays, gallbladder	0.00	0.30	0.30	0.03	0.33	0.33	XXX
74300	26	A	X-ray bile ducts, pancreas	0.36	0.13	0.13	0.02	0.51	0.51	XXX
74301	26	A	Additional x-rays at surgery	0.21	0.07	0.07	0.01	0.29	0.29	XXX
74305		A	X-ray bile ducts, pancreas	0.42	0.70	0.70	0.08	1.20	1.20	XXX
74305	26	A	X-ray bile ducts, pancreas	0.42	0.14	0.14	0.03	0.59	0.59	XXX
74305	TC	A	X-ray bile ducts, pancreas	0.00	0.56	0.56	0.05	0.61	0.61	XXX
74320		A	Contrast x-ray of bile ducts	0.54	2.42	2.42	0.23	3.19	3.19	XXX
74320	26	A	Contrast x-ray of bile ducts	0.54	0.19	0.19	0.04	0.77	0.77	XXX
74320	TC	A	Contrast x-ray of bile ducts	0.00	2.23	2.23	0.19	2.42	2.42	XXX
74327		A	X-ray for bile stone removal	0.70	1.49	1.49	0.16	2.35	2.35	XXX
74327	26	A	X-ray for bile stone removal	0.70	0.24	0.24	0.05	0.99	0.99	XXX
74327	TC	A	X-ray for bile stone removal	0.00	1.25	1.25	0.11	1.36	1.36	XXX
74328		A	X-ray for bile duct endoscopy	0.70	2.47	2.47	0.24	3.41	3.41	XXX
74328	26	A	X-ray for bile duct endoscopy	0.70	0.24	0.24	0.05	0.99	0.99	XXX
74328	TC	A	X-ray for bile duct endoscopy	0.00	2.23	2.23	0.19	2.42	2.42	XXX
74329		A	X-ray for pancreas endoscopy	0.70	2.47	2.47	0.24	3.41	3.41	XXX
74329	26	A	X-ray for pancreas endoscopy	0.70	0.24	0.24	0.05	0.99	0.99	XXX
74329	TC	A	X-ray for pancreas endoscopy	0.00	2.23	2.23	0.19	2.42	2.42	XXX
74330		A	Xray, bile/pancreas endoscopy	0.90	2.47	2.47	0.24	3.61	3.61	XXX
74330	26	A	Xray, bile/pancreas endoscopy	0.90	0.24	0.24	0.05	1.19	1.19	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
74330	TC	A	Xray, bile/pancreas endoscopy	0.00	2.23	2.23	0.19	2.42	2.42	XXX
74340		A	X-ray guide for GI tube	0.54	2.05	2.05	0.21	2.80	2.80	XXX
74340	26	A	X-ray guide for GI tube	0.54	0.19	0.19	0.04	0.77	0.77	XXX
74340	TC	A	X-ray guide for GI tube	0.00	1.86	1.86	0.17	2.03	2.03	XXX
74350		A	X-ray guide, stomach tube	0.76	2.49	2.49	0.24	3.49	3.49	XXX
74350	26	A	X-ray guide, stomach tube	0.76	0.26	0.26	0.05	1.07	1.07	XXX
74350	TC	A	X-ray guide, stomach tube	0.00	2.23	2.23	0.19	2.42	2.42	XXX
74355		A	X-ray guide, intestinal tube	0.76	2.12	2.12	0.22	3.10	3.10	XXX
74355	26	A	X-ray guide, intestinal tube	0.76	0.26	0.26	0.05	1.07	1.07	XXX
74355	TC	A	X-ray guide, intestinal tube	0.00	1.86	1.86	0.17	2.03	2.03	XXX
74360		A	X-ray guide, GI dilation	0.54	2.42	2.42	0.23	3.19	3.19	XXX
74360	26	A	X-ray guide, GI dilation	0.54	0.19	0.19	0.04	0.77	0.77	XXX
74360	TC	A	X-ray guide, GI dilation	0.00	2.23	2.23	0.19	2.42	2.42	XXX
74363		A	X-ray, bile duct dilation	0.88	4.62	4.62	0.43	5.93	5.93	XXX
74363	26	A	X-ray, bile duct dilation	0.88	0.30	0.30	0.06	1.24	1.24	XXX
74363	TC	A	X-ray, bile duct dilation	0.00	4.32	4.32	0.37	4.69	4.69	XXX
74400		A	Contrast x-ray urinary tract	0.49	1.35	1.35	0.14	1.98	1.98	XXX
74400	26	A	Contrast x-ray urinary tract	0.49	0.16	0.16	0.03	0.68	0.68	XXX
74400	TC	A	Contrast x-ray urinary tract	0.00	1.19	1.19	0.11	1.30	1.30	XXX
74405		A	Contrast x-ray urinary tract	0.49	1.57	1.57	0.16	2.22	2.22	XXX
74405	26	A	Contrast x-ray urinary tract	0.49	0.16	0.16	0.03	0.68	0.68	XXX
74405	TC	A	Contrast x-ray urinary tract	0.00	1.41	1.41	0.13	1.54	1.54	XXX
74410		A	Contrast x-ray urinary tract	0.49	1.55	1.55	0.15	2.19	2.19	XXX
74410	26	A	Contrast x-ray urinary tract	0.49	0.16	0.16	0.03	0.68	0.68	XXX
74410	TC	A	Contrast x-ray urinary tract	0.00	1.38	1.38	0.12	1.50	1.50	XXX
74415		A	Contrast x-ray urinary tract	0.49	1.67	1.67	0.16	2.32	2.32	XXX
74415	26	A	Contrast x-ray urinary tract	0.49	0.16	0.16	0.03	0.68	0.68	XXX
74415	TC	A	Contrast x-ray urinary tract	0.00	1.50	1.50	0.13	1.63	1.63	XXX
74420		A	Contrast x-ray urinary tract	0.36	1.98	1.98	0.19	2.53	2.53	XXX
74420	26	A	Contrast x-ray urinary tract	0.36	0.12	0.12	0.02	0.50	0.50	XXX
74420	TC	A	Contrast x-ray urinary tract	0.00	1.86	1.86	0.17	2.03	2.03	XXX
74425		A	Contrast x-ray urinary tract	0.36	1.04	1.04	0.10	1.50	1.50	XXX
74425	26	A	Contrast x-ray urinary tract	0.36	0.12	0.12	0.02	0.50	0.50	XXX
74425	TC	A	Contrast x-ray urinary tract	0.00	0.92	0.92	0.08	1.00	1.00	XXX
74430		A	Contrast x-ray of bladder	0.32	0.86	0.86	0.09	1.27	1.27	XXX
74430	26	A	Contrast x-ray of bladder	0.32	0.11	0.11	0.02	0.45	0.45	XXX
74430	TC	A	Contrast x-ray of bladder	0.00	0.74	0.74	0.07	0.81	0.81	XXX
74440		A	X-ray exam male genital tract	0.38	0.93	0.93	0.10	1.41	1.41	XXX
74440	26	A	X-ray exam male genital tract	0.38	0.13	0.13	0.03	0.54	0.54	XXX
74440	TC	A	X-ray exam male genital tract	0.00	0.80	0.80	0.07	0.87	0.87	XXX
74445		A	X-ray exam of penis	1.14	1.18	1.18	0.15	2.47	2.47	XXX
74445	26	A	X-ray exam of penis	1.14	0.37	0.37	0.08	1.59	1.59	XXX
74445	TC	A	X-ray exam of penis	0.00	0.80	0.80	0.07	0.87	0.87	XXX
74450		A	X-ray exam urethra/bladder	0.33	1.15	1.15	0.11	1.59	1.59	XXX
74450	26	A	X-ray exam urethra/bladder	0.33	0.11	0.11	0.02	0.46	0.46	XXX
74450	TC	A	X-ray exam urethra/bladder	0.00	1.03	1.03	0.09	1.12	1.12	XXX
74455		A	X-ray exam urethra/bladder	0.33	1.23	1.23	0.12	1.68	1.68	XXX
74455	26	A	X-ray exam urethra/bladder	0.33	0.11	0.11	0.02	0.46	0.46	XXX
74455	TC	A	X-ray exam urethra/bladder	0.00	1.12	1.12	0.10	1.22	1.22	XXX
74470		A	X-ray exam of kidney lesion	0.54	1.07	1.07	0.12	1.73	1.73	XXX
74470	26	A	X-ray exam of kidney lesion	0.54	0.19	0.19	0.04	0.77	0.77	XXX
74470	TC	A	X-ray exam of kidney lesion	0.00	0.89	0.89	0.08	0.97	0.97	XXX
74475		A	X-ray control catheter insert	0.54	3.07	3.07	0.29	3.90	3.90	XXX
74475	26	A	X-ray control catheter insert	0.54	0.19	0.19	0.04	0.77	0.77	XXX
74475	TC	A	X-ray control catheter insert	0.00	2.89	2.89	0.25	3.14	3.14	XXX
74480		A	X-ray control catheter insert	0.54	3.07	3.07	0.29	3.90	3.90	XXX
74480	26	A	X-ray control catheter insert	0.54	0.19	0.19	0.04	0.77	0.77	XXX
74480	TC	A	X-ray control catheter insert	0.00	2.89	2.89	0.25	3.14	3.14	XXX
74485		A	X-ray guide, GU dilation	0.54	2.42	2.42	0.23	3.19	3.19	XXX
74485	26	A	X-ray guide, GU dilation	0.54	0.19	0.19	0.04	0.77	0.77	XXX
74485	TC	A	X-ray guide, GU dilation	0.00	2.23	2.23	0.19	2.42	2.42	XXX
74710		A	X-ray measurement of pelvis	0.34	0.86	0.86	0.09	1.29	1.29	XXX
74710	26	A	X-ray measurement of pelvis	0.34	0.12	0.12	0.02	0.48	0.48	XXX
74710	TC	A	X-ray measurement of pelvis	0.00	0.74	0.74	0.07	0.81	0.81	XXX
74740		A	X-ray female genital tract	0.38	1.05	1.05	0.11	1.54	1.54	XXX
74740	26	A	X-ray female genital tract	0.38	0.13	0.13	0.03	0.54	0.54	XXX
74740	TC	A	X-ray female genital tract	0.00	0.92	0.92	0.08	1.00	1.00	XXX
74742		A	X-ray fallopian tube	0.61	2.42	2.42	0.23	3.26	3.26	XXX
74742	26	A	X-ray fallopian tube	0.61	0.19	0.19	0.04	0.84	0.84	XXX
74742	TC	A	X-ray fallopian tube	0.00	2.23	2.23	0.19	2.42	2.42	XXX
74775		A	X-ray exam of perineum	0.62	1.25	1.25	0.13	2.00	2.00	XXX
74775	26	A	X-ray exam of perineum	0.62	0.22	0.22	0.04	0.88	0.88	XXX
74775	TC	A	X-ray exam of perineum	0.00	1.03	1.03	0.09	1.12	1.12	XXX
75552		A	Magnetic image, myocardium	1.60	8.48	8.48	0.78	10.86	10.86	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
75552	26	A	Magnetic image, myocardium	1.60	0.54	0.54	0.11	2.25	2.25	XXX
75552	TC	A	Magnetic image, myocardium	0.00	7.95	7.95	0.67	8.62	8.62	XXX
75553		A	Magnetic image, myocardium	2.00	8.48	8.48	0.78	11.26	11.26	XXX
75553	26	A	Magnetic image, myocardium	2.00	0.54	0.54	0.11	2.65	2.65	XXX
75553	TC	A	Magnetic image, myocardium	0.00	7.95	7.95	0.67	8.62	8.62	XXX
75554		A	Cardiac MRI/function	1.83	8.48	8.48	0.78	11.09	11.09	XXX
75554	26	A	Cardiac MRI/function	1.83	0.54	0.54	0.11	2.48	2.48	XXX
75554	TC	A	Cardiac MRI/function	0.00	7.95	7.95	0.67	8.62	8.62	XXX
75555		A	Cardiac MRI/limited study	1.74	8.48	8.48	0.78	11.00	11.00	XXX
75555	26	A	Cardiac MRI/limited study	1.74	0.54	0.54	0.11	2.39	2.39	XXX
75555	TC	A	Cardiac MRI/limited study	0.00	7.95	7.95	0.67	8.62	8.62	XXX
75600		A	Contrast x-ray exam of aorta	0.49	9.10	9.10	0.78	10.37	10.37	XXX
75600	26	A	Contrast x-ray exam of aorta	0.49	0.16	0.16	0.03	0.68	0.68	XXX
75600	TC	A	Contrast x-ray exam of aorta	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75605		A	Contrast x-ray exam of aorta	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75605	26	A	Contrast x-ray exam of aorta	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75605	TC	A	Contrast x-ray exam of aorta	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75625		A	Contrast x-ray exam of aorta	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75625	26	A	Contrast x-ray exam of aorta	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75625	TC	A	Contrast x-ray exam of aorta	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75630		A	X-ray aorta, leg arteries	1.79	9.74	9.74	0.88	12.41	12.41	XXX
75630	26	A	X-ray aorta, leg arteries	1.79	0.43	0.43	0.09	2.31	2.31	XXX
75630	TC	A	X-ray aorta, leg arteries	0.00	9.31	9.31	0.79	10.10	10.10	XXX
75650		A	Artery x-rays, head & neck	1.49	9.43	9.43	0.85	11.77	11.77	XXX
75650	26	A	Artery x-rays, head & neck	1.49	0.49	0.49	0.10	2.08	2.08	XXX
75650	TC	A	Artery x-rays, head & neck	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75658		A	X-ray exam of arm arteries	1.31	9.37	9.37	0.84	11.52	11.52	XXX
75658	26	A	X-ray exam of arm arteries	1.31	0.43	0.43	0.09	1.83	1.83	XXX
75658	TC	A	X-ray exam of arm arteries	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75660		A	Artery x-rays, head & neck	1.31	9.37	9.37	0.84	11.52	11.52	XXX
75660	26	A	Artery x-rays, head & neck	1.31	0.43	0.43	0.09	1.83	1.83	XXX
75660	TC	A	Artery x-rays, head & neck	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75662		A	Artery x-rays, head & neck	1.66	9.49	9.49	0.86	12.01	12.01	XXX
75662	26	A	Artery x-rays, head & neck	1.66	0.55	0.55	0.11	2.32	2.32	XXX
75662	TC	A	Artery x-rays, head & neck	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75665		A	Artery x-rays, head & neck	1.31	9.37	9.37	0.84	11.52	11.52	XXX
75665	26	A	Artery x-rays, head & neck	1.31	0.43	0.43	0.09	1.83	1.83	XXX
75665	TC	A	Artery x-rays, head & neck	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75671		A	Artery x-rays, head & neck	1.66	9.49	9.49	0.86	12.01	12.01	XXX
75671	26	A	Artery x-rays, head & neck	1.66	0.55	0.55	0.11	2.32	2.32	XXX
75671	TC	A	Artery x-rays, head & neck	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75676		A	Artery x-rays, neck	1.31	9.37	9.37	0.84	11.52	11.52	XXX
75676	26	A	Artery x-rays, neck	1.31	0.43	0.43	0.09	1.83	1.83	XXX
75676	TC	A	Artery x-rays, neck	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75680		A	Artery x-rays, neck	1.66	9.49	9.49	0.86	12.01	12.01	XXX
75680	26	A	Artery x-rays, neck	1.66	0.55	0.55	0.11	2.32	2.32	XXX
75680	TC	A	Artery x-rays, neck	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75685		A	Artery x-rays, spine	1.31	9.37	9.37	0.84	11.52	11.52	XXX
75685	26	A	Artery x-rays, spine	1.31	0.43	0.43	0.09	1.83	1.83	XXX
75685	TC	A	Artery x-rays, spine	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75705		A	Artery x-rays, spine	2.18	9.67	9.67	0.90	12.75	12.75	XXX
75705	26	A	Artery x-rays, spine	2.18	0.73	0.73	0.15	3.06	3.06	XXX
75705	TC	A	Artery x-rays, spine	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75710		A	Artery x-rays, arm/leg	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75710	26	A	Artery x-rays, arm/leg	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75710	TC	A	Artery x-rays, arm/leg	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75716		A	Artery x-rays, arms/legs	1.31	9.37	9.37	0.84	11.52	11.52	XXX
75716	26	A	Artery x-rays, arms/legs	1.31	0.43	0.43	0.09	1.83	1.83	XXX
75716	TC	A	Artery x-rays, arms/legs	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75722		A	Artery x-rays, kidney	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75722	26	A	Artery x-rays, kidney	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75722	TC	A	Artery x-rays, kidney	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75724		A	Artery x-rays, kidneys	1.49	9.43	9.43	0.85	11.77	11.77	XXX
75724	26	A	Artery x-rays, kidneys	1.49	0.49	0.49	0.10	2.08	2.08	XXX
75724	TC	A	Artery x-rays, kidneys	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75726		A	Artery x-rays, abdomen	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75726	26	A	Artery x-rays, abdomen	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75726	TC	A	Artery x-rays, abdomen	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75731		A	Artery x-rays, adrenal gland	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75731	26	A	Artery x-rays, adrenal gland	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75731	TC	A	Artery x-rays, adrenal gland	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75733		A	Artery x-rays, adrenal glands	1.31	9.37	9.37	0.84	11.52	11.52	XXX
75733	26	A	Artery x-rays, adrenal glands	1.31	0.43	0.43	0.09	1.83	1.83	XXX
75733	TC	A	Artery x-rays, adrenal glands	0.00	8.94	8.94	0.75	9.69	9.69	XXX

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[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
75736	.....	A	Artery x-rays, pelvis	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75736	26	A	Artery x-rays, pelvis	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75736	TC	A	Artery x-rays, pelvis	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75741	.....	A	Artery x-rays, lung	1.31	9.37	9.37	0.84	11.52	11.52	XXX
75741	26	A	Artery x-rays, lung	1.31	0.43	0.43	0.09	1.83	1.83	XXX
75741	TC	A	Artery x-rays, lung	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75743	.....	A	Artery x-rays, lungs	1.66	9.49	9.49	0.86	12.01	12.01	XXX
75743	26	A	Artery x-rays, lungs	1.66	0.55	0.55	0.11	2.32	2.32	XXX
75743	TC	A	Artery x-rays, lungs	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75746	.....	A	Artery x-rays, lung	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75746	26	A	Artery x-rays, lung	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75746	TC	A	Artery x-rays, lung	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75756	.....	A	Artery x-rays, chest	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75756	26	A	Artery x-rays, chest	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75756	TC	A	Artery x-rays, chest	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75774	.....	A	Artery x-ray, each vessel	0.36	9.06	9.06	0.77	10.19	10.19	XXX
75774	26	A	Artery x-ray, each vessel	0.36	0.12	0.12	0.02	0.50	0.50	XXX
75774	TC	A	Artery x-ray, each vessel	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75790	.....	A	Visualize A–V shunt	1.84	1.58	1.58	0.21	3.63	3.63	XXX
75790	26	A	Visualize A–V shunt	1.84	0.62	0.62	0.12	2.58	2.58	XXX
75790	TC	A	Visualize A–V shunt	0.00	0.96	0.96	0.09	1.05	1.05	XXX
75801	.....	A	Lymph vessel x-ray, arm/leg	0.81	4.12	4.12	0.38	5.31	5.31	XXX
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.28	0.28	0.05	1.14	1.14	XXX
75801	TC	A	Lymph vessel x-ray, arm/leg	0.00	3.84	3.84	0.33	4.17	4.17	XXX
75803	.....	A	Lymph vessel x-ray, arms/legs	1.17	4.22	4.22	0.41	5.80	5.80	XXX
75803	26	A	Lymph vessel x-ray, arms/legs	1.17	0.38	0.38	0.08	1.63	1.63	XXX
75803	TC	A	Lymph vessel x-ray, arms/legs	0.00	3.84	3.84	0.33	4.17	4.17	XXX
75805	.....	A	Lymph vessel x-ray, trunk	0.81	4.60	4.60	0.42	5.83	5.83	XXX
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.28	0.28	0.05	1.14	1.14	XXX
75805	TC	A	Lymph vessel x-ray, trunk	0.00	4.32	4.32	0.37	4.69	4.69	XXX
75807	.....	A	Lymph vessel x-ray, trunk	1.17	4.70	4.70	0.45	6.32	6.32	XXX
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.38	0.38	0.08	1.63	1.63	XXX
75807	TC	A	Lymph vessel x-ray, trunk	0.00	4.32	4.32	0.37	4.69	4.69	XXX
75809	.....	A	Nonvascular shunt, x-ray	0.47	0.70	0.70	0.08	1.25	1.25	XXX
75809	26	A	Nonvascular shunt, x-ray	0.47	0.14	0.14	0.03	0.64	0.64	XXX
75809	TC	A	Nonvascular shunt, x-ray	0.00	0.56	0.56	0.05	0.61	0.61	XXX
75810	.....	A	Vein x-ray, spleen/liver	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75810	26	A	Vein x-ray, spleen/liver	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75810	TC	A	Vein x-ray, spleen/liver	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75820	.....	A	Vein x-ray, arm/leg	0.70	0.91	0.91	0.11	1.72	1.72	XXX
75820	26	A	Vein x-ray, arm/leg	0.70	0.24	0.24	0.05	0.99	0.99	XXX
75820	TC	A	Vein x-ray, arm/leg	0.00	0.67	0.67	0.06	0.73	0.73	XXX
75822	.....	A	Vein x-ray, arms/legs	1.06	1.40	1.40	0.16	2.62	2.62	XXX
75822	26	A	Vein x-ray, arms/legs	1.06	0.35	0.35	0.07	1.48	1.48	XXX
75822	TC	A	Vein x-ray, arms/legs	0.00	1.05	1.05	0.09	1.14	1.14	XXX
75825	.....	A	Vein x-ray, trunk	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75825	26	A	Vein x-ray, trunk	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75825	TC	A	Vein x-ray, trunk	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75827	.....	A	Vein x-ray, chest	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75827	26	A	Vein x-ray, chest	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75827	TC	A	Vein x-ray, chest	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75831	.....	A	Vein x-ray, kidney	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75831	26	A	Vein x-ray, kidney	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75831	TC	A	Vein x-ray, kidney	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75833	.....	A	Vein x-ray, kidneys	1.49	9.43	9.43	0.85	11.77	11.77	XXX
75833	26	A	Vein x-ray, kidneys	1.49	0.49	0.49	0.10	2.08	2.08	XXX
75833	TC	A	Vein x-ray, kidneys	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75840	.....	A	Vein x-ray, adrenal gland	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75840	26	A	Vein x-ray, adrenal gland	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75840	TC	A	Vein x-ray, adrenal gland	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75842	.....	A	Vein x-ray, adrenal glands	1.49	9.43	9.43	0.85	11.77	11.77	XXX
75842	26	A	Vein x-ray, adrenal glands	1.49	0.49	0.49	0.10	2.08	2.08	XXX
75842	TC	A	Vein x-ray, adrenal glands	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75860	.....	A	Vein x-ray, neck	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75860	26	A	Vein x-ray, neck	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75860	TC	A	Vein x-ray, neck	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75870	.....	A	Vein x-ray, skull	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75870	26	A	Vein x-ray, skull	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75870	TC	A	Vein x-ray, skull	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75872	.....	A	Vein x-ray, skull	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75872	26	A	Vein x-ray, skull	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75872	TC	A	Vein x-ray, skull	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75880	.....	A	Vein x-ray, eye socket	0.70	0.91	0.91	0.11	1.72	1.72	XXX
75880	26	A	Vein x-ray, eye socket	0.70	0.24	0.24	0.05	0.99	0.99	XXX

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[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
75880	TC	A	Vein x-ray, eye socket	0.00	0.67	0.67	0.06	0.73	0.73	XXX
75885		A	Vein x-ray, liver	1.44	9.42	9.42	0.85	11.71	11.71	XXX
75885	26	A	Vein x-ray, liver	1.44	0.48	0.48	0.10	2.02	2.02	XXX
75885	TC	A	Vein x-ray, liver	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75887		A	Vein x-ray, liver	1.44	9.42	9.42	0.85	11.71	11.71	XXX
75887	26	A	Vein x-ray, liver	1.44	0.48	0.48	0.10	2.02	2.02	XXX
75887	TC	A	Vein x-ray, liver	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75889		A	Vein x-ray, liver	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75889	26	A	Vein x-ray, liver	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75889	TC	A	Vein x-ray, liver	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75891		A	Vein x-ray, liver	1.14	9.31	9.31	0.83	11.28	11.28	XXX
75891	26	A	Vein x-ray, liver	1.14	0.37	0.37	0.08	1.59	1.59	XXX
75891	TC	A	Vein x-ray, liver	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75893		A	Venous sampling by catheter	0.54	9.12	9.12	0.79	10.45	10.45	XXX
75893	26	A	Venous sampling by catheter	0.54	0.19	0.19	0.04	0.77	0.77	XXX
75893	TC	A	Venous sampling by catheter	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75894		A	X-rays, transcatheter therapy	1.31	17.55	17.55	1.53	20.39	20.39	XXX
75894	26	A	X-rays, transcatheter therapy	1.31	0.43	0.43	0.09	1.83	1.83	XXX
75894	TC	A	X-rays, transcatheter therapy	0.00	17.12	17.12	1.44	18.56	18.56	XXX
75896		A	X-rays, transcatheter therapy	1.31	15.32	15.32	1.34	17.97	17.97	XXX
75896	26	A	X-rays, transcatheter therapy	1.31	0.43	0.43	0.09	1.83	1.83	XXX
75896	TC	A	X-rays, transcatheter therapy	0.00	14.89	14.89	1.25	16.14	16.14	XXX
75898		A	Follow-up angiogram	1.65	1.30	1.30	0.18	3.13	3.13	XXX
75898	26	A	Follow-up angiogram	1.65	0.55	0.55	0.11	2.31	2.31	XXX
75898	TC	A	Follow-up angiogram	0.00	0.74	0.74	0.07	0.81	0.81	XXX
75900		A	Arterial catheter exchange	0.49	15.05	15.05	1.29	16.83	16.83	XXX
75900	26	A	Arterial catheter exchange	0.49	0.17	0.17	0.03	0.69	0.69	XXX
75900	TC	A	Arterial catheter exchange	0.00	14.88	14.88	1.26	16.14	16.14	XXX
75940		A	X-ray placement, vein filter	0.54	9.12	9.12	0.79	10.45	10.45	XXX
75940	26	A	X-ray placement, vein filter	0.54	0.19	0.19	0.04	0.77	0.77	XXX
75940	TC	A	X-ray placement, vein filter	0.00	8.94	8.94	0.75	9.69	9.69	XXX
75945		A	Intravascular us	0.40	NA	3.40	0.31	NA	4.11	XXX
75945	26	A	Intravascular us	0.40	NA	0.16	0.03	NA	0.59	XXX
75945	TC	A	Intravascular us	0.00	NA	3.24	0.28	NA	3.52	XXX
75946		A	Intravascular us	0.40	NA	1.79	0.17	NA	2.36	XXX
75946	26	A	Intravascular us	0.40	NA	0.16	0.03	NA	0.59	XXX
75946	TC	A	Intravascular us	0.00	NA	1.62	0.14	NA	1.76	XXX
75960		A	Transcatheter intro, stent	0.82	10.84	10.84	0.94	12.60	12.60	XXX
75960	26	A	Transcatheter intro, stent	0.82	0.28	0.28	0.06	1.16	1.16	XXX
75960	TC	A	Transcatheter intro, stent	0.00	10.57	10.57	0.88	11.45	11.45	XXX
75961		A	Retrieval, broken catheter	4.25	8.86	8.86	0.90	14.01	14.01	XXX
75961	26	A	Retrieval, broken catheter	4.25	1.41	1.41	0.28	5.94	5.94	XXX
75961	TC	A	Retrieval, broken catheter	0.00	7.45	7.45	0.62	8.07	8.07	XXX
75962		A	Repair arterial blockage	0.54	11.35	11.35	0.98	12.87	12.87	XXX
75962	26	A	Repair arterial blockage	0.54	0.19	0.19	0.04	0.77	0.77	XXX
75962	TC	A	Repair arterial blockage	0.00	11.16	11.16	0.94	12.10	12.10	XXX
75964		A	Repair artery blockage, each	0.36	6.07	6.07	0.52	6.95	6.95	XXX
75964	26	A	Repair artery blockage, each	0.36	0.12	0.12	0.02	0.50	0.50	XXX
75964	TC	A	Repair artery blockage, each	0.00	5.95	5.95	0.50	6.45	6.45	XXX
75966		A	Repair arterial blockage	1.31	11.60	11.60	1.03	13.94	13.94	XXX
75966	26	A	Repair arterial blockage	1.31	0.43	0.43	0.09	1.83	1.83	XXX
75966	TC	A	Repair arterial blockage	0.00	11.16	11.16	0.94	12.10	12.10	XXX
75968		A	Repair artery blockage, each	0.36	6.07	6.07	0.52	6.95	6.95	XXX
75968	26	A	Repair artery blockage, each	0.36	0.12	0.12	0.02	0.50	0.50	XXX
75968	TC	A	Repair artery blockage, each	0.00	5.95	5.95	0.50	6.45	6.45	XXX
75970		A	Vascular biopsy	0.83	8.47	8.47	0.75	10.05	10.05	XXX
75970	26	A	Vascular biopsy	0.83	0.28	0.28	0.06	1.17	1.17	XXX
75970	TC	A	Vascular biopsy	0.00	8.19	8.19	0.69	8.88	8.88	XXX
75978		A	Repair venous blockage	0.54	11.52	11.52	0.98	13.04	13.04	XXX
75978	26	A	Repair venous blockage	0.54	0.36	0.36	0.04	0.94	0.94	XXX
75978	TC	A	Repair venous blockage	0.00	11.16	11.16	0.94	12.10	12.10	XXX
75980		A	Contrast xray exam bile duct	1.44	4.32	4.32	0.43	6.19	6.19	XXX
75980	26	A	Contrast xray exam bile duct	1.44	0.48	0.48	0.10	2.02	2.02	XXX
75980	TC	A	Contrast xray exam bile duct	0.00	3.84	3.84	0.33	4.17	4.17	XXX
75982		A	Contrast xray exam bile duct	1.44	4.80	4.80	0.47	6.71	6.71	XXX
75982	26	A	Contrast xray exam bile duct	1.44	0.48	0.48	0.10	2.02	2.02	XXX
75982	TC	A	Contrast xray exam bile duct	0.00	4.32	4.32	0.37	4.69	4.69	XXX
75984		A	X-ray control catheter change	0.72	1.63	1.63	0.17	2.52	2.52	XXX
75984	26	A	X-ray control catheter change	0.72	0.25	0.25	0.05	1.02	1.02	XXX
75984	TC	A	X-ray control catheter change	0.00	1.38	1.38	0.12	1.50	1.50	XXX
75989		A	Abscess drainage under x-ray	1.19	2.62	2.62	0.27	4.08	4.08	XXX
75989	26	A	Abscess drainage under x-ray	1.19	0.39	0.39	0.08	1.66	1.66	XXX
75989	TC	A	Abscess drainage under x-ray	0.00	2.23	2.23	0.19	2.42	2.42	XXX
75992		A	Atherectomy, x-ray exam	0.54	11.35	11.35	0.98	12.87	12.87	XXX

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[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
75992	26	A	Atherectomy, x-ray exam	0.54	0.19	0.19	0.04	0.77	0.77	XXX
75992	TC	A	Atherectomy, x-ray exam	0.00	11.16	11.16	0.94	12.10	12.10	XXX
75993		A	Atherectomy, x-ray exam	0.36	6.07	6.07	0.52	6.95	6.95	XXX
75993	26	A	Atherectomy, x-ray exam	0.36	0.12	0.12	0.02	0.50	0.50	XXX
75993	TC	A	Atherectomy, x-ray exam	0.00	5.95	5.95	0.50	6.45	6.45	XXX
75994		A	Atherectomy, x-ray exam	1.31	11.60	11.60	1.03	13.94	13.94	XXX
75994	26	A	Atherectomy, x-ray exam	1.31	0.43	0.43	0.09	1.83	1.83	XXX
75994	TC	A	Atherectomy, x-ray exam	0.00	11.16	11.16	0.94	12.10	12.10	XXX
75995		A	Atherectomy, x-ray exam	1.31	11.60	11.60	1.03	13.94	13.94	XXX
75995	26	A	Atherectomy, x-ray exam	1.31	0.43	0.43	0.09	1.83	1.83	XXX
75995	TC	A	Atherectomy, x-ray exam	0.00	11.16	11.16	0.94	12.10	12.10	XXX
75996		A	Atherectomy, x-ray exam	0.36	6.07	6.07	0.52	6.95	6.95	XXX
75996	26	A	Atherectomy, x-ray exam	0.36	0.12	0.12	0.02	0.50	0.50	XXX
75996	TC	A	Atherectomy, x-ray exam	0.00	5.95	5.95	0.50	6.45	6.45	XXX
76000		A	Fluoroscope examination	0.17	0.98	0.98	0.09	1.24	1.24	XXX
76000	26	A	Fluoroscope examination	0.17	0.05	0.05	0.01	0.23	0.23	XXX
76000	TC	A	Fluoroscope examination	0.00	0.92	0.92	0.08	1.00	1.00	XXX
76001		A	Fluoroscope exam, extensive	0.67	2.09	2.09	0.22	2.98	2.98	XXX
76001	26	A	Fluoroscope exam, extensive	0.67	0.23	0.23	0.05	0.95	0.95	XXX
76001	TC	A	Fluoroscope exam, extensive	0.00	1.86	1.86	0.17	2.03	2.03	XXX
76003		A	Needle localization by x-ray	0.54	1.11	1.11	0.12	1.77	1.77	XXX
76003	26	A	Needle localization by x-ray	0.54	0.19	0.19	0.04	0.77	0.77	XXX
76003	TC	A	Needle localization by x-ray	0.00	0.92	0.92	0.08	1.00	1.00	XXX
76010		A	X-ray, nose to rectum	0.18	0.43	0.43	0.04	0.65	0.65	XXX
76010	26	A	X-ray, nose to rectum	0.18	0.06	0.06	0.01	0.25	0.25	XXX
76010	TC	A	X-ray, nose to rectum	0.00	0.37	0.37	0.03	0.40	0.40	XXX
76020		A	X-rays for bone age	0.19	0.44	0.44	0.04	0.67	0.67	XXX
76020	26	A	X-rays for bone age	0.19	0.07	0.07	0.01	0.27	0.27	XXX
76020	TC	A	X-rays for bone age	0.00	0.37	0.37	0.03	0.40	0.40	XXX
76040		A	X-rays, bone evaluation	0.27	0.65	0.65	0.07	0.99	0.99	XXX
76040	26	A	X-rays, bone evaluation	0.27	0.10	0.10	0.02	0.39	0.39	XXX
76040	TC	A	X-rays, bone evaluation	0.00	0.56	0.56	0.05	0.61	0.61	XXX
76061		A	X-rays, bone survey	0.45	0.86	0.86	0.09	1.40	1.40	XXX
76061	26	A	X-rays, bone survey	0.45	0.15	0.15	0.03	0.63	0.63	XXX
76061	TC	A	X-rays, bone survey	0.00	0.71	0.71	0.06	0.77	0.77	XXX
76062		A	X-rays, bone survey	0.54	1.21	1.21	0.13	1.88	1.88	XXX
76062	26	A	X-rays, bone survey	0.54	0.19	0.19	0.04	0.77	0.77	XXX
76062	TC	A	X-rays, bone survey	0.00	1.02	1.02	0.09	1.11	1.11	XXX
76065		A	X-rays, bone evaluation	0.28	0.62	0.62	0.07	0.97	0.97	XXX
76065	26	A	X-rays, bone evaluation	0.28	0.10	0.10	0.02	0.40	0.40	XXX
76065	TC	A	X-rays, bone evaluation	0.00	0.52	0.52	0.05	0.57	0.57	XXX
76066		A	Joint(s) survey, single film	0.31	0.89	0.89	0.09	1.29	1.29	XXX
76066	26	A	Joint(s) survey, single film	0.31	0.10	0.10	0.02	0.43	0.43	XXX
76066	TC	A	Joint(s) survey, single film	0.00	0.79	0.79	0.07	0.86	0.86	XXX
76070		A	CT scan, bone density study	0.25	2.18	2.18	0.20	2.63	2.63	XXX
76070	26	A	CT scan, bone density study	0.25	0.09	0.09	0.02	0.36	0.36	XXX
76070	TC	A	CT scan, bone density study	0.00	2.09	2.09	0.18	2.27	2.27	XXX
76075		A	Dual energy x-ray study	0.30	2.28	2.28	0.21	2.79	2.79	XXX
76075	26	A	Dual energy x-ray study	0.30	0.09	0.09	0.02	0.41	0.41	XXX
76075	TC	A	Dual energy x-ray study	0.00	2.20	2.20	0.19	2.39	2.39	XXX
76076		A	Dual energy x-ray study	0.22	0.61	0.61	0.07	0.90	0.90	XXX
76076	26	A	Dual energy x-ray study	0.22	0.07	0.07	0.02	0.31	0.31	XXX
76076	TC	A	Dual energy x-ray study	0.00	0.54	0.54	0.05	0.59	0.59	XXX
76078		A	Photodensitometry	0.20	0.61	0.61	0.07	0.88	0.88	XXX
76078	26	A	Photodensitometry	0.20	0.07	0.07	0.02	0.29	0.29	XXX
76078	TC	A	Photodensitometry	0.00	0.54	0.54	0.05	0.59	0.59	XXX
76080		A	X-ray exam of fistula	0.54	0.93	0.93	0.11	1.58	1.58	XXX
76080	26	A	X-ray exam of fistula	0.54	0.19	0.19	0.04	0.77	0.77	XXX
76080	TC	A	X-ray exam of fistula	0.00	0.74	0.74	0.07	0.81	0.81	XXX
76086		A	X-ray of mammary duct	0.36	1.99	1.99	0.19	2.54	2.54	XXX
76086	26	A	X-ray of mammary duct	0.36	0.13	0.13	0.02	0.51	0.51	XXX
76086	TC	A	X-ray of mammary duct	0.00	1.86	1.86	0.17	2.03	2.03	XXX
76088		A	X-ray of mammary ducts	0.45	2.75	2.75	0.25	3.45	3.45	XXX
76088	26	A	X-ray of mammary ducts	0.45	0.15	0.15	0.03	0.63	0.63	XXX
76088	TC	A	X-ray of mammary ducts	0.00	2.60	2.60	0.22	2.82	2.82	XXX
76090		A	Mammogram, one breast	0.58	0.83	0.83	0.09	1.50	1.50	XXX
76090	26	A	Mammogram, one breast	0.58	0.09	0.09	0.02	0.69	0.69	XXX
76090	TC	A	Mammogram, one breast	0.00	0.74	0.74	0.07	0.81	0.81	XXX
76091		A	Mammogram, both breasts	0.69	1.06	1.06	0.11	1.86	1.86	XXX
76091	26	A	Mammogram, both breasts	0.69	0.13	0.13	0.03	0.85	0.85	XXX
76091	TC	A	Mammogram, both breasts	0.00	0.92	0.92	0.08	1.00	1.00	XXX
76093		A	Magnetic image, breast	1.63	13.04	13.04	1.16	15.83	15.83	XXX
76093	26	A	Magnetic image, breast	1.63	0.54	0.54	0.11	2.28	2.28	XXX
76093	TC	A	Magnetic image, breast	0.00	12.50	12.50	1.05	13.55	13.55	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
76094	.....	A	Magnetic image, both breasts	1.63	17.50	17.50	1.53	20.66	20.66	XXX
76094	26	A	Magnetic image, both breasts	1.63	0.54	0.54	0.11	2.28	2.28	XXX
76094	TC	A	Magnetic image, both breasts	0.00	16.96	16.96	1.42	18.38	18.38	XXX
76095	.....	A	Stereotactic breast biopsy	1.59	5.61	5.61	0.54	7.74	7.74	XXX
76095	26	A	Stereotactic breast biopsy	1.59	0.53	0.53	0.11	2.23	2.23	XXX
76095	TC	A	Stereotactic breast biopsy	0.00	5.08	5.08	0.43	5.51	5.51	XXX
76096	.....	A	X-ray of needle wire, breast	0.56	1.12	1.12	0.12	1.80	1.80	XXX
76096	26	A	X-ray of needle wire, breast	0.56	0.19	0.19	0.04	0.79	0.79	XXX
76096	TC	A	X-ray of needle wire, breast	0.00	0.92	0.92	0.08	1.00	1.00	XXX
76098	.....	A	X-ray exam, breast specimen	0.16	0.35	0.35	0.04	0.55	0.55	XXX
76098	26	A	X-ray exam, breast specimen	0.16	0.05	0.05	0.01	0.22	0.22	XXX
76098	TC	A	X-ray exam, breast specimen	0.00	0.30	0.30	0.03	0.33	0.33	XXX
76100	.....	A	X-ray exam of body section	0.58	1.09	1.09	0.12	1.79	1.79	XXX
76100	26	A	X-ray exam of body section	0.58	0.20	0.20	0.04	0.82	0.82	XXX
76100	TC	A	X-ray exam of body section	0.00	0.89	0.89	0.08	0.97	0.97	XXX
76101	.....	A	Complex body section x-ray	0.58	1.21	1.21	0.13	1.92	1.92	XXX
76101	26	A	Complex body section x-ray	0.58	0.20	0.20	0.04	0.82	0.82	XXX
76101	TC	A	Complex body section x-ray	0.00	1.00	1.00	0.09	1.09	1.09	XXX
76102	.....	A	Complex body section x-rays	0.58	1.43	1.43	0.15	2.16	2.16	XXX
76102	26	A	Complex body section x-rays	0.58	0.20	0.20	0.04	0.82	0.82	XXX
76102	TC	A	Complex body section x-rays	0.00	1.23	1.23	0.11	1.34	1.34	XXX
76120	.....	A	Cinematic x-rays	0.38	0.87	0.87	0.10	1.35	1.35	XXX
76120	26	A	Cinematic x-rays	0.38	0.13	0.13	0.03	0.54	0.54	XXX
76120	TC	A	Cinematic x-rays	0.00	0.74	0.74	0.07	0.81	0.81	XXX
76125	.....	A	Cinematic x-rays	0.27	0.65	0.65	0.07	0.99	0.99	XXX
76125	26	A	Cinematic x-rays	0.27	0.09	0.09	0.02	0.38	0.38	XXX
76125	TC	A	Cinematic x-rays	0.00	0.56	0.56	0.05	0.61	0.61	XXX
76150	.....	A	X-ray exam, dry process	0.00	0.30	0.30	0.03	0.33	0.33	XXX
76355	.....	A	CAT scan for localization	1.21	6.25	6.25	0.57	8.03	8.03	XXX
76355	26	A	CAT scan for localization	1.21	0.39	0.39	0.08	1.68	1.68	XXX
76355	TC	A	CAT scan for localization	0.00	5.86	5.86	0.49	6.35	6.35	XXX
76360	.....	A	CAT scan for needle biopsy	1.16	6.23	6.23	0.57	7.96	7.96	XXX
76360	26	A	CAT scan for needle biopsy	1.16	0.37	0.37	0.08	1.61	1.61	XXX
76360	TC	A	CAT scan for needle biopsy	0.00	5.86	5.86	0.49	6.35	6.35	XXX
76365	.....	A	CAT scan for cyst aspiration	1.16	6.23	6.23	0.57	7.96	7.96	XXX
76365	26	A	CAT scan for cyst aspiration	1.16	0.37	0.37	0.08	1.61	1.61	XXX
76365	TC	A	CAT scan for cyst aspiration	0.00	5.86	5.86	0.49	6.35	6.35	XXX
76370	.....	A	CAT scan for therapy guide	0.85	2.37	2.37	0.24	3.46	3.46	XXX
76370	26	A	CAT scan for therapy guide	0.85	0.28	0.28	0.06	1.19	1.19	XXX
76370	TC	A	CAT scan for therapy guide	0.00	2.09	2.09	0.18	2.27	2.27	XXX
76375	.....	A	3d/holograph reconstr add-on	0.16	2.56	2.56	0.22	2.94	2.94	XXX
76375	26	A	3d/holograph reconstr add-on	0.16	0.05	0.05	0.01	0.22	0.22	XXX
76375	TC	A	3d/holograph reconstr add-on	0.00	2.51	2.51	0.21	2.72	2.72	XXX
76380	.....	A	CAT scan follow-up study	0.98	2.81	2.81	0.28	4.07	4.07	XXX
76380	26	A	CAT scan follow-up study	0.98	0.33	0.33	0.07	1.38	1.38	XXX
76380	TC	A	CAT scan follow-up study	0.00	2.49	2.49	0.21	2.70	2.70	XXX
76390	.....	A	Mr spectroscopy	1.40	8.44	8.44	0.77	10.61	10.61	XXX
76390	26	A	Mr spectroscopy	1.40	0.49	0.49	0.10	1.99	1.99	XXX
76390	TC	A	Mr spectroscopy	0.00	7.95	7.95	0.67	8.62	8.62	XXX
76400	.....	A	Magnetic image, bone marrow	1.60	8.48	8.48	0.78	10.86	10.86	XXX
76400	26	A	Magnetic image, bone marrow	1.60	0.54	0.54	0.11	2.25	2.25	XXX
76400	TC	A	Magnetic image, bone marrow	0.00	7.95	7.95	0.67	8.62	8.62	XXX
76506	.....	A	Echo exam of head	0.63	1.22	1.22	0.13	1.98	1.98	XXX
76506	26	A	Echo exam of head	0.63	0.22	0.22	0.04	0.89	0.89	XXX
76506	TC	A	Echo exam of head	0.00	1.00	1.00	0.09	1.09	1.09	XXX
76511	.....	A	Echo exam of eye	0.94	1.07	1.07	0.12	2.13	2.13	XXX
76511	26	A	Echo exam of eye	0.94	0.19	0.19	0.04	1.17	1.17	XXX
76511	TC	A	Echo exam of eye	0.00	0.89	0.89	0.08	0.97	0.97	XXX
76512	.....	A	Echo exam of eye	0.66	1.30	1.30	0.15	2.11	2.11	XXX
76512	26	A	Echo exam of eye	0.66	0.22	0.22	0.05	0.93	0.93	XXX
76512	TC	A	Echo exam of eye	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76513	.....	A	Echo exam of eye, water bath	0.66	1.30	1.30	0.15	2.11	2.11	XXX
76513	26	A	Echo exam of eye, water bath	0.66	0.22	0.22	0.05	0.93	0.93	XXX
76513	TC	A	Echo exam of eye, water bath	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76516	.....	A	Echo exam of eye	0.54	1.07	1.07	0.12	1.73	1.73	XXX
76516	26	A	Echo exam of eye	0.54	0.19	0.19	0.04	0.77	0.77	XXX
76516	TC	A	Echo exam of eye	0.00	0.89	0.89	0.08	0.97	0.97	XXX
76519	.....	A	Echo exam of eye	0.54	1.07	1.07	0.12	1.73	1.73	XXX
76519	26	A	Echo exam of eye	0.54	0.19	0.19	0.04	0.77	0.77	XXX
76519	TC	A	Echo exam of eye	0.00	0.89	0.89	0.08	0.97	0.97	XXX
76529	.....	A	Echo exam of eye	0.57	1.16	1.16	0.13	1.86	1.86	XXX
76529	26	A	Echo exam of eye	0.57	0.19	0.19	0.04	0.80	0.80	XXX
76529	TC	A	Echo exam of eye	0.00	0.97	0.97	0.09	1.06	1.06	XXX
76536	.....	A	Echo exam of head and neck	0.56	1.20	1.20	0.13	1.89	1.89	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
76536	26	A	Echo exam of head and neck	0.56	0.19	0.19	0.04	0.79	0.79	XXX
76536	TC	A	Echo exam of head and neck	0.00	1.00	1.00	0.09	1.09	1.09	XXX
76604		A	Echo exam of chest	0.55	1.12	1.12	0.12	1.79	1.79	XXX
76604	26	A	Echo exam of chest	0.55	0.19	0.19	0.04	0.78	0.78	XXX
76604	TC	A	Echo exam of chest	0.00	0.92	0.92	0.08	1.00	1.00	XXX
76645		A	Echo exam of breast	0.54	0.93	0.93	0.11	1.58	1.58	XXX
76645	26	A	Echo exam of breast	0.54	0.19	0.19	0.04	0.77	0.77	XXX
76645	TC	A	Echo exam of breast	0.00	0.74	0.74	0.07	0.81	0.81	XXX
76700		A	Echo exam of abdomen	0.81	1.67	1.67	0.17	2.65	2.65	XXX
76700	26	A	Echo exam of abdomen	0.81	0.28	0.28	0.05	1.14	1.14	XXX
76700	TC	A	Echo exam of abdomen	0.00	1.40	1.40	0.12	1.52	1.52	XXX
76705		A	Echo exam of abdomen	0.59	1.21	1.21	0.13	1.93	1.93	XXX
76705	26	A	Echo exam of abdomen	0.59	0.20	0.20	0.04	0.83	0.83	XXX
76705	TC	A	Echo exam of abdomen	0.00	1.00	1.00	0.09	1.09	1.09	XXX
76770		A	Echo exam abdomen back wall	0.74	1.65	1.65	0.17	2.56	2.56	XXX
76770	26	A	Echo exam abdomen back wall	0.74	0.25	0.25	0.05	1.04	1.04	XXX
76770	TC	A	Echo exam abdomen back wall	0.00	1.40	1.40	0.12	1.52	1.52	XXX
76775		A	Echo exam abdomen back wall	0.58	1.21	1.21	0.13	1.92	1.92	XXX
76775	26	A	Echo exam abdomen back wall	0.58	0.20	0.20	0.04	0.82	0.82	XXX
76775	TC	A	Echo exam abdomen back wall	0.00	1.00	1.00	0.09	1.09	1.09	XXX
76778		A	Echo exam kidney transplant	0.74	1.65	1.65	0.17	2.56	2.56	XXX
76778	26	A	Echo exam kidney transplant	0.74	0.25	0.25	0.05	1.04	1.04	XXX
76778	TC	A	Echo exam kidney transplant	0.00	1.40	1.40	0.12	1.52	1.52	XXX
76800		A	Echo exam spinal canal	1.13	1.38	1.38	0.17	2.68	2.68	XXX
76800	26	A	Echo exam spinal canal	1.13	0.37	0.37	0.08	1.58	1.58	XXX
76800	TC	A	Echo exam spinal canal	0.00	1.00	1.00	0.09	1.09	1.09	XXX
76805		A	Echo exam of pregnant uterus	0.99	1.82	1.82	0.20	3.01	3.01	XXX
76805	26	A	Echo exam of pregnant uterus	0.99	0.33	0.33	0.07	1.39	1.39	XXX
76805	TC	A	Echo exam of pregnant uterus	0.00	1.49	1.49	0.13	1.62	1.62	XXX
76810		A	Echo exam of pregnant uterus	1.97	3.63	3.63	0.38	5.98	5.98	XXX
76810	26	A	Echo exam of pregnant uterus	1.97	0.65	0.65	0.13	2.75	2.75	XXX
76810	TC	A	Echo exam of pregnant uterus	0.00	2.98	2.98	0.25	3.23	3.23	XXX
76815		A	Echo exam of pregnant uterus	0.65	1.23	1.23	0.13	2.01	2.01	XXX
76815	26	A	Echo exam of pregnant uterus	0.65	0.22	0.22	0.04	0.91	0.91	XXX
76815	TC	A	Echo exam of pregnant uterus	0.00	1.00	1.00	0.09	1.09	1.09	XXX
76816		A	Echo exam followup or repeat	0.57	0.98	0.98	0.11	1.66	1.66	XXX
76816	26	A	Echo exam followup or repeat	0.57	0.19	0.19	0.04	0.80	0.80	XXX
76816	TC	A	Echo exam followup or repeat	0.00	0.79	0.79	0.07	0.86	0.86	XXX
76818		A	Fetal biophysical profile	0.77	1.41	1.41	0.15	2.33	2.33	XXX
76818	26	A	Fetal biophysical profile	0.77	0.26	0.26	0.05	1.08	1.08	XXX
76818	TC	A	Fetal biophysical profile	0.00	1.15	1.15	0.10	1.25	1.25	XXX
76825		A	Echo exam of fetal heart	1.67	1.66	1.66	0.17	3.50	3.50	XXX
76825	26	A	Echo exam of fetal heart	1.67	0.26	0.26	0.05	1.98	1.98	XXX
76825	TC	A	Echo exam of fetal heart	0.00	1.40	1.40	0.12	1.52	1.52	XXX
76826		A	Echo exam of fetal heart	0.83	1.00	1.00	0.10	1.93	1.93	XXX
76826	26	A	Echo exam of fetal heart	0.83	0.51	0.51	0.05	1.39	1.39	XXX
76826	TC	A	Echo exam of fetal heart	0.00	0.50	0.50	0.05	0.55	0.55	XXX
76827		A	Echo exam of fetal heart	0.58	1.70	1.70	0.18	2.46	2.46	XXX
76827	26	A	Echo exam of fetal heart	0.58	0.48	0.48	0.05	1.11	1.11	XXX
76827	TC	A	Echo exam of fetal heart	0.00	1.22	1.22	0.13	1.35	1.35	XXX
76828		A	Echo exam of fetal heart	0.56	1.00	1.00	0.11	1.67	1.67	XXX
76828	26	A	Echo exam of fetal heart	0.56	0.21	0.21	0.02	0.79	0.79	XXX
76828	TC	A	Echo exam of fetal heart	0.00	0.79	0.79	0.09	0.88	0.88	XXX
76830		A	Echo exam, transvaginal	0.69	1.32	1.32	0.15	2.16	2.16	XXX
76830	26	A	Echo exam, transvaginal	0.69	0.24	0.24	0.05	0.98	0.98	XXX
76830	TC	A	Echo exam, transvaginal	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76831		A	Echo exam, uterus	0.72	1.32	1.32	0.15	2.19	2.19	XXX
76831	26	A	Echo exam, uterus	0.72	0.24	0.24	0.05	1.01	1.01	XXX
76831	TC	A	Echo exam, uterus	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76856		A	Echo exam of pelvis	0.69	1.32	1.32	0.15	2.16	2.16	XXX
76856	26	A	Echo exam of pelvis	0.69	0.24	0.24	0.05	0.98	0.98	XXX
76856	TC	A	Echo exam of pelvis	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76857		A	Echo exam of pelvis	0.38	0.87	0.87	0.10	1.35	1.35	XXX
76857	26	A	Echo exam of pelvis	0.38	0.13	0.13	0.03	0.54	0.54	XXX
76857	TC	A	Echo exam of pelvis	0.00	0.74	0.74	0.07	0.81	0.81	XXX
76870		A	Echo exam of scrotum	0.64	1.30	1.30	0.14	2.08	2.08	XXX
76870	26	A	Echo exam of scrotum	0.64	0.22	0.22	0.04	0.90	0.90	XXX
76870	TC	A	Echo exam of scrotum	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76872		A	Echo exam, transrectal	0.69	1.32	1.32	0.15	2.16	2.16	XXX
76872	26	A	Echo exam, transrectal	0.69	0.24	0.24	0.05	0.98	0.98	XXX
76872	TC	A	Echo exam, transrectal	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76880		A	Echo exam of extremity	0.59	1.21	1.21	0.13	1.93	1.93	XXX
76880	26	A	Echo exam of extremity	0.59	0.20	0.20	0.04	0.83	0.83	XXX
76880	TC	A	Echo exam of extremity	0.00	1.00	1.00	0.09	1.09	1.09	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
76885	.....	A	Echo exam, infant hips	0.74	1.32	1.32	0.15	2.21	2.21	XXX
76885	26	A	Echo exam, infant hips	0.74	0.24	0.24	0.05	1.03	1.03	XXX
76885	TC	A	Echo exam, infant hips	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76886	.....	A	Echo exam, infant hips	0.62	1.21	1.21	0.13	1.96	1.96	XXX
76886	26	A	Echo exam, infant hips	0.62	0.20	0.20	0.04	0.86	0.86	XXX
76886	TC	A	Echo exam, infant hips	0.00	1.00	1.00	0.09	1.09	1.09	XXX
76930	.....	A	Echo guide for heart sac tap	0.67	1.31	1.31	0.15	2.13	2.13	XXX
76930	26	A	Echo guide for heart sac tap	0.67	0.23	0.23	0.05	0.95	0.95	XXX
76930	TC	A	Echo guide for heart sac tap	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76932	.....	A	Echo guide for heart biopsy	0.67	1.31	1.31	0.15	2.13	2.13	XXX
76932	26	A	Echo guide for heart biopsy	0.67	0.23	0.23	0.05	0.95	0.95	XXX
76932	TC	A	Echo guide for heart biopsy	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76934	.....	A	Echo guide for chest tap	0.67	1.31	1.31	0.15	2.13	2.13	XXX
76934	26	A	Echo guide for chest tap	0.67	0.23	0.23	0.05	0.95	0.95	XXX
76934	TC	A	Echo guide for chest tap	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76936	.....	A	Echo guide for artery repair	1.99	5.39	5.39	0.48	7.86	7.86	XXX
76936	26	A	Echo guide for artery repair	1.99	0.92	0.92	0.10	3.01	3.01	XXX
76936	TC	A	Echo guide for artery repair	0.00	4.47	4.47	0.38	4.85	4.85	XXX
76938	.....	A	Echo exam for drainage	0.67	1.31	1.31	0.15	2.13	2.13	XXX
76938	26	A	Echo exam for drainage	0.67	0.23	0.23	0.05	0.95	0.95	XXX
76938	TC	A	Echo exam for drainage	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76941	.....	A	Echo guide for transfusion	1.34	1.54	1.54	0.19	3.07	3.07	XXX
76941	26	A	Echo guide for transfusion	1.34	0.45	0.45	0.10	1.89	1.89	XXX
76941	TC	A	Echo guide for transfusion	0.00	1.09	1.09	0.09	1.18	1.18	XXX
76942	.....	A	Echo guide for biopsy	0.67	1.31	1.31	0.15	2.13	2.13	XXX
76942	26	A	Echo guide for biopsy	0.67	0.23	0.23	0.05	0.95	0.95	XXX
76942	TC	A	Echo guide for biopsy	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76945	.....	A	Echo guide, villus sampling	0.67	1.54	1.54	0.19	2.40	2.40	XXX
76945	26	A	Echo guide, villus sampling	0.67	0.45	0.45	0.10	1.22	1.22	XXX
76945	TC	A	Echo guide, villus sampling	0.00	1.09	1.09	0.09	1.18	1.18	XXX
76946	.....	A	Echo guide for amniocentesis	0.38	1.21	1.21	0.13	1.72	1.72	XXX
76946	26	A	Echo guide for amniocentesis	0.38	0.13	0.13	0.03	0.54	0.54	XXX
76946	TC	A	Echo guide for amniocentesis	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76948	.....	A	Echo guide, ova aspiration	0.38	1.21	1.21	0.13	1.72	1.72	XXX
76948	26	A	Echo guide, ova aspiration	0.38	0.13	0.13	0.03	0.54	0.54	XXX
76948	TC	A	Echo guide, ova aspiration	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76950	.....	A	Echo guidance radiotherapy	0.58	1.12	1.12	0.12	1.82	1.82	XXX
76950	26	A	Echo guidance radiotherapy	0.58	0.20	0.20	0.04	0.82	0.82	XXX
76950	TC	A	Echo guidance radiotherapy	0.00	0.92	0.92	0.08	1.00	1.00	XXX
76960	.....	A	Echo guidance radiotherapy	0.58	1.12	1.12	0.12	1.82	1.82	XXX
76960	26	A	Echo guidance radiotherapy	0.58	0.20	0.20	0.04	0.82	0.82	XXX
76960	TC	A	Echo guidance radiotherapy	0.00	0.92	0.92	0.08	1.00	1.00	XXX
76965	.....	A	Echo guidance radiotherapy	1.34	5.05	5.05	0.52	6.91	6.91	XXX
76965	26	A	Echo guidance radiotherapy	1.34	1.09	1.09	0.19	2.62	2.62	XXX
76965	TC	A	Echo guidance radiotherapy	0.00	3.95	3.95	0.33	4.28	4.28	XXX
76970	.....	A	Ultrasound exam follow-up	0.40	0.88	0.88	0.10	1.38	1.38	XXX
76970	26	A	Ultrasound exam follow-up	0.40	0.13	0.13	0.03	0.56	0.56	XXX
76970	TC	A	Ultrasound exam follow-up	0.00	0.74	0.74	0.07	0.81	0.81	XXX
76975	.....	A	GI endoscopic ultrasound	0.81	1.33	1.33	0.15	2.29	2.29	XXX
76975	26	A	GI endoscopic ultrasound	0.81	0.25	0.25	0.05	1.11	1.11	XXX
76975	TC	A	GI endoscopic ultrasound	0.00	1.08	1.08	0.10	1.18	1.18	XXX
76986	.....	A	Echo exam at surgery	1.20	2.26	2.26	0.25	3.71	3.71	XXX
76986	26	A	Echo exam at surgery	1.20	0.39	0.39	0.08	1.67	1.67	XXX
76986	TC	A	Echo exam at surgery	0.00	1.86	1.86	0.17	2.03	2.03	XXX
77261	.....	A	Radiation therapy planning	1.39	0.46	0.46	0.09	1.94	1.94	XXX
77262	.....	A	Radiation therapy planning	2.11	0.70	0.70	0.14	2.95	2.95	XXX
77263	.....	A	Radiation therapy planning	3.14	1.04	1.04	0.20	4.38	4.38	XXX
77280	.....	A	Set radiation therapy field	0.70	2.70	2.70	0.26	3.66	3.66	XXX
77280	26	A	Set radiation therapy field	0.70	0.24	0.24	0.05	0.99	0.99	XXX
77280	TC	A	Set radiation therapy field	0.00	2.46	2.46	0.21	2.67	2.67	XXX
77285	.....	A	Set radiation therapy field	1.05	4.29	4.29	0.41	5.75	5.75	XXX
77285	26	A	Set radiation therapy field	1.05	0.34	0.34	0.07	1.46	1.46	XXX
77285	TC	A	Set radiation therapy field	0.00	3.95	3.95	0.34	4.29	4.29	XXX
77290	.....	A	Set radiation therapy field	1.56	5.14	5.14	0.50	7.20	7.20	XXX
77290	26	A	Set radiation therapy field	1.56	0.52	0.52	0.11	2.19	2.19	XXX
77290	TC	A	Set radiation therapy field	0.00	4.61	4.61	0.39	5.00	5.00	XXX
77295	.....	A	Set radiation therapy field	4.57	21.35	21.35	1.93	27.85	27.85	XXX
77295	26	A	Set radiation therapy field	4.57	1.53	1.53	0.23	6.33	6.33	XXX
77295	TC	A	Set radiation therapy field	0.00	19.81	19.81	1.70	21.51	21.51	XXX
77300	.....	A	Radiation therapy dose plan	0.62	1.16	1.16	0.12	1.90	1.90	XXX
77300	26	A	Radiation therapy dose plan	0.62	0.21	0.21	0.04	0.87	0.87	XXX
77300	TC	A	Radiation therapy dose plan	0.00	0.95	0.95	0.08	1.03	1.03	XXX
77305	.....	A	Radiation therapy dose plan	0.70	1.56	1.56	0.17	2.43	2.43	XXX
77305	26	A	Radiation therapy dose plan	0.70	0.24	0.24	0.05	0.99	0.99	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
77305	TC	A	Radiation therapy dose plan	0.00	1.32	1.32	0.12	1.44	1.44	XXX
77310		A	Radiation therapy dose plan	1.05	1.99	1.99	0.22	3.26	3.26	XXX
77310	26	A	Radiation therapy dose plan	1.05	0.34	0.34	0.07	1.46	1.46	XXX
77310	TC	A	Radiation therapy dose plan	0.00	1.65	1.65	0.15	1.80	1.80	XXX
77315		A	Radiation therapy dose plan	1.56	2.40	2.40	0.28	4.24	4.24	XXX
77315	26	A	Radiation therapy dose plan	1.56	0.52	0.52	0.11	2.19	2.19	XXX
77315	TC	A	Radiation therapy dose plan	0.00	1.88	1.88	0.17	2.05	2.05	XXX
77321		A	Radiation therapy port plan	0.95	3.19	3.19	0.30	4.44	4.44	XXX
77321	26	A	Radiation therapy port plan	0.95	0.32	0.32	0.06	1.33	1.33	XXX
77321	TC	A	Radiation therapy port plan	0.00	2.87	2.87	0.24	3.11	3.11	XXX
77326		A	Radiation therapy dose plan	0.93	1.99	1.99	0.21	3.13	3.13	XXX
77326	26	A	Radiation therapy dose plan	0.93	0.31	0.31	0.06	1.30	1.30	XXX
77326	TC	A	Radiation therapy dose plan	0.00	1.67	1.67	0.15	1.82	1.82	XXX
77327		A	Radiation therapy dose plan	1.39	2.93	2.93	0.30	4.62	4.62	XXX
77327	26	A	Radiation therapy dose plan	1.39	0.46	0.46	0.09	1.94	1.94	XXX
77327	TC	A	Radiation therapy dose plan	0.00	2.46	2.46	0.21	2.67	2.67	XXX
77328		A	Radiation therapy dose plan	2.09	4.21	4.21	0.44	6.74	6.74	XXX
77328	26	A	Radiation therapy dose plan	2.09	0.69	0.69	0.14	2.92	2.92	XXX
77328	TC	A	Radiation therapy dose plan	0.00	3.52	3.52	0.30	3.82	3.82	XXX
77331		A	Special radiation dosimetry	0.87	0.65	0.65	0.09	1.61	1.61	XXX
77331	26	A	Special radiation dosimetry	0.87	0.29	0.29	0.06	1.22	1.22	XXX
77331	TC	A	Special radiation dosimetry	0.00	0.36	0.36	0.03	0.39	0.39	XXX
77332		A	Radiation treatment aid(s)	0.54	1.14	1.14	0.12	1.80	1.80	XXX
77332	26	A	Radiation treatment aid(s)	0.54	0.19	0.19	0.04	0.77	0.77	XXX
77332	TC	A	Radiation treatment aid(s)	0.00	0.95	0.95	0.08	1.03	1.03	XXX
77333		A	Radiation treatment aid(s)	0.84	1.63	1.63	0.18	2.65	2.65	XXX
77333	26	A	Radiation treatment aid(s)	0.84	0.28	0.28	0.06	1.18	1.18	XXX
77333	TC	A	Radiation treatment aid(s)	0.00	1.35	1.35	0.12	1.47	1.47	XXX
77334		A	Radiation treatment aid(s)	1.24	2.71	2.71	0.27	4.22	4.22	XXX
77334	26	A	Radiation treatment aid(s)	1.24	0.40	0.40	0.08	1.72	1.72	XXX
77334	TC	A	Radiation treatment aid(s)	0.00	2.31	2.31	0.19	2.50	2.50	XXX
77336		A	Radiation physics consu	0.00	2.11	2.11	0.18	2.29	2.29	XXX
77370		A	Radiation physics consult	0.00	2.48	2.48	0.21	2.69	2.69	XXX
77401		A	Radiation treatment delivery	0.00	1.26	1.26	0.11	1.37	1.37	XXX
77402		A	Radiation treatment delivery	0.00	1.26	1.26	0.11	1.37	1.37	XXX
77403		A	Radiation treatment delivery	0.00	1.26	1.26	0.11	1.37	1.37	XXX
77404		A	Radiation treatment delivery	0.00	1.26	1.26	0.11	1.37	1.37	XXX
77406		A	Radiation treatment delivery	0.00	1.26	1.26	0.11	1.37	1.37	XXX
77407		A	Radiation treatment delivery	0.00	1.48	1.48	0.13	1.61	1.61	XXX
77408		A	Radiation treatment delivery	0.00	1.48	1.48	0.13	1.61	1.61	XXX
77409		A	Radiation treatment delivery	0.00	1.48	1.48	0.13	1.61	1.61	XXX
77411		A	Radiation treatment delivery	0.00	1.48	1.48	0.13	1.61	1.61	XXX
77412		A	Radiation treatment delivery	0.00	1.65	1.65	0.15	1.80	1.80	XXX
77413		A	Radiation treatment delivery	0.00	1.65	1.65	0.15	1.80	1.80	XXX
77414		A	Radiation treatment delivery	0.00	1.65	1.65	0.15	1.80	1.80	XXX
77416		A	Radiation treatment delivery	0.00	1.65	1.65	0.15	1.80	1.80	XXX
77417		A	Radiology port film(s)	0.00	0.42	0.42	0.04	0.46	0.46	XXX
77419		A	Weekly radiation therapy	3.60	1.20	1.20	0.23	5.03	5.03	XXX
77420		A	Weekly radiation therapy	1.61	0.54	0.54	0.11	2.26	2.26	XXX
77425		A	Weekly radiation therapy	2.44	0.82	0.82	0.17	3.43	3.43	XXX
77430		A	Weekly radiation therapy	3.60	1.20	1.20	0.23	5.03	5.03	XXX
77431		A	Radiation therapy management	1.81	0.60	0.60	0.12	2.53	2.53	XXX
77432		A	Stereotactic radiation trmt	7.93	3.68	3.68	0.40	12.01	12.01	XXX
77470		A	Special radiation treatment	2.09	8.60	8.60	0.80	11.49	11.49	XXX
77470	26	A	Special radiation treatment	2.09	0.69	0.69	0.14	2.92	2.92	XXX
77470	TC	A	Special radiation treatment	0.00	7.90	7.90	0.66	8.56	8.56	XXX
77600		R	Hyperthermia treatment	1.56	2.68	2.68	0.29	4.53	4.53	ZZZ
77600	26	R	Hyperthermia treatment	1.56	0.52	0.52	0.11	2.19	2.19	ZZZ
77600	TC	R	Hyperthermia treatment	0.00	2.16	2.16	0.18	2.34	2.34	ZZZ
77605		R	Hyperthermia treatment	2.09	3.57	3.57	0.39	6.05	6.05	ZZZ
77605	26	R	Hyperthermia treatment	2.09	0.69	0.69	0.14	2.92	2.92	ZZZ
77605	TC	R	Hyperthermia treatment	0.00	2.88	2.88	0.25	3.13	3.13	ZZZ
77610		R	Hyperthermia treatment	1.56	2.68	2.68	0.29	4.53	4.53	ZZZ
77610	26	R	Hyperthermia treatment	1.56	0.52	0.52	0.11	2.19	2.19	ZZZ
77610	TC	R	Hyperthermia treatment	0.00	2.16	2.16	0.18	2.34	2.34	ZZZ
77615		R	Hyperthermia treatment	2.09	3.57	3.57	0.39	6.05	6.05	ZZZ
77615	26	R	Hyperthermia treatment	2.09	0.69	0.69	0.14	2.92	2.92	ZZZ
77615	TC	R	Hyperthermia treatment	0.00	2.88	2.88	0.25	3.13	3.13	ZZZ
77620		R	Hyperthermia treatment	1.56	2.68	2.68	0.29	4.53	4.53	ZZZ
77620	26	R	Hyperthermia treatment	1.56	0.52	0.52	0.11	2.19	2.19	ZZZ
77620	TC	R	Hyperthermia treatment	0.00	2.16	2.16	0.18	2.34	2.34	ZZZ
77750		A	Infuse radioactive materials	4.91	2.47	2.47	0.38	7.76	7.76	090
77750	26	A	Infuse radioactive materials	4.91	1.53	1.53	0.30	6.74	6.74	090
77750	TC	A	Infuse radioactive materials	0.00	0.95	0.95	0.08	1.03	1.03	090

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
77761	.....	A	Radioelement application	3.81	2.96	2.96	0.39	7.16	7.16	090
77761	26	A	Radioelement application	3.81	1.18	1.18	0.23	5.22	5.22	090
77761	TC	A	Radioelement application	0.00	1.78	1.78	0.16	1.94	1.94	090
77762	.....	A	Radioelement application	5.72	4.34	4.34	0.57	10.63	10.63	090
77762	26	A	Radioelement application	5.72	1.78	1.78	0.35	7.85	7.85	090
77762	TC	A	Radioelement application	0.00	2.56	2.56	0.22	2.78	2.78	090
77763	.....	A	Radioelement application	8.57	5.85	5.85	0.77	15.19	15.19	090
77763	26	A	Radioelement application	8.57	2.66	2.66	0.50	11.73	11.73	090
77763	TC	A	Radioelement application	0.00	3.19	3.19	0.27	3.46	3.46	090
77776	.....	A	Radioelement application	4.66	3.10	3.10	0.45	8.21	8.21	XXX
77776	26	A	Radioelement application	4.66	1.56	1.56	0.31	6.53	6.53	XXX
77776	TC	A	Radioelement application	0.00	1.54	1.54	0.14	1.68	1.68	XXX
77777	.....	A	Radioelement application	7.48	5.34	5.34	0.71	13.53	13.53	090
77777	26	A	Radioelement application	7.48	2.33	2.33	0.45	10.26	10.26	090
77777	TC	A	Radioelement application	0.00	3.01	3.01	0.26	3.27	3.27	090
77778	.....	A	Radioelement application	11.19	7.13	7.13	0.98	19.30	19.30	090
77778	26	A	Radioelement application	11.19	3.49	3.49	0.67	15.35	15.35	090
77778	TC	A	Radioelement application	0.00	3.64	3.64	0.31	3.95	3.95	090
77781	.....	A	High intensity brachytherapy	1.66	14.92	14.92	1.32	17.90	17.90	090
77781	26	A	High intensity brachytherapy	1.66	0.51	0.51	0.11	2.28	2.28	090
77781	TC	A	High intensity brachytherapy	0.00	14.40	14.40	1.21	15.61	15.61	090
77782	.....	A	High intensity brachytherapy	2.49	15.18	15.18	1.37	19.04	19.04	090
77782	26	A	High intensity brachytherapy	2.49	0.78	0.78	0.16	3.43	3.43	090
77782	TC	A	High intensity brachytherapy	0.00	14.40	14.40	1.21	15.61	15.61	090
77783	.....	A	High intensity brachytherapy	3.73	15.56	15.56	1.44	20.73	20.73	090
77783	26	A	High intensity brachytherapy	3.73	1.15	1.15	0.23	5.11	5.11	090
77783	TC	A	High intensity brachytherapy	0.00	14.40	14.40	1.21	15.61	15.61	090
77784	.....	A	High intensity brachytherapy	5.61	16.14	16.14	1.56	23.31	23.31	090
77784	26	A	High intensity brachytherapy	5.61	1.74	1.74	0.35	7.70	7.70	090
77784	TC	A	High intensity brachytherapy	0.00	14.40	14.40	1.21	15.61	15.61	090
77789	.....	A	Radioelement application	1.12	0.66	0.66	0.10	1.88	1.88	090
77789	26	A	Radioelement application	1.12	0.34	0.34	0.07	1.53	1.53	090
77789	TC	A	Radioelement application	0.00	0.32	0.32	0.03	0.35	0.35	090
77790	.....	A	Radioelement handling	1.05	0.70	0.70	0.10	1.85	1.85	XXX
77790	26	A	Radioelement handling	1.05	0.34	0.34	0.07	1.46	1.46	XXX
77790	TC	A	Radioelement handling	0.00	0.36	0.36	0.03	0.39	0.39	XXX
78000	.....	A	Thyroid, single uptake	0.19	0.75	0.75	0.07	1.01	1.01	XXX
78000	26	A	Thyroid, single uptake	0.19	0.07	0.07	0.01	0.27	0.27	XXX
78000	TC	A	Thyroid, single uptake	0.00	0.68	0.68	0.06	0.74	0.74	XXX
78001	.....	A	Thyroid, multiple uptakes	0.26	1.01	1.01	0.10	1.37	1.37	XXX
78001	26	A	Thyroid, multiple uptakes	0.26	0.09	0.09	0.02	0.37	0.37	XXX
78001	TC	A	Thyroid, multiple uptakes	0.00	0.92	0.92	0.08	1.00	1.00	XXX
78003	.....	A	Thyroid suppress/stimul	0.33	0.80	0.80	0.08	1.21	1.21	XXX
78003	26	A	Thyroid suppress/stimul	0.33	0.11	0.11	0.02	0.46	0.46	XXX
78003	TC	A	Thyroid suppress/stimul	0.00	0.68	0.68	0.06	0.74	0.74	XXX
78006	.....	A	Thyroid,imaging with uptake	0.49	1.85	1.85	0.18	2.52	2.52	XXX
78006	26	A	Thyroid,imaging with uptake	0.49	0.16	0.16	0.03	0.68	0.68	XXX
78006	TC	A	Thyroid,imaging with uptake	0.00	1.69	1.69	0.15	1.84	1.84	XXX
78007	.....	A	Thyroid, image, mult uptakes	0.50	1.99	1.99	0.19	2.68	2.68	XXX
78007	26	A	Thyroid, image, mult uptakes	0.50	0.17	0.17	0.03	0.70	0.70	XXX
78007	TC	A	Thyroid, image, mult uptakes	0.00	1.82	1.82	0.16	1.98	1.98	XXX
78010	.....	A	Thyroid imaging	0.39	1.41	1.41	0.14	1.94	1.94	XXX
78010	26	A	Thyroid imaging	0.39	0.13	0.13	0.03	0.55	0.55	XXX
78010	TC	A	Thyroid imaging	0.00	1.29	1.29	0.11	1.40	1.40	XXX
78011	.....	A	Thyroid imaging with flow	0.45	1.86	1.86	0.18	2.49	2.49	XXX
78011	26	A	Thyroid imaging with flow	0.45	0.16	0.16	0.03	0.64	0.64	XXX
78011	TC	A	Thyroid imaging with flow	0.00	1.70	1.70	0.15	1.85	1.85	XXX
78015	.....	A	Thyroid met imaging	0.67	2.05	2.05	0.21	2.93	2.93	XXX
78015	26	A	Thyroid met imaging	0.67	0.23	0.23	0.05	0.95	0.95	XXX
78015	TC	A	Thyroid met imaging	0.00	1.82	1.82	0.16	1.98	1.98	XXX
78016	.....	A	Thyroid met imaging/studies	0.82	2.75	2.75	0.27	3.84	3.84	XXX
78016	26	A	Thyroid met imaging/studies	0.82	0.28	0.28	0.06	1.16	1.16	XXX
78016	TC	A	Thyroid met imaging/studies	0.00	2.47	2.47	0.21	2.68	2.68	XXX
78017	.....	A	Thyroid met imaging, mult	0.87	2.93	2.93	0.28	4.08	4.08	XXX
78017	26	A	Thyroid met imaging, mult	0.87	0.29	0.29	0.06	1.22	1.22	XXX
78017	TC	A	Thyroid met imaging, mult	0.00	2.64	2.64	0.22	2.86	2.86	XXX
78018	.....	A	Thyroid, met imaging, body	0.95	4.17	4.17	0.39	5.51	5.51	XXX
78018	26	A	Thyroid, met imaging, body	0.95	0.32	0.32	0.06	1.33	1.33	XXX
78018	TC	A	Thyroid, met imaging, body	0.00	3.85	3.85	0.33	4.18	4.18	XXX
78070	.....	A	Parathyroid nuclear imaging	0.82	1.46	1.46	0.15	2.43	2.43	XXX
78070	26	A	Parathyroid nuclear imaging	0.82	0.17	0.17	0.04	1.03	1.03	XXX
78070	TC	A	Parathyroid nuclear imaging	0.00	1.29	1.29	0.11	1.40	1.40	XXX
78075	.....	A	Adrenal nuclear imaging	0.74	4.10	4.10	0.38	5.22	5.22	XXX
78075	26	A	Adrenal nuclear imaging	0.74	0.25	0.25	0.05	1.04	1.04	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
78075	TC	A	Adrenal nuclear imaging	0.00	3.85	3.85	0.33	4.18	4.18	XXX
78102		A	Bone marrow imaging, ltd	0.55	1.63	1.63	0.17	2.35	2.35	XXX
78102	26	A	Bone marrow imaging, ltd	0.55	0.19	0.19	0.04	0.78	0.78	XXX
78102	TC	A	Bone marrow imaging, ltd	0.00	1.44	1.44	0.13	1.57	1.57	XXX
78103		A	Bone marrow imaging, mult	0.75	2.50	2.50	0.24	3.49	3.49	XXX
78103	26	A	Bone marrow imaging, mult	0.75	0.25	0.25	0.05	1.05	1.05	XXX
78103	TC	A	Bone marrow imaging, mult	0.00	2.25	2.25	0.19	2.44	2.44	XXX
78104		A	Bone marrow imaging, body	0.80	3.16	3.16	0.30	4.26	4.26	XXX
78104	26	A	Bone marrow imaging, body	0.80	0.28	0.28	0.05	1.13	1.13	XXX
78104	TC	A	Bone marrow imaging, body	0.00	2.89	2.89	0.25	3.14	3.14	XXX
78110		A	Plasma volume, single	0.19	0.74	0.74	0.07	1.00	1.00	XXX
78110	26	A	Plasma volume, single	0.19	0.07	0.07	0.01	0.27	0.27	XXX
78110	TC	A	Plasma volume, single	0.00	0.67	0.67	0.06	0.73	0.73	XXX
78111		A	Plasma volume, multiple	0.22	1.90	1.90	0.18	2.30	2.30	XXX
78111	26	A	Plasma volume, multiple	0.22	0.07	0.07	0.02	0.31	0.31	XXX
78111	TC	A	Plasma volume, multiple	0.00	1.82	1.82	0.16	1.98	1.98	XXX
78120		A	Red cell mass, single	0.23	1.31	1.31	0.13	1.67	1.67	XXX
78120	26	A	Red cell mass, single	0.23	0.08	0.08	0.02	0.33	0.33	XXX
78120	TC	A	Red cell mass, single	0.00	1.23	1.23	0.11	1.34	1.34	XXX
78121		A	Red cell mass, multiple	0.32	2.17	2.17	0.19	2.68	2.68	XXX
78121	26	A	Red cell mass, multiple	0.32	0.11	0.11	0.02	0.45	0.45	XXX
78121	TC	A	Red cell mass, multiple	0.00	2.06	2.06	0.17	2.23	2.23	XXX
78122		A	Blood volume	0.45	3.42	3.42	0.31	4.18	4.18	XXX
78122	26	A	Blood volume	0.45	0.15	0.15	0.03	0.63	0.63	XXX
78122	TC	A	Blood volume	0.00	3.27	3.27	0.28	3.55	3.55	XXX
78130		A	Red cell survival study	0.61	2.23	2.23	0.21	3.05	3.05	XXX
78130	26	A	Red cell survival study	0.61	0.21	0.21	0.04	0.86	0.86	XXX
78130	TC	A	Red cell survival study	0.00	2.02	2.02	0.17	2.19	2.19	XXX
78135		A	Red cell survival kinetics	0.64	3.67	3.67	0.34	4.65	4.65	XXX
78135	26	A	Red cell survival kinetics	0.64	0.22	0.22	0.04	0.90	0.90	XXX
78135	TC	A	Red cell survival kinetics	0.00	3.45	3.45	0.30	3.75	3.75	XXX
78140		A	Red cell sequestration	0.61	3.00	3.00	0.28	3.89	3.89	XXX
78140	26	A	Red cell sequestration	0.61	0.21	0.21	0.04	0.86	0.86	XXX
78140	TC	A	Red cell sequestration	0.00	2.79	2.79	0.24	3.03	3.03	XXX
78160		A	Plasma iron turnover	0.33	2.71	2.71	0.24	3.28	3.28	XXX
78160	26	A	Plasma iron turnover	0.33	0.11	0.11	0.02	0.46	0.46	XXX
78160	TC	A	Plasma iron turnover	0.00	2.60	2.60	0.22	2.82	2.82	XXX
78162		A	Iron absorption exam	0.45	2.42	2.42	0.22	3.09	3.09	XXX
78162	26	A	Iron absorption exam	0.45	0.15	0.15	0.03	0.63	0.63	XXX
78162	TC	A	Iron absorption exam	0.00	2.27	2.27	0.19	2.46	2.46	XXX
78170		A	Red cell iron utilization	0.41	3.90	3.90	0.35	4.66	4.66	XXX
78170	26	A	Red cell iron utilization	0.41	0.13	0.13	0.03	0.57	0.57	XXX
78170	TC	A	Red cell iron utilization	0.00	3.77	3.77	0.32	4.09	4.09	XXX
78172	26	A	Total body iron estimation	0.53	0.19	0.19	0.04	0.76	0.76	XXX
78185		A	Spleen imaging	0.40	1.81	1.81	0.18	2.39	2.39	XXX
78185	26	A	Spleen imaging	0.40	0.13	0.13	0.03	0.56	0.56	XXX
78185	TC	A	Spleen imaging	0.00	1.67	1.67	0.15	1.82	1.82	XXX
78190		A	Platelet survival, kinetics	1.09	4.41	4.41	0.42	5.92	5.92	XXX
78190	26	A	Platelet survival, kinetics	1.09	0.36	0.36	0.07	1.52	1.52	XXX
78190	TC	A	Platelet survival, kinetics	0.00	4.06	4.06	0.35	4.41	4.41	XXX
78191		A	Platelet survival	0.61	5.41	5.41	0.48	6.50	6.50	XXX
78191	26	A	Platelet survival	0.61	0.21	0.21	0.04	0.86	0.86	XXX
78191	TC	A	Platelet survival	0.00	5.20	5.20	0.44	5.64	5.64	XXX
78195		A	Lymph system imaging	1.20	3.13	3.13	0.30	4.63	4.63	XXX
78195	26	A	Lymph system imaging	1.20	0.24	0.24	0.05	1.49	1.49	XXX
78195	TC	A	Lymph system imaging	0.00	2.89	2.89	0.25	3.14	3.14	XXX
78201		A	Liver imaging	0.44	1.82	1.82	0.18	2.44	2.44	XXX
78201	26	A	Liver imaging	0.44	0.14	0.14	0.03	0.61	0.61	XXX
78201	TC	A	Liver imaging	0.00	1.67	1.67	0.15	1.82	1.82	XXX
78202		A	Liver imaging with flow	0.51	2.22	2.22	0.21	2.94	2.94	XXX
78202	26	A	Liver imaging with flow	0.51	0.17	0.17	0.04	0.72	0.72	XXX
78202	TC	A	Liver imaging with flow	0.00	2.05	2.05	0.17	2.22	2.22	XXX
78205		A	Liver imaging (3D)	0.71	4.44	4.44	0.41	5.56	5.56	XXX
78205	26	A	Liver imaging (3D)	0.71	0.25	0.25	0.05	1.01	1.01	XXX
78205	TC	A	Liver imaging (3D)	0.00	4.19	4.19	0.36	4.55	4.55	XXX
78215		A	Liver and spleen imaging	0.49	2.25	2.25	0.20	2.94	2.94	XXX
78215	26	A	Liver and spleen imaging	0.49	0.16	0.16	0.03	0.68	0.68	XXX
78215	TC	A	Liver and spleen imaging	0.00	2.08	2.08	0.17	2.25	2.25	XXX
78216		A	Liver & spleen image, flow	0.57	2.66	2.66	0.25	3.48	3.48	XXX
78216	26	A	Liver & spleen image, flow	0.57	0.19	0.19	0.04	0.80	0.80	XXX
78216	TC	A	Liver & spleen image, flow	0.00	2.47	2.47	0.21	2.68	2.68	XXX
78220		A	Liver function study	0.49	2.81	2.81	0.25	3.55	3.55	XXX
78220	26	A	Liver function study	0.49	0.16	0.16	0.03	0.68	0.68	XXX
78220	TC	A	Liver function study	0.00	2.64	2.64	0.22	2.86	2.86	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
78223	.....	A	Hepatobiliary imaging	0.84	2.88	2.88	0.28	4.00	4.00	XXX
78223	26	A	Hepatobiliary imaging	0.84	0.28	0.28	0.06	1.18	1.18	XXX
78223	TC	A	Hepatobiliary imaging	0.00	2.60	2.60	0.22	2.82	2.82	XXX
78230	.....	A	Salivary gland imaging	0.45	1.70	1.70	0.17	2.32	2.32	XXX
78230	26	A	Salivary gland imaging	0.45	0.16	0.16	0.03	0.64	0.64	XXX
78230	TC	A	Salivary gland imaging	0.00	1.54	1.54	0.14	1.68	1.68	XXX
78231	.....	A	Serial salivary imaging	0.52	2.43	2.43	0.23	3.18	3.18	XXX
78231	26	A	Serial salivary imaging	0.52	0.18	0.18	0.04	0.74	0.74	XXX
78231	TC	A	Serial salivary imaging	0.00	2.25	2.25	0.19	2.44	2.44	XXX
78232	.....	A	Salivary gland function exam	0.47	2.67	2.67	0.24	3.38	3.38	XXX
78232	26	A	Salivary gland function exam	0.47	0.16	0.16	0.03	0.66	0.66	XXX
78232	TC	A	Salivary gland function exam	0.00	2.51	2.51	0.21	2.72	2.72	XXX
78258	.....	A	Esophageal motility study	0.74	2.30	2.30	0.22	3.26	3.26	XXX
78258	26	A	Esophageal motility study	0.74	0.25	0.25	0.05	1.04	1.04	XXX
78258	TC	A	Esophageal motility study	0.00	2.05	2.05	0.17	2.22	2.22	XXX
78261	.....	A	Gastric mucosa imaging	0.69	3.15	3.15	0.30	4.14	4.14	XXX
78261	26	A	Gastric mucosa imaging	0.69	0.24	0.24	0.05	0.98	0.98	XXX
78261	TC	A	Gastric mucosa imaging	0.00	2.91	2.91	0.25	3.16	3.16	XXX
78262	.....	A	Gastroesophageal reflux exam	0.68	3.25	3.25	0.31	4.24	4.24	XXX
78262	26	A	Gastroesophageal reflux exam	0.68	0.23	0.23	0.05	0.96	0.96	XXX
78262	TC	A	Gastroesophageal reflux exam	0.00	3.01	3.01	0.26	3.27	3.27	XXX
78264	.....	A	Gastric emptying study	0.78	3.19	3.19	0.30	4.27	4.27	XXX
78264	26	A	Gastric emptying study	0.78	0.27	0.27	0.05	1.10	1.10	XXX
78264	TC	A	Gastric emptying study	0.00	2.93	2.93	0.25	3.18	3.18	XXX
78270	.....	A	Vit B–12 absorption exam	0.20	1.17	1.17	0.11	1.48	1.48	XXX
78270	26	A	Vit B–12 absorption exam	0.20	0.07	0.07	0.01	0.28	0.28	XXX
78270	TC	A	Vit B–12 absorption exam	0.00	1.09	1.09	0.10	1.19	1.19	XXX
78271	.....	A	Vit B–12 absorp exam, IF	0.20	1.24	1.24	0.11	1.55	1.55	XXX
78271	26	A	Vit B–12 absorp exam, IF	0.20	0.07	0.07	0.01	0.28	0.28	XXX
78271	TC	A	Vit B–12 absorp exam, IF	0.00	1.17	1.17	0.10	1.27	1.27	XXX
78272	.....	A	Vit B–12 absorp, combined	0.27	1.74	1.74	0.17	2.18	2.18	XXX
78272	26	A	Vit B–12 absorp, combined	0.27	0.10	0.10	0.02	0.39	0.39	XXX
78272	TC	A	Vit B–12 absorp, combined	0.00	1.64	1.64	0.15	1.79	1.79	XXX
78278	.....	A	Acute GI blood loss imaging	0.99	3.79	3.79	0.37	5.15	5.15	XXX
78278	26	A	Acute GI blood loss imaging	0.99	0.33	0.33	0.07	1.39	1.39	XXX
78278	TC	A	Acute GI blood loss imaging	0.00	3.45	3.45	0.30	3.75	3.75	XXX
78282	26	A	GI protein loss exam	0.38	0.13	0.13	0.03	0.54	0.54	XXX
78290	.....	A	Meckel's divert exam	0.68	2.39	2.39	0.23	3.30	3.30	XXX
78290	26	A	Meckel's divert exam	0.68	0.23	0.23	0.05	0.96	0.96	XXX
78290	TC	A	Meckel's divert exam	0.00	2.16	2.16	0.18	2.34	2.34	XXX
78291	.....	A	Leveen/shunt patency exam	0.88	2.46	2.46	0.24	3.58	3.58	XXX
78291	26	A	Leveen/shunt patency exam	0.88	0.29	0.29	0.06	1.23	1.23	XXX
78291	TC	A	Leveen/shunt patency exam	0.00	2.17	2.17	0.18	2.35	2.35	XXX
78300	.....	A	Bone imaging, limited area	0.62	1.98	1.98	0.20	2.80	2.80	XXX
78300	26	A	Bone imaging, limited area	0.62	0.22	0.22	0.04	0.88	0.88	XXX
78300	TC	A	Bone imaging, limited area	0.00	1.76	1.76	0.16	1.92	1.92	XXX
78305	.....	A	Bone imaging, multiple areas	0.83	2.88	2.88	0.28	3.99	3.99	XXX
78305	26	A	Bone imaging, multiple areas	0.83	0.28	0.28	0.06	1.17	1.17	XXX
78305	TC	A	Bone imaging, multiple areas	0.00	2.60	2.60	0.22	2.82	2.82	XXX
78306	.....	A	Bone imaging, whole body	0.86	3.32	3.32	0.32	4.50	4.50	XXX
78306	26	A	Bone imaging, whole body	0.86	0.29	0.29	0.06	1.21	1.21	XXX
78306	TC	A	Bone imaging, whole body	0.00	3.03	3.03	0.26	3.29	3.29	XXX
78315	.....	A	Bone imaging, 3 phase	1.02	3.72	3.72	0.36	5.10	5.10	XXX
78315	26	A	Bone imaging, 3 phase	1.02	0.33	0.33	0.07	1.42	1.42	XXX
78315	TC	A	Bone imaging, 3 phase	0.00	3.39	3.39	0.29	3.68	3.68	XXX
78320	.....	A	Bone imaging (3D)	1.04	4.53	4.53	0.43	6.00	6.00	XXX
78320	26	A	Bone imaging (3D)	1.04	0.34	0.34	0.07	1.45	1.45	XXX
78320	TC	A	Bone imaging (3D)	0.00	4.19	4.19	0.36	4.55	4.55	XXX
78350	.....	A	Bone mineral, single photon	0.22	0.61	0.61	0.07	0.90	0.90	XXX
78350	26	A	Bone mineral, single photon	0.22	0.07	0.07	0.02	0.31	0.31	XXX
78350	TC	A	Bone mineral, single photon	0.00	0.54	0.54	0.05	0.59	0.59	XXX
78351	.....	N	Bone mineral, dual photon	+0.30	0.14	0.14	0.02	0.46	0.46	XXX
78414	26	A	Non-imaging heart function	0.45	0.15	0.15	0.03	0.63	0.63	XXX
78428	.....	A	Cardiac shunt imaging	0.78	1.87	1.87	0.19	2.84	2.84	XXX
78428	26	A	Cardiac shunt imaging	0.78	0.27	0.27	0.05	1.10	1.10	XXX
78428	TC	A	Cardiac shunt imaging	0.00	1.60	1.60	0.14	1.74	1.74	XXX
78445	.....	A	Vascular flow imaging	0.49	1.50	1.50	0.15	2.14	2.14	XXX
78445	26	A	Vascular flow imaging	0.49	0.18	0.18	0.04	0.71	0.71	XXX
78445	TC	A	Vascular flow imaging	0.00	1.32	1.32	0.11	1.43	1.43	XXX
78455	.....	A	Venous thrombosis study	0.73	3.07	3.07	0.29	4.09	4.09	XXX
78455	26	A	Venous thrombosis study	0.73	0.25	0.25	0.05	1.03	1.03	XXX
78455	TC	A	Venous thrombosis study	0.00	2.83	2.83	0.24	3.07	3.07	XXX
78457	.....	A	Venous thrombosis imaging	0.77	2.14	2.14	0.22	3.13	3.13	XXX
78457	26	A	Venous thrombosis imaging	0.77	0.26	0.26	0.05	1.08	1.08	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
78457	TC	A	Venous thrombosis imaging	0.00	1.88	1.88	0.17	2.05	2.05	XXX
78458		A	Ven thrombosis images, bilat	0.90	3.15	3.15	0.30	4.35	4.35	XXX
78458	26	A	Ven thrombosis images, bilat	0.90	0.30	0.30	0.06	1.26	1.26	XXX
78458	TC	A	Ven thrombosis images, bilat	0.00	2.85	2.85	0.24	3.09	3.09	XXX
78459	26	I	Heart muscle imaging (PET)	+1.88	1.00	1.00	0.10	2.98	2.98	XXX
78460		A	Heart muscle blood single	0.86	1.96	1.96	0.21	3.03	3.03	XXX
78460	26	A	Heart muscle blood single	0.86	0.29	0.29	0.06	1.21	1.21	XXX
78460	TC	A	Heart muscle blood single	0.00	1.67	1.67	0.15	1.82	1.82	XXX
78461		A	Heart muscle blood multiple	1.23	3.75	3.75	0.37	5.35	5.35	XXX
78461	26	A	Heart muscle blood multiple	1.23	0.40	0.40	0.08	1.71	1.71	XXX
78461	TC	A	Heart muscle blood multiple	0.00	3.35	3.35	0.29	3.64	3.64	XXX
78464		A	Heart image (3D) single	1.09	5.37	5.37	0.50	6.96	6.96	XXX
78464	26	A	Heart image (3D) single	1.09	0.36	0.36	0.07	1.52	1.52	XXX
78464	TC	A	Heart image (3D) single	0.00	5.02	5.02	0.43	5.45	5.45	XXX
78465		A	Heart image (3D) multiple	1.46	8.85	8.85	0.80	11.11	11.11	XXX
78465	26	A	Heart image (3D) multiple	1.46	0.48	0.48	0.10	2.04	2.04	XXX
78465	TC	A	Heart image (3D) multiple	0.00	8.37	8.37	0.70	9.07	9.07	XXX
78466		A	Heart infarct image	0.69	2.10	2.10	0.22	3.01	3.01	XXX
78466	26	A	Heart infarct image	0.69	0.24	0.24	0.05	0.98	0.98	XXX
78466	TC	A	Heart infarct image	0.00	1.86	1.86	0.17	2.03	2.03	XXX
78468		A	Heart infarct image, EF	0.80	2.87	2.87	0.27	3.94	3.94	XXX
78468	26	A	Heart infarct image, EF	0.80	0.27	0.27	0.05	1.12	1.12	XXX
78468	TC	A	Heart infarct image, EF	0.00	2.60	2.60	0.22	2.82	2.82	XXX
78469		A	Heart infarct image (3D)	0.92	4.01	4.01	0.38	5.31	5.31	XXX
78469	26	A	Heart infarct image (3D)	0.92	0.31	0.31	0.06	1.29	1.29	XXX
78469	TC	A	Heart infarct image (3D)	0.00	3.71	3.71	0.32	4.03	4.03	XXX
78472		A	Gated heart, resting	0.98	4.23	4.23	0.41	5.62	5.62	XXX
78472	26	A	Gated heart, resting	0.98	0.33	0.33	0.07	1.38	1.38	XXX
78472	TC	A	Gated heart, resting	0.00	3.91	3.91	0.34	4.25	4.25	XXX
78473		A	Gated heart, multiple	1.47	6.34	6.34	0.59	8.40	8.40	XXX
78473	26	A	Gated heart, multiple	1.47	0.48	0.48	0.10	2.05	2.05	XXX
78473	TC	A	Gated heart, multiple	0.00	5.86	5.86	0.49	6.35	6.35	XXX
78478		A	Heart wall motion (add-on)	0.62	1.31	1.31	0.14	2.07	2.07	XXX
78478	26	A	Heart wall motion (add-on)	0.62	0.21	0.21	0.04	0.87	0.87	XXX
78478	TC	A	Heart wall motion (add-on)	0.00	1.10	1.10	0.10	1.20	1.20	XXX
78480		A	Heart function, (add-on)	0.62	1.31	1.31	0.14	2.07	2.07	XXX
78480	26	A	Heart function, (add-on)	0.62	0.21	0.21	0.04	0.87	0.87	XXX
78480	TC	A	Heart function, (add-on)	0.00	1.10	1.10	0.10	1.20	1.20	XXX
78481		A	Heart first pass single	0.98	4.03	4.03	0.39	5.40	5.40	XXX
78481	26	A	Heart first pass single	0.98	0.33	0.33	0.07	1.38	1.38	XXX
78481	TC	A	Heart first pass single	0.00	3.71	3.71	0.32	4.03	4.03	XXX
78483		A	Heart first pass multiple	1.47	6.07	6.07	0.57	8.11	8.11	XXX
78483	26	A	Heart first pass multiple	1.47	0.48	0.48	0.10	2.05	2.05	XXX
78483	TC	A	Heart first pass multiple	0.00	5.58	5.58	0.47	6.05	6.05	XXX
78491	26	I	Heart image (pet) single	+1.50	1.00	1.00	0.10	2.60	2.60	XXX
78492	26	I	Heart image (pet) multiple	+1.87	1.00	1.00	0.10	2.97	2.97	XXX
78580		A	Lung perfusion imaging	0.74	2.69	2.69	0.26	3.69	3.69	XXX
78580	26	A	Lung perfusion imaging	0.74	0.25	0.25	0.05	1.04	1.04	XXX
78580	TC	A	Lung perfusion imaging	0.00	2.43	2.43	0.21	2.64	2.64	XXX
78584		A	Lung V/Q image single breath	0.99	2.60	2.60	0.26	3.85	3.85	XXX
78584	26	A	Lung V/Q image single breath	0.99	0.33	0.33	0.07	1.39	1.39	XXX
78584	TC	A	Lung V/Q image single breath	0.00	2.27	2.27	0.19	2.46	2.46	XXX
78585		A	Lung V/Q imaging	1.09	4.35	4.35	0.41	5.85	5.85	XXX
78585	26	A	Lung V/Q imaging	1.09	0.36	0.36	0.07	1.52	1.52	XXX
78585	TC	A	Lung V/Q imaging	0.00	4.00	4.00	0.34	4.34	4.34	XXX
78586		A	Aerosol lung image, single	0.40	1.97	1.97	0.19	2.56	2.56	XXX
78586	26	A	Aerosol lung image, single	0.40	0.13	0.13	0.03	0.56	0.56	XXX
78586	TC	A	Aerosol lung image, single	0.00	1.84	1.84	0.16	2.00	2.00	XXX
78587		A	Aerosol lung image, multiple	0.49	2.15	2.15	0.20	2.84	2.84	XXX
78587	26	A	Aerosol lung image, multiple	0.49	0.16	0.16	0.03	0.68	0.68	XXX
78587	TC	A	Aerosol lung image, multiple	0.00	1.99	1.99	0.17	2.16	2.16	XXX
78591		A	Vent image, 1 breath, 1 proj	0.40	2.16	2.16	0.20	2.76	2.76	XXX
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.13	0.13	0.03	0.56	0.56	XXX
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	2.02	2.02	0.17	2.19	2.19	XXX
78593		A	Vent image, 1 proj, gas	0.49	2.61	2.61	0.24	3.34	3.34	XXX
78593	26	A	Vent image, 1 proj, gas	0.49	0.16	0.16	0.03	0.68	0.68	XXX
78593	TC	A	Vent image, 1 proj, gas	0.00	2.45	2.45	0.21	2.66	2.66	XXX
78594		A	Vent image, mult proj, gas	0.53	3.72	3.72	0.34	4.59	4.59	XXX
78594	26	A	Vent image, mult proj, gas	0.53	0.19	0.19	0.04	0.76	0.76	XXX
78594	TC	A	Vent image, mult proj, gas	0.00	3.54	3.54	0.30	3.84	3.84	XXX
78596		A	Lung differential function	1.27	5.43	5.43	0.52	7.22	7.22	XXX
78596	26	A	Lung differential function	1.27	0.42	0.42	0.09	1.78	1.78	XXX
78596	TC	A	Lung differential function	0.00	5.02	5.02	0.43	5.45	5.45	XXX
78600		A	Brain imaging, ltd static	0.44	2.20	2.20	0.20	2.84	2.84	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
78600	26	A	Brain imaging, ltd static	0.44	0.15	0.15	0.03	0.62	0.62	XXX
78600	TC	A	Brain imaging, ltd static	0.00	2.05	2.05	0.17	2.22	2.22	XXX
78601		A	Brain ltd imaging & flow	0.51	2.59	2.59	0.24	3.34	3.34	XXX
78601	26	A	Brain ltd imaging & flow	0.51	0.18	0.18	0.04	0.73	0.73	XXX
78601	TC	A	Brain ltd imaging & flow	0.00	2.41	2.41	0.20	2.61	2.61	XXX
78605		A	Brain imaging, complete	0.53	2.60	2.60	0.24	3.37	3.37	XXX
78605	26	A	Brain imaging, complete	0.53	0.19	0.19	0.04	0.76	0.76	XXX
78605	TC	A	Brain imaging, complete	0.00	2.41	2.41	0.20	2.61	2.61	XXX
78606		A	Brain imaging comp & flow	0.64	2.96	2.96	0.27	3.87	3.87	XXX
78606	26	A	Brain imaging comp & flow	0.64	0.22	0.22	0.04	0.90	0.90	XXX
78606	TC	A	Brain imaging comp & flow	0.00	2.75	2.75	0.23	2.98	2.98	XXX
78607		A	Brain imaging (3D)	1.23	5.05	5.05	0.47	6.75	6.75	XXX
78607	26	A	Brain imaging (3D)	1.23	0.40	0.40	0.08	1.71	1.71	XXX
78607	TC	A	Brain imaging (3D)	0.00	4.65	4.65	0.39	5.04	5.04	XXX
78610		A	Brain flow imaging only	0.30	1.22	1.22	0.12	1.64	1.64	XXX
78610	26	A	Brain flow imaging only	0.30	0.10	0.10	0.02	0.42	0.42	XXX
78610	TC	A	Brain flow imaging only	0.00	1.12	1.12	0.10	1.22	1.22	XXX
78615		A	Cerebral blood flow imaging	0.42	2.87	2.87	0.26	3.55	3.55	XXX
78615	26	A	Cerebral blood flow imaging	0.42	0.14	0.14	0.03	0.59	0.59	XXX
78615	TC	A	Cerebral blood flow imaging	0.00	2.73	2.73	0.23	2.96	2.96	XXX
78630		A	Cerebrospinal fluid scan	0.68	3.80	3.80	0.36	4.84	4.84	XXX
78630	26	A	Cerebrospinal fluid scan	0.68	0.23	0.23	0.05	0.96	0.96	XXX
78630	TC	A	Cerebrospinal fluid scan	0.00	3.57	3.57	0.31	3.88	3.88	XXX
78635		A	CSF ventriculography	0.61	2.01	2.01	0.20	2.82	2.82	XXX
78635	26	A	CSF ventriculography	0.61	0.21	0.21	0.04	0.86	0.86	XXX
78635	TC	A	CSF ventriculography	0.00	1.80	1.80	0.16	1.96	1.96	XXX
78645		A	CSF shunt evaluation	0.57	2.63	2.63	0.25	3.45	3.45	XXX
78645	26	A	CSF shunt evaluation	0.57	0.19	0.19	0.04	0.80	0.80	XXX
78645	TC	A	CSF shunt evaluation	0.00	2.43	2.43	0.21	2.64	2.64	XXX
78647		A	Cerebrospinal fluid scan	0.90	4.50	4.50	0.42	5.82	5.82	XXX
78647	26	A	Cerebrospinal fluid scan	0.90	0.31	0.31	0.06	1.27	1.27	XXX
78647	TC	A	Cerebrospinal fluid scan	0.00	4.19	4.19	0.36	4.55	4.55	XXX
78650		A	CSF leakage imaging	0.61	3.50	3.50	0.32	4.43	4.43	XXX
78650	26	A	CSF leakage imaging	0.61	0.21	0.21	0.04	0.86	0.86	XXX
78650	TC	A	CSF leakage imaging	0.00	3.29	3.29	0.28	3.57	3.57	XXX
78660		A	Nuclear exam of tear flow	0.53	1.69	1.69	0.17	2.39	2.39	XXX
78660	26	A	Nuclear exam of tear flow	0.53	0.19	0.19	0.04	0.76	0.76	XXX
78660	TC	A	Nuclear exam of tear flow	0.00	1.50	1.50	0.13	1.63	1.63	XXX
78700		A	Kidney imaging, static	0.45	2.31	2.31	0.21	2.97	2.97	XXX
78700	26	A	Kidney imaging, static	0.45	0.15	0.15	0.03	0.63	0.63	XXX
78700	TC	A	Kidney imaging, static	0.00	2.16	2.16	0.18	2.34	2.34	XXX
78701		A	Kidney imaging with flow	0.49	2.69	2.69	0.24	3.42	3.42	XXX
78701	26	A	Kidney imaging with flow	0.49	0.16	0.16	0.03	0.68	0.68	XXX
78701	TC	A	Kidney imaging with flow	0.00	2.52	2.52	0.21	2.73	2.73	XXX
78704		A	Imaging renogram	0.74	3.06	3.06	0.29	4.09	4.09	XXX
78704	26	A	Imaging renogram	0.74	0.25	0.25	0.05	1.04	1.04	XXX
78704	TC	A	Imaging renogram	0.00	2.81	2.81	0.24	3.05	3.05	XXX
78707		A	Kidney flow & function image	0.96	3.48	3.48	0.33	4.77	4.77	XXX
78707	26	A	Kidney flow & function image	0.96	0.31	0.31	0.06	1.33	1.33	XXX
78707	TC	A	Kidney flow & function image	0.00	3.17	3.17	0.27	3.44	3.44	XXX
78708		A	Kidney flow & function image	1.21	3.48	3.48	0.33	5.02	5.02	XXX
78708	26	A	Kidney flow & function image	1.21	0.31	0.31	0.06	1.58	1.58	XXX
78708	TC	A	Kidney flow & function image	0.00	3.17	3.17	0.27	3.44	3.44	XXX
78709		A	Kidney flow & function image	1.41	3.48	3.48	0.33	5.22	5.22	XXX
78709	26	A	Kidney flow & function image	1.41	0.31	0.31	0.06	1.78	1.78	XXX
78709	TC	A	Kidney flow & function image	0.00	3.17	3.17	0.27	3.44	3.44	XXX
78710		A	Kidney imaging (3D)	0.66	4.41	4.41	0.41	5.48	5.48	XXX
78710	26	A	Kidney imaging (3D)	0.66	0.22	0.22	0.05	0.93	0.93	XXX
78710	TC	A	Kidney imaging (3D)	0.00	4.19	4.19	0.36	4.55	4.55	XXX
78715		A	Renal vascular flow exam	0.30	1.22	1.22	0.12	1.64	1.64	XXX
78715	26	A	Renal vascular flow exam	0.30	0.10	0.10	0.02	0.42	0.42	XXX
78715	TC	A	Renal vascular flow exam	0.00	1.12	1.12	0.10	1.22	1.22	XXX
78725		A	Kidney function study	0.38	1.39	1.39	0.14	1.91	1.91	XXX
78725	26	A	Kidney function study	0.38	0.13	0.13	0.03	0.54	0.54	XXX
78725	TC	A	Kidney function study	0.00	1.27	1.27	0.11	1.38	1.38	XXX
78730		A	Urinary bladder retention	0.36	1.15	1.15	0.11	1.62	1.62	XXX
78730	26	A	Urinary bladder retention	0.36	0.12	0.12	0.02	0.50	0.50	XXX
78730	TC	A	Urinary bladder retention	0.00	1.03	1.03	0.09	1.12	1.12	XXX
78740		A	Ureteral reflux study	0.57	1.70	1.70	0.17	2.44	2.44	XXX
78740	26	A	Ureteral reflux study	0.57	0.19	0.19	0.04	0.80	0.80	XXX
78740	TC	A	Ureteral reflux study	0.00	1.50	1.50	0.13	1.63	1.63	XXX
78760		A	Testicular imaging	0.66	2.12	2.12	0.21	2.99	2.99	XXX
78760	26	A	Testicular imaging	0.66	0.22	0.22	0.04	0.92	0.92	XXX
78760	TC	A	Testicular imaging	0.00	1.90	1.90	0.17	2.07	2.07	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
78761	.....	A	Testicular imaging & flow	0.71	2.52	2.52	0.24	3.47	3.47	XXX
78761	26	A	Testicular imaging & flow	0.71	0.25	0.25	0.05	1.01	1.01	XXX
78761	TC	A	Testicular imaging & flow	0.00	2.27	2.27	0.19	2.46	2.46	XXX
78800	.....	A	Tumor imaging, limited area	0.66	2.63	2.63	0.24	3.53	3.53	XXX
78800	26	A	Tumor imaging, limited area	0.66	0.22	0.22	0.04	0.92	0.92	XXX
78800	TC	A	Tumor imaging, limited area	0.00	2.41	2.41	0.20	2.61	2.61	XXX
78801	.....	A	Tumor imaging, mult areas	0.79	3.27	3.27	0.31	4.37	4.37	XXX
78801	26	A	Tumor imaging, mult areas	0.79	0.27	0.27	0.05	1.11	1.11	XXX
78801	TC	A	Tumor imaging, mult areas	0.00	3.00	3.00	0.26	3.26	3.26	XXX
78802	.....	A	Tumor imaging, whole body	0.86	4.21	4.21	0.40	5.47	5.47	XXX
78802	26	A	Tumor imaging, whole body	0.86	0.29	0.29	0.06	1.21	1.21	XXX
78802	TC	A	Tumor imaging, whole body	0.00	3.92	3.92	0.34	4.26	4.26	XXX
78803	.....	A	Tumor imaging (3D)	1.09	5.01	5.01	0.46	6.56	6.56	XXX
78803	26	A	Tumor imaging (3D)	1.09	0.36	0.36	0.07	1.52	1.52	XXX
78803	TC	A	Tumor imaging (3D)	0.00	4.65	4.65	0.39	5.04	5.04	XXX
78805	.....	A	Abscess imaging, ltd area	0.73	2.66	2.66	0.25	3.64	3.64	XXX
78805	26	A	Abscess imaging, ltd area	0.73	0.25	0.25	0.05	1.03	1.03	XXX
78805	TC	A	Abscess imaging, ltd area	0.00	2.41	2.41	0.20	2.61	2.61	XXX
78806	.....	A	Abscess imaging, whole body	0.86	4.85	4.85	0.45	6.16	6.16	XXX
78806	26	A	Abscess imaging, whole body	0.86	0.28	0.28	0.06	1.20	1.20	XXX
78806	TC	A	Abscess imaging, whole body	0.00	4.56	4.56	0.39	4.95	4.95	XXX
78807	.....	A	Nuclear localization/abscess	1.09	5.01	5.01	0.46	6.56	6.56	XXX
78807	26	A	Nuclear localization/abscess	1.09	0.36	0.36	0.07	1.52	1.52	XXX
78807	TC	A	Nuclear localization/abscess	0.00	4.65	4.65	0.39	5.04	5.04	XXX
78810	26	N	Tumor imaging (PET)	+1.93	1.02	1.02	0.10	3.05	3.05	XXX
78890	.....	B	Nuclear medicine data proc	+0.05	0.94	0.94	0.08	1.07	1.07	XXX
78890	26	B	Nuclear medicine data proc	+0.05	0.01	0.01	0.00	0.06	0.06	XXX
78890	TC	B	Nuclear medicine data proc	+0.00	0.92	0.92	0.08	1.00	1.00	XXX
78891	.....	B	Nuclear med data proc	+0.10	1.90	1.90	0.18	2.18	2.18	XXX
78891	26	B	Nuclear med data proc	+0.10	0.04	0.04	0.01	0.15	0.15	XXX
78891	TC	B	Nuclear med data proc	+0.00	1.86	1.86	0.17	2.03	2.03	XXX
79000	.....	A	Intial hyperthyroid therapy	1.80	2.46	2.46	0.29	4.55	4.55	XXX
79000	26	A	Intial hyperthyroid therapy	1.80	0.60	0.60	0.12	2.52	2.52	XXX
79000	TC	A	Intial hyperthyroid therapy	0.00	1.86	1.86	0.17	2.03	2.03	XXX
79001	.....	A	Repeat hyperthyroid therapy	1.05	1.27	1.27	0.15	2.47	2.47	XXX
79001	26	A	Repeat hyperthyroid therapy	1.05	0.34	0.34	0.07	1.46	1.46	XXX
79001	TC	A	Repeat hyperthyroid therapy	0.00	0.92	0.92	0.08	1.00	1.00	XXX
79020	.....	A	Thyroid ablation	1.81	2.46	2.46	0.29	4.56	4.56	XXX
79020	26	A	Thyroid ablation	1.81	0.60	0.60	0.12	2.53	2.53	XXX
79020	TC	A	Thyroid ablation	0.00	1.86	1.86	0.17	2.03	2.03	XXX
79030	.....	A	Thyroid ablation, carcinoma	2.10	2.56	2.56	0.31	4.97	4.97	XXX
79030	26	A	Thyroid ablation, carcinoma	2.10	0.70	0.70	0.14	2.94	2.94	XXX
79030	TC	A	Thyroid ablation, carcinoma	0.00	1.86	1.86	0.17	2.03	2.03	XXX
79035	.....	A	Thyroid metastatic therapy	2.52	2.70	2.70	0.34	5.56	5.56	XXX
79035	26	A	Thyroid metastatic therapy	2.52	0.84	0.84	0.17	3.53	3.53	XXX
79035	TC	A	Thyroid metastatic therapy	0.00	1.86	1.86	0.17	2.03	2.03	XXX
79100	.....	A	Hematopoetic nuclear therapy	1.32	2.29	2.29	0.26	3.87	3.87	XXX
79100	26	A	Hematopoetic nuclear therapy	1.32	0.43	0.43	0.09	1.84	1.84	XXX
79100	TC	A	Hematopoetic nuclear therapy	0.00	1.86	1.86	0.17	2.03	2.03	XXX
79200	.....	A	Intracavitary nuc treatment	1.99	2.52	2.52	0.31	4.82	4.82	XXX
79200	26	A	Intracavitary nuc treatment	1.99	0.66	0.66	0.14	2.79	2.79	XXX
79200	TC	A	Intracavitary nuc treatment	0.00	1.86	1.86	0.17	2.03	2.03	XXX
79300	26	A	Interstitial nuclear therapy	1.60	0.53	0.53	0.11	2.24	2.24	XXX
79400	.....	A	Nonhemato nuclear therapy	1.96	2.51	2.51	0.30	4.77	4.77	XXX
79400	26	A	Nonhemato nuclear therapy	1.96	0.65	0.65	0.13	2.74	2.74	XXX
79400	TC	A	Nonhemato nuclear therapy	0.00	1.86	1.86	0.17	2.03	2.03	XXX
79420	26	A	Intravascular nuc therapy	1.51	0.50	0.50	0.10	2.11	2.11	XXX
79440	.....	A	Nuclear joint therapy	1.99	2.52	2.52	0.31	4.82	4.82	XXX
79440	26	A	Nuclear joint therapy	1.99	0.66	0.66	0.14	2.79	2.79	XXX
79440	TC	A	Nuclear joint therapy	0.00	1.86	1.86	0.17	2.03	2.03	XXX
80500	.....	A	Lab pathology consultation	0.37	0.20	0.18	0.01	0.58	0.56	XXX
80502	.....	A	Lab pathology consultation	1.33	0.59	0.49	0.02	1.94	1.84	XXX
83020	26	A	Assay hemoglobin	0.37	0.24	0.23	0.01	0.62	0.61	XXX
83912	26	A	Genetic examination	0.37	0.20	0.23	0.01	0.58	0.61	XXX
84165	26	A	Assay serum proteins	0.37	0.24	0.23	0.01	0.62	0.61	XXX
84181	26	A	Western blot test	0.37	0.25	0.23	0.01	0.63	0.61	XXX
84182	26	A	Protein, western blot test	0.37	0.30	0.22	0.01	0.68	0.60	XXX
85060	.....	A	Blood smear interpretation	0.45	0.42	0.17	0.02	0.89	0.64	XXX
85095	.....	A	Bone marrow aspiration	1.08	1.74	0.48	0.05	2.87	1.61	XXX
85097	.....	A	Bone marrow interpretation	0.94	1.41	0.35	0.04	2.39	1.33	XXX
85102	.....	A	Bone marrow biopsy	1.37	1.86	0.59	0.05	3.28	2.01	XXX
85390	26	A	Fibrinolysins screen	0.37	0.31	0.22	0.01	0.69	0.60	XXX
85576	26	A	Blood platelet aggregation	0.37	0.32	0.23	0.01	0.70	0.61	XXX
86077	.....	A	Physician blood bank service	0.94	0.44	0.35	0.02	1.40	1.31	XXX

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[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
86078	.....	A	Physician blood bank service	0.94	0.44	0.35	0.02	1.40	1.31	XXX
86079	.....	A	Physician blood bank service	0.94	0.44	0.34	0.02	1.40	1.30	XXX
86255	26	A	Fluorescent antibody; screen	0.37	0.33	0.25	0.01	0.71	0.63	XXX
86256	26	A	Fluorescent antibody; titer	0.37	0.35	0.25	0.01	0.73	0.63	XXX
86320	26	A	Serum immunoelectrophoresis	0.37	0.29	0.23	0.01	0.67	0.61	XXX
86325	26	A	Other immunoelectrophoresis	0.37	0.27	0.23	0.01	0.65	0.61	XXX
86327	26	A	Immunoelectrophoresis assay	0.42	0.35	0.25	0.01	0.78	0.68	XXX
86334	26	A	Immunofixation procedure	0.37	0.28	0.23	0.01	0.66	0.61	XXX
86490	.....	A	Coccidioidomycosis skin test	0.00	0.10	0.10	0.02	0.12	0.12	XXX
86510	.....	A	Histoplasmosis skin test	0.00	0.12	0.12	0.02	0.14	0.14	XXX
86580	.....	A	TB intradermal test	0.00	0.12	0.12	0.02	0.14	0.14	XXX
86585	.....	A	TB tine test	0.00	0.14	0.14	0.01	0.15	0.15	XXX
87164	26	A	Dark field examination	0.37	0.21	0.22	0.01	0.59	0.60	XXX
87207	26	A	Smear, stain & interpret	0.37	0.30	0.27	0.01	0.68	0.65	XXX
88104	.....	A	Cytopathology, fluids	0.56	0.66	0.66	0.04	1.26	1.26	XXX
88104	26	A	Cytopathology, fluids	0.56	0.20	0.20	0.02	0.78	0.78	XXX
88104	TC	A	Cytopathology, fluids	0.00	0.45	0.45	0.02	0.47	0.47	XXX
88106	.....	A	Cytopathology, fluids	0.56	0.62	0.62	0.03	1.21	1.21	XXX
88106	26	A	Cytopathology, fluids	0.56	0.26	0.26	0.01	0.83	0.83	XXX
88106	TC	A	Cytopathology, fluids	0.00	0.36	0.36	0.02	0.38	0.38	XXX
88107	.....	A	Cytopathology, fluids	0.76	0.64	0.64	0.04	1.44	1.44	XXX
88107	26	A	Cytopathology, fluids	0.76	0.32	0.32	0.02	1.10	1.10	XXX
88107	TC	A	Cytopathology, fluids	0.00	0.32	0.32	0.02	0.34	0.34	XXX
88108	.....	A	Cytopath, concentrate tech	0.56	0.64	0.64	0.04	1.24	1.24	XXX
88108	26	A	Cytopath, concentrate tech	0.56	0.23	0.23	0.02	0.81	0.81	XXX
88108	TC	A	Cytopath, concentrate tech	0.00	0.41	0.41	0.02	0.43	0.43	XXX
88125	.....	A	Forensic cytopathology	0.26	0.30	0.30	0.00	0.56	0.56	XXX
88125	26	A	Forensic cytopathology	0.26	0.07	0.07	0.00	0.33	0.33	XXX
88125	TC	A	Forensic cytopathology	0.00	0.23	0.23	0.00	0.23	0.23	XXX
88141	.....	A	Cytopath cerv/vag interpret	0.42	0.89	0.15	0.04	1.35	0.61	XXX
88160	.....	A	Cytopath smear, other source	0.50	0.73	0.73	0.03	1.26	1.26	XXX
88160	26	A	Cytopath smear, other source	0.50	0.15	0.15	0.01	0.66	0.66	XXX
88160	TC	A	Cytopath smear, other source	0.00	0.59	0.59	0.02	0.61	0.61	XXX
88161	.....	A	Cytopath smear, other source	0.50	0.69	0.69	0.03	1.22	1.22	XXX
88161	26	A	Cytopath smear, other source	0.50	0.18	0.18	0.01	0.69	0.69	XXX
88161	TC	A	Cytopath smear, other source	0.00	0.51	0.51	0.02	0.53	0.53	XXX
88162	.....	A	Cytopath smear, other source	0.76	0.66	0.66	0.05	1.47	1.47	XXX
88162	26	A	Cytopath smear, other source	0.76	0.31	0.31	0.03	1.10	1.10	XXX
88162	TC	A	Cytopath smear, other source	0.00	0.35	0.35	0.02	0.37	0.37	XXX
88170	.....	A	Fine needle aspiration	1.27	0.77	0.77	0.09	2.13	2.13	XXX
88170	26	A	Fine needle aspiration	1.27	0.57	0.57	0.05	1.89	1.89	XXX
88170	TC	A	Fine needle aspiration	0.00	0.20	0.20	0.04	0.24	0.24	XXX
88171	.....	A	Fine needle aspiration	1.27	0.63	0.63	0.09	1.99	1.99	XXX
88171	26	A	Fine needle aspiration	1.27	0.49	0.49	0.05	1.81	1.81	XXX
88171	TC	A	Fine needle aspiration	0.00	0.15	0.15	0.04	0.19	0.19	XXX
88172	.....	A	Evaluation of smear	0.60	0.72	0.72	0.05	1.37	1.37	XXX
88172	26	A	Evaluation of smear	0.60	0.24	0.24	0.03	0.87	0.87	XXX
88172	TC	A	Evaluation of smear	0.00	0.48	0.48	0.02	0.50	0.50	XXX
88173	.....	A	Interpretation of smear	1.39	1.17	1.17	0.05	2.61	2.61	XXX
88173	26	A	Interpretation of smear	1.39	0.52	0.52	0.03	1.94	1.94	XXX
88173	TC	A	Interpretation of smear	0.00	0.64	0.64	0.02	0.66	0.66	XXX
88180	.....	A	Cell marker study	0.36	0.38	0.38	0.03	0.77	0.77	XXX
88180	26	A	Cell marker study	0.36	0.13	0.13	0.01	0.50	0.50	XXX
88180	TC	A	Cell marker study	0.00	0.25	0.25	0.02	0.27	0.27	XXX
88182	.....	A	Cell marker study	0.77	0.89	0.89	0.07	1.73	1.73	XXX
88182	26	A	Cell marker study	0.77	0.26	0.26	0.03	1.06	1.06	XXX
88182	TC	A	Cell marker study	0.00	0.63	0.63	0.04	0.67	0.67	XXX
88300	.....	A	Surg path, gross	0.08	0.36	0.36	0.01	0.45	0.45	XXX
88300	26	A	Surg path, gross	0.08	0.03	0.03	0.01	0.12	0.12	XXX
88300	TC	A	Surg path, gross	0.00	0.33	0.33	0.00	0.33	0.33	XXX
88302	.....	A	Tissue exam by pathologist	0.13	0.63	0.63	0.04	0.80	0.80	XXX
88302	26	A	Tissue exam by pathologist	0.13	0.06	0.06	0.02	0.21	0.21	XXX
88302	TC	A	Tissue exam by pathologist	0.00	0.58	0.58	0.02	0.60	0.60	XXX
88304	.....	A	Tissue exam by pathologist	0.22	0.72	0.72	0.04	0.98	0.98	XXX
88304	26	A	Tissue exam by pathologist	0.22	0.09	0.09	0.02	0.33	0.33	XXX
88304	TC	A	Tissue exam by pathologist	0.00	0.62	0.62	0.02	0.64	0.64	XXX
88305	.....	A	Tissue exam by pathologist	0.75	1.06	1.06	0.08	1.89	1.89	XXX
88305	26	A	Tissue exam by pathologist	0.75	0.31	0.31	0.04	1.10	1.10	XXX
88305	TC	A	Tissue exam by pathologist	0.00	0.75	0.75	0.04	0.79	0.79	XXX
88307	.....	A	Tissue exam by pathologist	1.59	1.71	1.71	0.12	3.42	3.42	XXX
88307	26	A	Tissue exam by pathologist	1.59	0.61	0.61	0.06	2.26	2.26	XXX
88307	TC	A	Tissue exam by pathologist	0.00	1.10	1.10	0.06	1.16	1.16	XXX
88309	.....	A	Tissue exam by pathologist	2.28	2.49	2.49	0.13	4.90	4.90	XXX
88309	26	A	Tissue exam by pathologist	2.28	0.89	0.89	0.07	3.24	3.24	XXX

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[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
88309	TC	A	Tissue exam by pathologist	0.00	1.60	1.60	0.06	1.66	1.66	XXX
88311		A	Decalcify tissue	0.24	0.15	0.15	0.01	0.40	0.40	XXX
88311	26	A	Decalcify tissue	0.24	0.09	0.09	0.01	0.34	0.34	XXX
88311	TC	A	Decalcify tissue	0.00	0.06	0.06	0.00	0.06	0.06	XXX
88312		A	Special stains	0.54	1.11	1.11	0.01	1.66	1.66	XXX
88312	26	A	Special stains	0.54	0.20	0.20	0.01	0.75	0.75	XXX
88312	TC	A	Special stains	0.00	0.91	0.91	0.00	0.91	0.91	XXX
88313		A	Special stains	0.24	0.73	0.73	0.01	0.98	0.98	XXX
88313	26	A	Special stains	0.24	0.09	0.09	0.01	0.34	0.34	XXX
88313	TC	A	Special stains	0.00	0.65	0.65	0.00	0.65	0.65	XXX
88314		A	Histochemical stain	0.45	1.30	1.30	0.04	1.79	1.79	XXX
88314	26	A	Histochemical stain	0.45	0.35	0.35	0.02	0.82	0.82	XXX
88314	TC	A	Histochemical stain	0.00	0.95	0.95	0.02	0.97	0.97	XXX
88318		A	Chemical histochemistry	0.42	0.58	0.58	0.01	1.01	1.01	XXX
88318	26	A	Chemical histochemistry	0.42	0.18	0.18	0.01	0.61	0.61	XXX
88318	TC	A	Chemical histochemistry	0.00	0.39	0.39	0.00	0.39	0.39	XXX
88319		A	Enzyme histochemistry	0.53	2.53	2.53	0.04	3.10	3.10	XXX
88319	26	A	Enzyme histochemistry	0.53	0.31	0.31	0.02	0.86	0.86	XXX
88319	TC	A	Enzyme histochemistry	0.00	2.21	2.21	0.02	2.23	2.23	XXX
88321		A	Microslide consultation	1.30	0.81	0.48	0.03	2.14	1.81	XXX
88323		A	Microslide consultation	1.35	1.20	1.20	0.05	2.60	2.60	XXX
88323	26	A	Microslide consultation	1.35	0.68	0.68	0.03	2.06	2.06	XXX
88323	TC	A	Microslide consultation	0.00	0.52	0.52	0.02	0.54	0.54	XXX
88325		A	Comprehensive review of data	2.22	1.10	0.82	0.04	3.36	3.08	XXX
88329		A	Pathology consult in surgery	0.67	0.34	0.25	0.03	1.04	0.95	XXX
88331		A	Pathology consult in surgery	1.19	0.68	0.68	0.08	1.95	1.95	XXX
88331	26	A	Pathology consult in surgery	1.19	0.45	0.45	0.04	1.68	1.68	XXX
88331	TC	A	Pathology consult in surgery	0.00	0.23	0.23	0.04	0.27	0.27	XXX
88332		A	Pathology consult in surgery	0.59	0.32	0.32	0.04	0.95	0.95	XXX
88332	26	A	Pathology consult in surgery	0.59	0.22	0.22	0.02	0.83	0.83	XXX
88332	TC	A	Pathology consult in surgery	0.00	0.10	0.10	0.02	0.12	0.12	XXX
88342		A	Immunocytochemistry	0.85	0.98	0.98	0.04	1.87	1.87	XXX
88342	26	A	Immunocytochemistry	0.85	0.31	0.31	0.02	1.18	1.18	XXX
88342	TC	A	Immunocytochemistry	0.00	0.67	0.67	0.02	0.69	0.69	XXX
88346		A	Immunofluorescent study	0.86	1.00	1.00	0.04	1.90	1.90	XXX
88346	26	A	Immunofluorescent study	0.86	0.30	0.30	0.02	1.18	1.18	XXX
88346	TC	A	Immunofluorescent study	0.00	0.70	0.70	0.02	0.72	0.72	XXX
88347		A	Immunofluorescent study	0.86	0.78	0.78	0.04	1.68	1.68	XXX
88347	26	A	Immunofluorescent study	0.86	0.42	0.42	0.02	1.30	1.30	XXX
88347	TC	A	Immunofluorescent study	0.00	0.35	0.35	0.02	0.37	0.37	XXX
88348		A	Electron microscopy	1.51	3.80	3.80	0.16	5.47	5.47	XXX
88348	26	A	Electron microscopy	1.51	0.34	0.34	0.08	1.93	1.93	XXX
88348	TC	A	Electron microscopy	0.00	3.46	3.46	0.08	3.54	3.54	XXX
88349		A	Scanning electron microscopy	0.76	8.14	8.14	0.12	9.02	9.02	XXX
88349	26	A	Scanning electron microscopy	0.76	0.17	0.17	0.06	0.99	0.99	XXX
88349	TC	A	Scanning electron microscopy	0.00	7.97	7.97	0.06	8.03	8.03	XXX
88355		A	Analysis, skeletal muscle	1.85	3.00	3.00	0.13	4.98	4.98	XXX
88355	26	A	Analysis, skeletal muscle	1.85	0.81	0.81	0.07	2.73	2.73	XXX
88355	TC	A	Analysis, skeletal muscle	0.00	2.19	2.19	0.06	2.25	2.25	XXX
88356		A	Analysis, nerve	3.02	4.19	4.19	0.18	7.39	7.39	XXX
88356	26	A	Analysis, nerve	3.02	0.84	0.84	0.10	3.96	3.96	XXX
88356	TC	A	Analysis, nerve	0.00	3.35	3.35	0.08	3.43	3.43	XXX
88358		A	Analysis, tumor	2.82	1.74	1.74	0.16	4.72	4.72	XXX
88358	26	A	Analysis, tumor	2.82	1.26	1.26	0.08	4.16	4.16	XXX
88358	TC	A	Analysis, tumor	0.00	0.48	0.48	0.08	0.56	0.56	XXX
88362		A	Nerve teasing preparations	2.17	3.27	3.27	0.13	5.57	5.57	XXX
88362	26	A	Nerve teasing preparations	2.17	0.50	0.50	0.07	2.74	2.74	XXX
88362	TC	A	Nerve teasing preparations	0.00	2.77	2.77	0.06	2.83	2.83	XXX
88365		A	Tissue hybridization	0.93	1.82	1.82	0.05	2.80	2.80	XXX
88365	26	A	Tissue hybridization	0.93	0.39	0.39	0.03	1.35	1.35	XXX
88365	TC	A	Tissue hybridization	0.00	1.43	1.43	0.02	1.45	1.45	XXX
88371	26	A	Protein, western blot tissue	0.37	0.33	0.23	0.01	0.71	0.61	XXX
88372	26	A	Protein analysis w/probe	0.37	0.33	0.23	0.01	0.71	0.61	XXX
89060	26	A	Exam, synovial fluid crystals	0.37	0.31	0.24	0.01	0.69	0.62	XXX
89100		A	Sample intestinal contents	0.60	0.90	0.27	0.03	1.53	0.90	XXX
89105		A	Sample intestinal contents	0.50	1.93	0.23	0.03	2.46	0.76	XXX
89130		A	Sample stomach contents	0.45	0.93	0.17	0.03	1.41	0.65	XXX
89132		A	Sample stomach contents	0.19	1.21	0.11	0.02	1.42	0.32	XXX
89135		A	Sample stomach contents	0.79	1.31	0.31	0.04	2.14	1.14	XXX
89136		A	Sample stomach contents	0.21	0.51	0.14	0.02	0.74	0.37	XXX
89140		A	Sample stomach contents	0.94	0.98	0.29	0.07	1.99	1.30	XXX
89141		A	Sample stomach contents	0.85	1.59	0.28	0.06	2.50	1.19	XXX
89350		A	Sputum specimen collection	0.00	0.13	0.13	0.03	0.16	0.16	XXX
89360		A	Collect sweat for test	0.00	0.03	0.03	0.03	0.06	0.06	XXX

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[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
90780	.....	A	IV infusion therapy, 1 hour	0.00	0.90	0.06	0.08	0.98	0.14	XXX
90781	.....	A	IV infusion, additional hour	0.00	0.64	0.18	0.04	0.68	0.22	XXX
90782	.....	T	Injection (SC)/(IM)	0.00	0.12	0.03	0.01	0.13	0.04	XXX
90783	.....	T	Injection (IA)	0.00	0.21	0.06	0.03	0.24	0.09	XXX
90784	.....	T	Injection (IV)	0.00	0.22	0.06	0.04	0.26	0.10	XXX
90788	.....	T	Injection of antibiotic	0.00	0.11	0.03	0.01	0.12	0.04	XXX
90801	.....	A	Psy dx interview	2.80	1.09	1.05	0.09	3.98	3.94	XXX
90802	.....	A	Intac psy dx interview	3.01	1.24	1.15	0.05	4.30	4.21	XXX
90804	.....	A	Psytx, office (20-30)	1.11	0.45	0.40	0.05	1.61	1.56	XXX
90805	.....	A	Psytx, office (20–30) w/e&m	1.47	0.58	0.52	0.05	2.10	2.04	XXX
90806	.....	A	Psytx, office (45–50)	1.73	0.71	0.61	0.08	2.52	2.42	XXX
90807	.....	A	Psytx, office (45–50) w/e&m	2.00	0.81	0.70	0.08	2.89	2.78	XXX
90808	.....	A	Psytx, office (75–80)	2.76	1.11	1.06	0.15	4.02	3.97	XXX
90809	.....	A	Psytx, office (75–80) w/e&m	3.15	1.26	1.20	0.15	4.56	4.50	XXX
90810	.....	A	Intac psytx, office (20–30)	1.19	0.47	0.40	0.09	1.75	1.68	XXX
90811	.....	A	Intac psytx, off 20–30 w/e&m	1.58	0.68	0.58	0.09	2.35	2.25	XXX
90812	.....	A	Intac psytx, office (45–50)	1.86	0.69	0.61	0.09	2.64	2.56	XXX
90813	.....	A	Intac psytx, off 45–50 w/e&m	2.15	0.87	0.75	0.09	3.11	2.99	XXX
90814	.....	A	Intac psytx, office (75–80)	2.97	1.08	0.96	0.09	4.14	4.02	XXX
90815	.....	A	Intac psytx, off 75–80 w/e&m	3.39	1.31	1.15	0.09	4.79	4.63	XXX
90816	.....	A	Psytx, hosp (20–30)	1.24	0.50	0.44	0.05	1.79	1.73	XXX
90817	.....	A	Psytx, hosp (20–30) w/e&m	1.65	0.71	0.63	0.05	2.41	2.33	XXX
90818	.....	A	Psytx, hosp (45–50)	1.94	0.79	0.68	0.08	2.81	2.70	XXX
90819	.....	A	Psytx, hosp (45–50) w/e&m	2.24	0.98	0.83	0.08	3.30	3.15	XXX
90821	.....	A	Psytx, hosp (75–80)	3.09	1.24	1.18	0.15	4.48	4.42	XXX
90822	.....	A	Psytx, hosp (75–80) w/e&m	3.53	1.48	1.43	0.15	5.16	5.11	XXX
90823	.....	A	Intac psytx, hosp (20–30)	1.33	0.51	0.44	0.09	1.93	1.86	XXX
90824	.....	A	Intac psytx, hsp 20–30 w/e&m	1.77	0.74	0.63	0.09	2.60	2.49	XXX
90826	.....	A	Intac psytx, hosp (45–50)	2.08	0.77	0.67	0.09	2.94	2.84	XXX
90827	.....	A	Intac psytx, hsp 45–50 w/e&m	2.41	0.95	0.82	0.09	3.45	3.32	XXX
90828	.....	A	Intac psytx, hosp (75–80)	3.32	1.20	1.07	0.09	4.61	4.48	XXX
90829	.....	A	Intac psytx, hsp 75–80 w/e&m	3.80	1.44	1.27	0.09	5.33	5.16	XXX
90845	.....	A	Psychoanalysis	1.79	0.64	0.58	0.05	2.48	2.42	XXX
90846	.....	R	Family psytx w/o patient	1.83	0.76	0.67	0.08	2.67	2.58	XXX
90847	.....	R	Family psytx w/patient	2.21	0.86	0.79	0.08	3.15	3.08	XXX
90849	.....	R	Multiple family group psytx	0.59	0.31	0.30	0.03	0.93	0.92	XXX
90853	.....	A	Group psychotherapy	0.59	0.31	0.29	0.03	0.93	0.91	XXX
90857	.....	A	Intac group psytx	0.63	0.34	0.31	0.02	0.99	0.96	XXX
90862	.....	A	Medication management	0.95	0.36	0.35	0.05	1.36	1.35	XXX
90865	.....	A	Narcosynthesis	2.84	5.14	0.88	0.07	8.05	3.79	XXX
90870	.....	A	Electroconvulsive therapy	1.88	0.64	0.71	0.08	2.60	2.67	000
90871	.....	A	Electroconvulsive therapy	2.72	NA	0.89	0.13	NA	3.74	000
90880	.....	A	Hypnotherapy	2.19	0.88	0.80	0.07	3.14	3.06	XXX
90885	.....	B	Psy evaluation of records	+0.97	0.97	0.97	0.04	1.98	1.98	XXX
90887	.....	B	Consultation with family	+1.48	1.82	1.73	0.04	3.34	3.25	XXX
90901	.....	A	Biofeedback, any method	0.41	0.43	0.33	0.07	0.91	0.81	000
90911	.....	A	Biofeedback peri/uro/rectal	0.89	0.60	0.59	0.27	1.76	1.75	000
90918	.....	A	ESRD related services, month	11.18	4.46	4.46	0.14	15.78	15.78	XXX
90919	.....	A	ESRD related services, month	8.54	3.59	3.59	0.14	12.27	12.27	XXX
90920	.....	A	ESRD related services, month	7.27	2.98	2.98	0.14	10.39	10.39	XXX
90921	.....	A	ESRD related services, month	4.47	2.02	2.02	0.14	6.63	6.63	XXX
90922	.....	A	ESRD related services, day	0.37	0.13	0.13	0.01	0.51	0.51	XXX
90923	.....	A	Esrd related services, day	0.28	0.12	0.12	0.01	0.41	0.41	XXX
90924	.....	A	Esrd related services, day	0.24	0.10	0.10	0.01	0.35	0.35	XXX
90925	.....	A	Esrd related services, day	0.15	0.07	0.07	0.01	0.23	0.23	XXX
90935	.....	A	Hemodialysis, one evaluation	1.22	NA	0.58	0.10	NA	1.90	000
90937	.....	A	Hemodialysis, repeated eval.	2.11	NA	0.86	0.18	NA	3.15	000
90945	.....	A	Dialysis, one evaluation	1.28	NA	0.60	0.08	NA	1.96	000
90947	.....	A	Dialysis, repeated eval.	2.16	NA	0.88	0.14	NA	3.18	000
90997	.....	A	Hemoperfusion	1.84	NA	0.77	0.16	NA	2.77	000
91000	.....	A	Esophageal intubation	0.73	1.47	1.47	0.06	2.26	2.26	000
91000	26	A	Esophageal intubation	0.73	0.15	0.15	0.05	0.93	0.93	000
91000	TC	A	Esophageal intubation	0.00	1.33	1.33	0.01	1.34	1.34	000
91010	.....	A	Esophagus motility study	1.25	1.38	1.38	0.17	2.80	2.80	000
91010	26	A	Esophagus motility study	1.25	0.45	0.45	0.11	1.81	1.81	000
91010	TC	A	Esophagus motility study	0.00	0.94	0.94	0.06	1.00	1.00	000
91011	.....	A	Esophagus motility study	1.50	2.81	2.81	0.18	4.49	4.49	000
91011	26	A	Esophagus motility study	1.50	0.41	0.41	0.11	2.02	2.02	000
91011	TC	A	Esophagus motility study	0.00	2.40	2.40	0.07	2.47	2.47	000
91012	.....	A	Esophagus motility study	1.46	2.29	2.29	0.23	3.98	3.98	000
91012	26	A	Esophagus motility study	1.46	0.46	0.46	0.15	2.07	2.07	000
91012	TC	A	Esophagus motility study	0.00	1.83	1.83	0.08	1.91	1.91	000
91020	.....	A	Gastric motility	1.44	2.01	2.01	0.18	3.63	3.63	000
91020	26	A	Gastric motility	1.44	0.44	0.44	0.12	2.00	2.00	000

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
91020	TC	A	Gastric motility	0.00	1.57	1.57	0.06	1.63	1.63	000
91030		A	Acid perfusion of esophagus	0.91	2.27	2.27	0.05	3.23	3.23	000
91030	26	A	Acid perfusion of esophagus	0.91	0.26	0.26	0.03	1.20	1.20	000
91030	TC	A	Acid perfusion of esophagus	0.00	2.01	2.01	0.02	2.03	2.03	000
91032		A	Esophagus, acid reflux test	1.21	2.08	2.08	0.16	3.45	3.45	000
91032	26	A	Esophagus, acid reflux test	1.21	0.30	0.30	0.10	1.61	1.61	000
91032	TC	A	Esophagus, acid reflux test	0.00	1.78	1.78	0.06	1.84	1.84	000
91033		A	Prolonged acid reflux test	1.30	1.39	1.39	0.25	2.94	2.94	000
91033	26	A	Prolonged acid reflux test	1.30	0.45	0.45	0.14	1.89	1.89	000
91033	TC	A	Prolonged acid reflux test	0.00	0.94	0.94	0.11	1.05	1.05	000
91052		A	Gastric analysis test	0.79	1.68	1.68	0.07	2.54	2.54	000
91052	26	A	Gastric analysis test	0.79	0.16	0.16	0.04	0.99	0.99	000
91052	TC	A	Gastric analysis test	0.00	1.52	1.52	0.03	1.55	1.55	000
91055		A	Gastric intubation for smear	0.94	2.06	2.06	0.06	3.06	3.06	000
91055	26	A	Gastric intubation for smear	0.94	0.21	0.21	0.04	1.19	1.19	000
91055	TC	A	Gastric intubation for smear	0.00	1.85	1.85	0.02	1.87	1.87	000
91060		A	Gastric saline load test	0.45	0.25	0.25	0.06	0.76	0.76	000
91060	26	A	Gastric saline load test	0.45	0.11	0.11	0.04	0.60	0.60	000
91060	TC	A	Gastric saline load test	0.00	0.14	0.14	0.02	0.16	0.16	000
91065		A	Breath hydrogen test	0.20	1.59	1.59	0.05	1.84	1.84	000
91065	26	A	Breath hydrogen test	0.20	0.08	0.08	0.03	0.31	0.31	000
91065	TC	A	Breath hydrogen test	0.00	1.51	1.51	0.02	1.53	1.53	000
91100		A	Pass intestine bleeding tube	1.08	NA	0.26	0.05	NA	1.39	000
91105		A	Gastric intubation treatment	0.37	NA	0.11	0.04	NA	0.52	000
91122		A	Anal pressure record	1.77	2.21	2.21	0.22	4.20	4.20	000
91122	26	A	Anal pressure record	1.77	0.80	0.80	0.13	2.70	2.70	000
91122	TC	A	Anal pressure record	0.00	1.41	1.41	0.09	1.50	1.50	000
92002		A	Eye exam, new patient	0.88	0.96	0.36	0.02	1.86	1.26	XXX
92004		A	Eye exam, new patient	1.67	1.58	0.87	0.02	3.27	2.56	XXX
92012		A	Eye exam established pt	0.67	1.26	0.35	0.02	1.95	1.04	XXX
92014		A	Eye exam & treatment	1.10	1.25	0.58	0.02	2.37	1.70	XXX
92015		N	Refraction	+0.38	1.93	0.38	0.02	2.33	0.78	XXX
92018		A	New eye exam & treatment	1.51	NA	1.11	0.03	NA	2.65	XXX
92019		A	Eye exam & treatment	1.31	NA	0.85	0.03	NA	2.19	XXX
92020		A	Special eye evaluation	0.37	0.51	0.20	0.01	0.89	0.58	XXX
92060		A	Special eye evaluation	0.69	1.34	1.34	0.02	2.05	2.05	XXX
92060	26	A	Special eye evaluation	0.69	0.32	0.32	0.01	1.02	1.02	XXX
92060	TC	A	Special eye evaluation	0.00	1.02	1.02	0.01	1.03	1.03	XXX
92065		A	Orthoptic/pleoptic training	0.37	0.62	0.62	0.01	1.00	1.00	XXX
92065	26	A	Orthoptic/pleoptic training	0.37	0.06	0.06	0.01	0.44	0.44	XXX
92065	TC	A	Orthoptic/pleoptic training	0.00	0.56	0.56	0.00	0.56	0.56	XXX
92070		A	Fitting of contact lens	0.70	0.87	0.40	0.06	1.63	1.16	XXX
92081		A	Visual field examination(s)	0.36	0.80	0.80	0.01	1.17	1.17	XXX
92081	26	A	Visual field examination(s)	0.36	0.16	0.16	0.01	0.53	0.53	XXX
92081	TC	A	Visual field examination(s)	0.00	0.64	0.64	0.00	0.64	0.64	XXX
92082		A	Visual field examination(s)	0.44	1.05	1.05	0.02	1.51	1.51	XXX
92082	26	A	Visual field examination(s)	0.44	0.23	0.23	0.01	0.68	0.68	XXX
92082	TC	A	Visual field examination(s)	0.00	0.82	0.82	0.01	0.83	0.83	XXX
92083		A	Visual field examination(s)	0.50	1.33	1.33	0.04	1.87	1.87	XXX
92083	26	A	Visual field examination(s)	0.50	0.28	0.28	0.03	0.81	0.81	XXX
92083	TC	A	Visual field examination(s)	0.00	1.05	1.05	0.01	1.06	1.06	XXX
92100		A	Serial tonometry exam(s)	0.92	0.73	0.26	0.01	1.66	1.19	XXX
92120		A	Tonography & eye evaluation	0.81	0.72	0.30	0.02	1.55	1.13	XXX
92130		A	Water provocation tonography	0.81	0.80	0.26	0.02	1.63	1.09	XXX
92140		A	Glaucoma provocative tests	0.50	0.77	0.27	0.01	1.28	0.78	XXX
92225		A	Special eye exam, initial	0.38	0.96	0.21	0.02	1.36	0.61	XXX
92226		A	Special eye exam, subsequent	0.33	1.01	0.19	0.02	1.36	0.54	XXX
92230		A	Eye exam with photos	0.60	1.74	0.18	0.04	2.38	0.82	XXX
92235		A	Eye exam with photos	0.81	2.67	2.67	0.09	3.57	3.57	XXX
92235	26	A	Eye exam with photos	0.81	0.49	0.49	0.03	1.33	1.33	XXX
92235	TC	A	Eye exam with photos	0.00	2.18	2.18	0.06	2.24	2.24	XXX
92240		A	Icg angiography	1.10	2.84	2.84	0.09	4.03	4.03	XXX
92240	26	A	Icg angiography	1.10	0.66	0.66	0.03	1.79	1.79	XXX
92240	TC	A	Icg angiography	0.00	2.17	2.17	0.06	2.23	2.23	XXX
92250		A	Eye exam with photos	0.44	1.38	1.38	0.02	1.84	1.84	XXX
92250	26	A	Eye exam with photos	0.44	0.24	0.24	0.01	0.69	0.69	XXX
92250	TC	A	Eye exam with photos	0.00	1.14	1.14	0.01	1.15	1.15	XXX
92260		A	Ophthalmoscopy/dynamometry	0.20	0.18	0.09	0.03	0.41	0.32	XXX
92265		A	Eye muscle evaluation	0.81	1.10	1.10	0.02	1.93	1.93	XXX
92265	26	A	Eye muscle evaluation	0.81	0.21	0.21	0.00	1.02	1.02	XXX
92265	TC	A	Eye muscle evaluation	0.00	0.89	0.89	0.02	0.91	0.91	XXX
92270		A	Electro-oculography	0.81	1.19	1.19	0.05	2.05	2.05	XXX
92270	26	A	Electro-oculography	0.81	0.41	0.41	0.03	1.25	1.25	XXX
92270	TC	A	Electro-oculography	0.00	0.79	0.79	0.02	0.81	0.81	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
92275	.....	A	Electroretinography	1.01	1.89	1.89	0.05	2.95	2.95	XXX
92275	26	A	Electroretinography	1.01	0.38	0.38	0.03	1.42	1.42	XXX
92275	TC	A	Electroretinography	0.00	1.51	1.51	0.02	1.53	1.53	XXX
92283	.....	A	Color vision examination	0.17	0.63	0.63	0.01	0.81	0.81	XXX
92283	26	A	Color vision examination	0.17	0.05	0.05	0.01	0.23	0.23	XXX
92283	TC	A	Color vision examination	0.00	0.59	0.59	0.00	0.59	0.59	XXX
92284	.....	A	Dark adaptation eye exam	0.24	1.66	1.66	0.02	1.92	1.92	XXX
92284	26	A	Dark adaptation eye exam	0.24	0.09	0.09	0.01	0.34	0.34	XXX
92284	TC	A	Dark adaptation eye exam	0.00	1.57	1.57	0.01	1.58	1.58	XXX
92285	.....	A	Eye photography	0.20	1.26	1.26	0.01	1.47	1.47	XXX
92285	26	A	Eye photography	0.20	0.10	0.10	0.01	0.31	0.31	XXX
92285	TC	A	Eye photography	0.00	1.16	1.16	0.00	1.16	1.16	XXX
92286	.....	A	Internal eye photography	0.66	1.56	1.56	0.07	2.29	2.29	XXX
92286	26	A	Internal eye photography	0.66	0.34	0.34	0.05	1.05	1.05	XXX
92286	TC	A	Internal eye photography	0.00	1.21	1.21	0.02	1.23	1.23	XXX
92287	.....	A	Internal eye photography	0.81	2.65	0.38	0.08	3.54	1.27	XXX
92310	.....	N	Contact lens fitting	+1.17	1.99	1.17	0.00	3.16	2.34	XXX
92311	.....	A	Contact lens fitting	1.08	0.93	0.41	0.03	2.04	1.52	XXX
92312	.....	A	Contact lens fitting	1.26	0.93	0.51	0.03	2.22	1.80	XXX
92313	.....	A	Contact lens fitting	0.92	0.86	0.40	0.03	1.81	1.35	XXX
92314	.....	N	Prescription of contact lens	+0.69	1.51	0.69	0.00	2.20	1.38	XXX
92315	.....	A	Prescription of contact lens	0.45	0.60	0.07	0.03	1.08	0.55	XXX
92316	.....	A	Prescription of contact lens	0.68	0.61	0.27	0.04	1.33	0.99	XXX
92317	.....	A	Prescription of contact lens	0.45	0.76	0.25	0.02	1.23	0.72	XXX
92325	.....	A	Modification of contact lens	0.00	0.33	0.12	0.01	0.34	0.13	XXX
92326	.....	A	Replacement of contact lens	0.00	0.26	0.09	0.06	0.32	0.15	XXX
92330	.....	A	Fitting of artificial eye	1.08	0.83	0.33	0.09	2.00	1.50	XXX
92335	.....	A	Fitting of artificial eye	0.45	0.66	0.19	0.11	1.22	0.75	XXX
92340	.....	N	Fitting of spectacles	+0.37	1.05	0.37	0.00	1.42	0.74	XXX
92341	.....	N	Fitting of spectacles	+0.47	1.15	0.47	0.00	1.62	0.94	XXX
92342	.....	N	Fitting of spectacles	+0.53	1.21	0.53	0.00	1.74	1.06	XXX
92352	.....	B	Special spectacles fitting	+0.37	1.05	0.37	0.01	1.43	0.75	XXX
92353	.....	B	Special spectacles fitting	+0.50	1.18	0.50	0.01	1.69	1.01	XXX
92354	.....	B	Special spectacles fitting	+0.00	0.81	0.41	0.10	0.91	0.51	XXX
92355	.....	B	Special spectacles fitting	+0.00	0.81	0.41	0.01	0.82	0.42	XXX
92358	.....	B	Eye prosthesis service	+0.00	0.47	0.24	0.05	0.52	0.29	XXX
92370	.....	N	Repair & adjust spectacles	+0.32	0.79	0.32	0.00	1.11	0.64	XXX
92371	.....	B	Repair & adjust spectacles	+0.00	0.47	0.24	0.02	0.49	0.26	XXX
92392	.....	I	Supply of low vision aids	+0.00	0.47	0.24	0.02	0.49	0.26	XXX
92393	.....	I	Supply of artificial eye	+0.00	0.47	0.24	0.67	1.14	0.91	XXX
92395	.....	I	Supply of spectacles	+0.00	0.47	0.24	0.10	0.57	0.34	XXX
92396	.....	I	Supply of contact lenses	+0.00	0.47	0.24	0.08	0.55	0.32	XXX
92502	.....	A	Ear and throat examination	1.51	NA	1.11	0.12	NA	2.74	000
92504	.....	A	Ear microscopy examination	0.18	0.49	0.11	0.02	0.69	0.31	XXX
92506	.....	A	Speech & hearing evaluation	0.86	0.89	0.86	0.05	1.80	1.77	XXX
92507	.....	A	Speech/hearing therapy	0.52	0.73	0.65	0.03	1.28	1.20	XXX
92508	.....	A	Speech/hearing therapy	0.26	0.70	0.56	0.02	0.98	0.84	XXX
92510	.....	A	Rehab for ear implant	1.50	1.35	1.35	0.15	3.00	3.00	XXX
92511	.....	A	Nasopharyngoscopy	0.84	0.79	0.49	0.09	1.72	1.42	000
92512	.....	A	Nasal function studies	0.55	0.62	0.20	0.05	1.22	0.80	XXX
92516	.....	A	Facial nerve function test	0.43	0.54	0.21	0.04	1.01	0.68	XXX
92520	.....	A	Laryngeal function studies	0.76	0.57	0.54	0.05	1.38	1.35	XXX
92525	.....	A	Oral function evaluation	1.50	1.23	1.20	0.11	2.84	2.81	XXX
92526	.....	A	Oral function therapy	0.55	0.69	0.70	0.05	1.29	1.30	XXX
92541	.....	A	Spontaneous nystagmus test	0.40	0.75	0.75	0.07	1.22	1.22	XXX
92541	26	A	Spontaneous nystagmus test	0.40	0.21	0.21	0.05	0.66	0.66	XXX
92541	TC	A	Spontaneous nystagmus test	0.00	0.54	0.54	0.02	0.56	0.56	XXX
92542	.....	A	Positional nystagmus test	0.33	0.71	0.71	0.07	1.11	1.11	XXX
92542	26	A	Positional nystagmus test	0.33	0.18	0.18	0.04	0.55	0.55	XXX
92542	TC	A	Positional nystagmus test	0.00	0.54	0.54	0.03	0.57	0.57	XXX
92543	.....	A	Caloric vestibular test	0.10	0.57	0.57	0.02	0.69	0.69	XXX
92543	26	A	Caloric vestibular test	0.10	0.05	0.05	0.01	0.16	0.16	XXX
92543	TC	A	Caloric vestibular test	0.00	0.52	0.52	0.01	0.53	0.53	XXX
92544	.....	A	Optokinetic nystagmus test	0.26	0.67	0.67	0.05	0.98	0.98	XXX
92544	26	A	Optokinetic nystagmus test	0.26	0.13	0.13	0.03	0.42	0.42	XXX
92544	TC	A	Optokinetic nystagmus test	0.00	0.53	0.53	0.02	0.55	0.55	XXX
92545	.....	A	Oscillating tracking test	0.23	0.65	0.65	0.04	0.92	0.92	XXX
92545	26	A	Oscillating tracking test	0.23	0.12	0.12	0.02	0.37	0.37	XXX
92545	TC	A	Oscillating tracking test	0.00	0.53	0.53	0.02	0.55	0.55	XXX
92546	.....	A	Sinusoidal rotational test	0.29	1.17	1.17	0.05	1.51	1.51	XXX
92546	26	A	Sinusoidal rotational test	0.29	0.15	0.15	0.03	0.47	0.47	XXX
92546	TC	A	Sinusoidal rotational test	0.00	1.02	1.02	0.02	1.04	1.04	XXX
92547	.....	A	Supplemental electrical test	0.00	0.50	0.50	0.06	0.56	0.56	XXX
92548	.....	A	Posturography	0.50	1.41	1.41	0.19	2.10	2.10	XXX

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[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
92548	26	A	Posturography	0.50	0.22	0.22	0.05	0.77	0.77	XXX
92548	TC	A	Posturography	0.00	1.19	1.19	0.14	1.33	1.33	XXX
92552	.....	A	Pure tone audiometry, air	0.00	0.50	0.50	0.04	0.54	0.54	XXX
92553	.....	A	Audiometry, air & bone	0.00	0.51	0.51	0.07	0.58	0.58	XXX
92555	.....	A	Speech threshold audiometry	0.00	0.51	0.51	0.04	0.55	0.55	XXX
92556	.....	A	Speech audiometry, complete	0.00	0.51	0.51	0.06	0.57	0.57	XXX
92557	.....	A	Comprehensive hearing test	0.00	0.51	0.51	0.13	0.64	0.64	XXX
92561	.....	A	Bekesy audiometry, diagnosis	0.00	0.45	0.45	0.07	0.52	0.52	XXX
92562	.....	A	Loudness balance test	0.00	0.53	0.53	0.04	0.57	0.57	XXX
92563	.....	A	Tone decay hearing test	0.00	0.51	0.51	0.04	0.55	0.55	XXX
92564	.....	A	Sisi hearing test	0.00	0.51	0.51	0.05	0.56	0.56	XXX
92565	.....	A	Stenger test, pure tone	0.00	0.50	0.50	0.04	0.54	0.54	XXX
92567	.....	A	Tympanometry	0.00	0.44	0.44	0.06	0.50	0.50	XXX
92568	.....	A	Acoustic reflex testing	0.00	0.44	0.44	0.04	0.48	0.48	XXX
92569	.....	A	Acoustic reflex decay test	0.00	0.44	0.44	0.04	0.48	0.48	XXX
92571	.....	A	Filtered speech hearing test	0.00	0.51	0.51	0.04	0.55	0.55	XXX
92572	.....	A	Staggered spondaic word test	0.00	0.51	0.51	0.01	0.52	0.52	XXX
92573	.....	A	Lombard test	0.00	0.51	0.51	0.04	0.55	0.55	XXX
92575	.....	A	Sensorineural acuity test	0.00	0.39	0.39	0.03	0.42	0.42	XXX
92576	.....	A	Synthetic sentence test	0.00	0.51	0.51	0.05	0.56	0.56	XXX
92577	.....	A	Stenger test, speech	0.00	0.51	0.51	0.08	0.59	0.59	XXX
92579	.....	A	Visual audiometry (vra)	0.00	1.00	1.00	0.07	1.07	1.07	XXX
92582	.....	A	Conditioning play audiometry	0.00	0.99	0.99	0.07	1.06	1.06	XXX
92583	.....	A	Select picture audiometry	0.00	1.23	1.23	0.09	1.32	1.32	XXX
92584	.....	A	Electrocochleography	0.00	0.72	0.72	0.25	0.97	0.97	XXX
92585	.....	A	Auditory evoked potential	0.50	1.82	1.82	0.31	2.63	2.63	XXX
92585	26	A	Auditory evoked potential	0.50	0.21	0.21	0.14	0.85	0.85	XXX
92585	TC	A	Auditory evoked potential	0.00	1.60	1.60	0.17	1.77	1.77	XXX
92587	.....	A	Evoked auditory test	0.13	0.54	0.54	0.13	0.80	0.80	XXX
92587	26	A	Evoked auditory test	0.13	0.07	0.07	0.01	0.21	0.21	XXX
92587	TC	A	Evoked auditory test	0.00	0.48	0.48	0.12	0.60	0.60	XXX
92588	.....	A	Evoked auditory test	0.36	0.68	0.68	0.16	1.20	1.20	XXX
92588	26	A	Evoked auditory test	0.36	0.23	0.23	0.02	0.61	0.61	XXX
92588	TC	A	Evoked auditory test	0.00	0.45	0.45	0.14	0.59	0.59	XXX
92589	.....	A	Auditory function test(s)	0.00	0.76	0.76	0.06	0.82	0.82	XXX
92596	.....	A	Ear protector evaluation	0.00	0.51	0.51	0.06	0.57	0.57	XXX
92597	.....	A	Oral speech device eval	1.35	1.20	1.10	0.11	2.66	2.56	XXX
92598	.....	A	Modify oral speech device	0.99	0.85	0.64	0.07	1.91	1.70	XXX
92950	.....	A	Heart/lung resuscitation (CPR)	3.80	1.37	0.91	0.17	5.34	4.88	000
92953	.....	A	Temporary external pacing	0.23	NA	0.18	0.15	NA	0.56	000
92960	.....	A	Heart electroconversion	2.25	1.54	2.11	0.16	3.95	4.52	000
92970	.....	A	Cardioassist, internal	3.52	NA	2.95	0.41	NA	6.88	000
92971	.....	A	Cardioassist, external	1.77	NA	0.82	0.08	NA	2.67	000
92975	.....	A	Dissolve clot, heart vessel	7.25	NA	7.60	0.42	NA	15.27	000
92977	.....	A	Dissolve clot, heart vessel	0.00	NA	0.05	0.54	NA	0.59	XXX
92978	.....	A	Intravas us, heart (add-on)	1.80	NA	3.53	0.36	NA	5.69	ZZZ
92978	26	A	Intravas us, heart (add-on)	1.80	NA	1.80	0.08	NA	3.68	ZZZ
92978	TC	A	Intravas us, heart (add-on)	0.00	NA	1.73	0.28	NA	2.01	ZZZ
92979	.....	A	Intravas us, heart (add-on)	1.44	NA	1.78	0.20	NA	3.42	ZZZ
92979	26	A	Intravas us, heart (add-on)	1.44	NA	1.44	0.06	NA	2.94	ZZZ
92979	TC	A	Intravas us, heart (add-on)	0.00	NA	0.34	0.14	NA	0.48	ZZZ
92980	.....	A	Insert intracoronary stent	14.84	NA	10.01	1.22	NA	26.07	000
92981	.....	A	Insert intracoronary stent	4.17	NA	2.05	0.44	NA	6.66	ZZZ
92982	.....	A	Coronary artery dilation	10.98	NA	7.50	1.22	NA	19.70	000
92984	.....	A	Coronary artery dilation	2.97	NA	1.51	0.44	NA	4.92	ZZZ
92986	.....	A	Revision of aortic valve	21.80	NA	11.60	0.90	NA	34.30	090
92987	.....	A	Revision of mitral valve	22.70	NA	12.14	0.91	NA	35.75	090
92990	.....	A	Revision of pulmonary valve	17.34	NA	9.28	0.71	NA	27.33	090
92995	.....	A	Coronary atherectomy	12.09	NA	8.11	1.22	NA	21.42	000
92996	.....	A	Coronary atherectomy	3.26	NA	1.55	0.44	NA	5.25	ZZZ
92997	.....	A	Pul art balloon repair, perc	12.00	NA	17.22	1.22	NA	30.44	000
92998	.....	A	Pul art balloon repair, perc	6.00	NA	6.16	0.44	NA	12.60	ZZZ
93000	.....	A	Electrocardiogram, complete	0.17	0.24	0.24	0.04	0.45	0.45	XXX
93005	.....	A	Electrocardiogram, tracing	0.00	0.16	0.16	0.03	0.19	0.19	XXX
93010	.....	A	Electrocardiogram report	0.17	0.07	0.07	0.01	0.25	0.25	XXX
93012	.....	A	Transmission of ecg	0.00	0.27	0.27	0.22	0.49	0.49	XXX
93014	.....	A	Report on transmitted ecg	0.52	0.24	0.24	0.05	0.81	0.81	XXX
93015	.....	A	Cardiovascular stress test	0.75	1.86	1.86	0.18	2.79	2.79	XXX
93016	.....	A	Cardiovascular stress test	0.45	0.19	0.19	0.03	0.67	0.67	XXX
93017	.....	A	Cardiovascular stress test	0.00	1.40	1.40	0.12	1.52	1.52	XXX
93018	.....	A	Cardiovascular stress test	0.30	0.13	0.13	0.03	0.46	0.46	XXX
93024	.....	A	Cardiac drug stress test	1.17	1.38	1.38	0.23	2.78	2.78	XXX
93024	26	A	Cardiac drug stress test	1.17	0.58	0.58	0.14	1.89	1.89	XXX
93024	TC	A	Cardiac drug stress test	0.00	0.80	0.80	0.09	0.89	0.89	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
93040	.....	A	Rhythm ECG with report	0.16	0.25	0.25	0.02	0.43	0.43	XXX
93041	.....	A	Rhythm ECG, tracing	0.00	0.04	0.04	0.01	0.05	0.05	XXX
93042	.....	A	Rhythm ECG, report	0.16	0.04	0.04	0.01	0.21	0.21	XXX
93224	.....	A	ECG monitor/report, 24 hrs	0.52	0.54	0.54	0.31	1.37	1.37	XXX
93225	.....	A	ECG monitor/record, 24 hrs	0.00	0.09	0.09	0.09	0.18	0.18	XXX
93226	.....	A	ECG monitor/report, 24 hrs	0.00	0.25	0.25	0.16	0.41	0.41	XXX
93227	.....	A	ECG monitor/review, 24 hrs	0.52	0.22	0.22	0.06	0.80	0.80	XXX
93230	.....	A	ECG monitor/report, 24 hrs	0.52	0.51	0.51	0.34	1.37	1.37	XXX
93231	.....	A	Ecg monitor/record, 24 hrs	0.00	0.09	0.09	0.11	0.20	0.20	XXX
93232	.....	A	ECG monitor/report, 24 hrs	0.00	0.25	0.25	0.15	0.40	0.40	XXX
93233	.....	A	ECG monitor/review, 24 hrs	0.52	0.22	0.22	0.08	0.82	0.82	XXX
93235	.....	A	ECG monitor/report, 24 hrs	0.45	0.41	0.41	0.23	1.09	1.09	XXX
93236	.....	A	ECG monitor/report, 24 hrs	0.00	0.26	0.26	0.17	0.43	0.43	XXX
93237	.....	A	ECG monitor/review, 24 hrs	0.45	0.18	0.18	0.06	0.69	0.69	XXX
93268	.....	A	ECG record/review	0.52	0.66	0.66	0.36	1.54	1.54	XXX
93270	.....	A	ECG recording	0.00	0.14	0.14	0.09	0.23	0.23	XXX
93271	.....	A	Ecg/monitoring and anaylysis	0.00	0.27	0.27	0.22	0.49	0.49	XXX
93272	.....	A	Ecg/review, interpret only	0.52	0.23	0.23	0.05	0.80	0.80	XXX
93278	.....	A	ECG/signal-averaged	0.25	0.37	0.37	0.18	0.80	0.80	XXX
93278	26	A	ECG/signal-averaged	0.25	0.12	0.12	0.06	0.43	0.43	XXX
93278	TC	A	ECG/signal-averaged	0.00	0.24	0.24	0.12	0.36	0.36	XXX
93303	.....	A	Echo transthoracic	1.30	2.23	2.23	0.36	3.89	3.89	XXX
93303	26	A	Echo transthoracic	1.30	0.63	0.63	0.09	2.02	2.02	XXX
93303	TC	A	Echo transthoracic	0.00	1.60	1.60	0.27	1.87	1.87	XXX
93304	.....	A	Echo transthoracic	0.75	1.83	1.83	0.19	2.77	2.77	XXX
93304	26	A	Echo transthoracic	0.75	0.33	0.33	0.05	1.13	1.13	XXX
93304	TC	A	Echo transthoracic	0.00	1.50	1.50	0.14	1.64	1.64	XXX
93307	.....	A	Echo exam of heart	0.92	1.65	1.65	0.36	2.93	2.93	XXX
93307	26	A	Echo exam of heart	0.92	0.47	0.47	0.09	1.48	1.48	XXX
93307	TC	A	Echo exam of heart	0.00	1.18	1.18	0.27	1.45	1.45	XXX
93308	.....	A	Echo exam of heart	0.53	1.53	1.53	0.19	2.25	2.25	XXX
93308	26	A	Echo exam of heart	0.53	0.22	0.22	0.05	0.80	0.80	XXX
93308	TC	A	Echo exam of heart	0.00	1.31	1.31	0.14	1.45	1.45	XXX
93312	.....	A	Echo transesophageal	2.20	6.02	6.02	0.45	8.67	8.67	XXX
93312	26	A	Echo transesophageal	2.20	0.84	0.84	0.12	3.16	3.16	XXX
93312	TC	A	Echo transesophageal	0.00	5.18	5.18	0.33	5.51	5.51	XXX
93313	.....	A	Echo transesophageal	0.95	4.58	0.45	0.06	5.59	1.46	XXX
93314	.....	A	Echo transesophageal	1.25	4.32	4.32	0.39	5.96	5.96	XXX
93314	26	A	Echo transesophageal	1.25	0.60	0.60	0.06	1.91	1.91	XXX
93314	TC	A	Echo transesophageal	0.00	3.72	3.72	0.33	4.05	4.05	XXX
93315	.....	A	Echo transesophageal	2.78	7.36	7.36	0.45	10.59	10.59	XXX
93315	26	A	Echo transesophageal	2.78	1.30	1.30	0.12	4.20	4.20	XXX
93315	TC	A	Echo transesophageal	0.00	6.06	6.06	0.33	6.39	6.39	XXX
93316	.....	A	Echo transesophageal	0.95	0.79	0.46	0.06	1.80	1.47	XXX
93317	.....	A	Echo transesophageal	1.83	1.64	1.64	0.39	3.86	3.86	XXX
93317	26	A	Echo transesophageal	1.83	0.68	0.68	0.06	2.57	2.57	XXX
93317	TC	A	Echo transesophageal	0.00	0.96	0.96	0.33	1.29	1.29	XXX
93320	.....	A	Doppler echo exam, heart	0.38	0.81	0.81	0.18	1.37	1.37	ZZZ
93320	26	A	Doppler echo exam, heart	0.38	0.21	0.21	0.05	0.64	0.64	ZZZ
93320	TC	A	Doppler echo exam, heart	0.00	0.60	0.60	0.13	0.73	0.73	ZZZ
93321	.....	A	Doppler echo exam, heart	0.15	0.58	0.58	0.11	0.84	0.84	ZZZ
93321	26	A	Doppler echo exam, heart	0.15	0.08	0.08	0.02	0.25	0.25	ZZZ
93321	TC	A	Doppler echo exam, heart	0.00	0.50	0.50	0.09	0.59	0.59	ZZZ
93325	.....	A	Doppler color flow	0.07	0.39	0.39	0.25	0.71	0.71	ZZZ
93325	26	A	Doppler color flow	0.07	0.04	0.04	0.01	0.12	0.12	ZZZ
93325	TC	A	Doppler color flow	0.00	0.35	0.35	0.24	0.59	0.59	ZZZ
93350	.....	A	Echo transthoracic	0.78	7.46	7.46	0.24	8.48	8.48	XXX
93350	26	A	Echo transthoracic	0.78	0.43	0.43	0.10	1.31	1.31	XXX
93350	TC	A	Echo transthoracic	0.00	7.04	7.04	0.14	7.18	7.18	XXX
93501	.....	A	Right heart catheterization	3.02	17.41	17.41	1.54	21.97	21.97	000
93501	26	A	Right heart catheterization	3.02	1.27	1.27	0.34	4.63	4.63	000
93501	TC	A	Right heart catheterization	0.00	16.13	16.13	1.20	17.33	17.33	000
93503	.....	A	Insert/place heart catheter	2.91	1.14	0.72	0.36	4.41	3.99	000
93505	.....	A	Biopsy of heart lining	4.38	3.83	3.83	0.46	8.67	8.67	000
93505	26	A	Biopsy of heart lining	4.38	1.94	1.94	0.28	6.60	6.60	000
93505	TC	A	Biopsy of heart lining	0.00	1.89	1.89	0.18	2.07	2.07	000
93508	.....	A	Cath placement, angiography	4.10	16.13	16.13	0.98	21.21	21.21	000
93508	26	A	Cath placement, angiography	4.10	4.11	4.11	0.23	8.44	8.44	000
93508	TC	A	Cath placement, angiography	0.00	12.03	12.03	0.75	12.78	12.78	000
93510	.....	A	Left heart catheterization	4.33	37.21	37.21	2.86	44.40	44.40	000
93510	26	A	Left heart catheterization	4.33	1.94	1.94	0.23	6.50	6.50	000
93510	TC	A	Left heart catheterization	0.00	35.27	35.27	2.63	37.90	37.90	000
93511	.....	A	Left heart catheterization	5.03	36.62	36.62	2.76	44.41	44.41	000
93511	26	A	Left heart catheterization	5.03	2.28	2.28	0.20	7.51	7.51	000

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[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
93511	TC	A	Left heart catheterization	0.00	34.34	34.34	2.56	36.90	36.90	000
93514		A	Left heart catheterization	7.05	37.51	37.51	2.94	47.50	47.50	000
93514	26	A	Left heart catheterization	7.05	3.17	3.17	0.38	10.60	10.60	000
93514	TC	A	Left heart catheterization	0.00	34.34	34.34	2.56	36.90	36.90	000
93524		A	Left heart catheterization	6.95	48.01	48.01	3.69	58.65	58.65	000
93524	26	A	Left heart catheterization	6.95	3.15	3.15	0.34	10.44	10.44	000
93524	TC	A	Left heart catheterization	0.00	44.86	44.86	3.35	48.21	48.21	000
93526		A	Rt & Lt heart catheters	5.99	48.77	48.77	3.83	58.59	58.59	000
93526	26	A	Rt & Lt heart catheters	5.99	2.67	2.67	0.39	9.05	9.05	000
93526	TC	A	Rt & Lt heart catheters	0.00	46.10	46.10	3.44	49.54	49.54	000
93527		A	Rt & Lt heart catheters	7.28	48.10	48.10	3.85	59.23	59.23	000
93527	26	A	Rt & Lt heart catheters	7.28	3.23	3.23	0.50	11.01	11.01	000
93527	TC	A	Rt & Lt heart catheters	0.00	44.86	44.86	3.35	48.21	48.21	000
93528		A	Rt & Lt heart catheters	9.00	48.89	48.89	3.68	61.57	61.57	000
93528	26	A	Rt & Lt heart catheters	9.00	4.02	4.02	0.33	13.35	13.35	000
93528	TC	A	Rt & Lt heart catheters	0.00	44.86	44.86	3.35	48.21	48.21	000
93529		A	Rt, Lt heart catheterization	4.80	46.95	46.95	3.57	55.32	55.32	000
93529	26	A	Rt, Lt heart catheterization	4.80	2.09	2.09	0.22	7.11	7.11	000
93529	TC	A	Rt, Lt heart catheterization	0.00	44.86	44.86	3.35	48.21	48.21	000
93530		A	Rt heart cath, congenital	4.23	17.84	17.84	1.54	23.61	23.61	000
93530	26	A	Rt heart cath, congenital	4.23	1.70	1.70	0.34	6.27	6.27	000
93530	TC	A	Rt heart cath, congenital	0.00	16.13	16.13	1.20	17.33	17.33	000
93531		A	R & l heart cath, congenital	8.35	49.83	49.83	3.83	62.01	62.01	000
93531	26	A	R & l heart cath, congenital	8.35	3.73	3.73	0.39	12.47	12.47	000
93531	TC	A	R & l heart cath, congenital	0.00	46.10	46.10	3.44	49.54	49.54	000
93532		A	R & l heart cath, congenital	10.00	49.02	49.02	3.85	62.87	62.87	000
93532	26	A	R & l heart cath, congenital	10.00	4.15	4.15	0.50	14.65	14.65	000
93532	TC	A	R & l heart cath, congenital	0.00	44.86	44.86	3.35	48.21	48.21	000
93533		A	R & l heart cath, congenital	6.70	47.27	47.27	3.57	57.54	57.54	000
93533	26	A	R & l heart cath, congenital	6.70	2.40	2.40	0.22	9.32	9.32	000
93533	TC	A	R & l heart cath, congenital	0.00	44.86	44.86	3.35	48.21	48.21	000
93536		A	Insert circulation assi	4.85	NA	3.18	0.71	NA	8.74	000
93539		A	Injection, cardiac cath	0.40	0.19	0.52	0.20	0.79	1.12	000
93540		A	Injection, cardiac cath	0.43	0.20	0.53	0.20	0.83	1.16	000
93541		A	Injection for lung angiogram	0.29	NA	0.21	0.16	NA	0.66	000
93542		A	Injection for heart x-rays	0.29	NA	0.34	0.16	NA	0.79	000
93543		A	Injection for heart x-rays	0.29	0.35	0.55	0.11	0.75	0.95	000
93544		A	Injection for aortography	0.25	0.11	0.32	0.11	0.47	0.68	000
93545		A	Injection for coronary xrays	0.40	0.53	0.85	0.24	1.17	1.49	000
93555		A	Imaging, cardiac cath	0.81	6.35	6.35	0.42	7.58	7.58	XXX
93555	26	A	Imaging, cardiac cath	0.81	0.36	0.36	0.04	1.21	1.21	XXX
93555	TC	A	Imaging, cardiac cath	0.00	5.99	5.99	0.38	6.37	6.37	XXX
93556		A	Imaging, cardiac cath	0.83	9.81	9.81	0.65	11.29	11.29	XXX
93556	26	A	Imaging, cardiac cath	0.83	0.37	0.37	0.07	1.27	1.27	XXX
93556	TC	A	Imaging, cardiac cath	0.00	9.44	9.44	0.58	10.02	10.02	XXX
93561		A	Cardiac output measurement	0.50	0.64	0.64	0.16	1.30	1.30	000
93561	26	A	Cardiac output measurement	0.50	0.14	0.14	0.09	0.73	0.73	000
93561	TC	A	Cardiac output measurement	0.00	0.50	0.50	0.07	0.57	0.57	000
93562		A	Cardiac output measurement	0.16	0.35	0.35	0.10	0.61	0.61	000
93562	26	A	Cardiac output measurement	0.16	0.05	0.05	0.06	0.27	0.27	000
93562	TC	A	Cardiac output measurement	0.00	0.30	0.30	0.04	0.34	0.34	000
93600		A	Bundle of His recording	2.12	2.18	2.18	0.38	4.68	4.68	000
93600	26	A	Bundle of His recording	2.12	0.86	0.86	0.24	3.22	3.22	000
93600	TC	A	Bundle of His recording	0.00	1.32	1.32	0.14	1.46	1.46	000
93602		A	Intra-atrial recording	2.12	2.39	2.39	0.22	4.73	4.73	000
93602	26	A	Intra-atrial recording	2.12	0.94	0.94	0.14	3.20	3.20	000
93602	TC	A	Intra-atrial recording	0.00	1.45	1.45	0.08	1.53	1.53	000
93603		A	Right ventricular recording	2.12	1.75	1.75	0.28	4.15	4.15	000
93603	26	A	Right ventricular recording	2.12	0.68	0.68	0.16	2.96	2.96	000
93603	TC	A	Right ventricular recording	0.00	1.07	1.07	0.12	1.19	1.19	000
93607		A	Right ventricular recording	3.26	2.86	2.86	0.28	6.40	6.40	000
93607	26	A	Right ventricular recording	3.26	1.42	1.42	0.17	4.85	4.85	000
93607	TC	A	Right ventricular recording	0.00	1.44	1.44	0.11	1.55	1.55	000
93609		A	Mapping of tachycardia	10.07	8.41	8.41	0.47	18.95	18.95	000
93609	26	A	Mapping of tachycardia	10.07	4.37	4.37	0.28	14.72	14.72	000
93609	TC	A	Mapping of tachycardia	0.00	4.04	4.04	0.19	4.23	4.23	000
93610		A	Intra-atrial pacing	3.02	3.91	3.91	0.27	7.20	7.20	000
93610	26	A	Intra-atrial pacing	3.02	1.31	1.31	0.17	4.50	4.50	000
93610	TC	A	Intra-atrial pacing	0.00	2.60	2.60	0.10	2.70	2.70	000
93612		A	Intraventricular pacing	3.02	4.00	4.00	0.29	7.31	7.31	000
93612	26	A	Intraventricular pacing	3.02	1.35	1.35	0.17	4.54	4.54	000
93612	TC	A	Intraventricular pacing	0.00	2.65	2.65	0.12	2.77	2.77	000
93615		A	Esophageal recording	0.99	0.98	0.98	0.04	2.01	2.01	000
93615	26	A	Esophageal recording	0.99	0.20	0.20	0.02	1.21	1.21	000

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
93615	TC	A	Esophageal recording	0.00	0.78	0.78	0.02	0.80	0.80	000
93616		A	Esophageal recording	1.49	1.25	1.25	0.10	2.84	2.84	000
93616	26	A	Esophageal recording	1.49	0.43	0.43	0.08	2.00	2.00	000
93616	TC	A	Esophageal recording	0.00	0.82	0.82	0.02	0.84	0.84	000
93618		A	Heart rhythm pacing	4.26	3.90	3.90	0.72	8.88	8.88	000
93618	26	A	Heart rhythm pacing	4.26	1.87	1.87	0.44	6.57	6.57	000
93618	TC	A	Heart rhythm pacing	0.00	2.03	2.03	0.28	2.31	2.31	000
93619		A	Electrophysiology evaluation	7.32	6.28	6.28	1.40	15.00	15.00	000
93619	26	A	Electrophysiology evaluation	7.32	3.24	3.24	0.86	11.42	11.42	000
93619	TC	A	Electrophysiology evaluation	0.00	3.05	3.05	0.54	3.59	3.59	000
93620		A	Electrophysiology evaluation	11.59	6.65	6.65	1.55	19.79	19.79	000
93620	26	A	Electrophysiology evaluation	11.59	5.10	5.10	0.95	17.64	17.64	000
93620	TC	A	Electrophysiology evaluation	0.00	1.55	1.55	0.60	2.15	2.15	000
93621	26	A	Electrophysiology evaluation	12.66	5.66	5.66	1.11	19.43	19.43	000
93622	26	A	Electrophysiology evaluation	12.74	5.71	5.71	1.07	19.52	19.52	000
93623	26	A	Stimulation, pacing heart	2.85	1.27	1.27	0.20	4.32	4.32	000
93624		A	Electrophysiologic study	4.81	4.05	4.05	0.35	9.21	9.21	000
93624	26	A	Electrophysiologic study	4.81	2.06	2.06	0.21	7.08	7.08	000
93624	TC	A	Electrophysiologic study	0.00	1.99	1.99	0.14	2.13	2.13	000
93631		A	Heart pacing, mapping	7.60	4.14	4.14	1.37	13.11	13.11	000
93631	26	A	Heart pacing, mapping	7.60	3.35	3.35	0.67	11.62	11.62	000
93631	TC	A	Heart pacing, mapping	0.00	0.78	0.78	0.70	1.48	1.48	000
93640		A	Evaluation heart device	3.52	3.38	3.38	1.09	7.99	7.99	000
93640	26	A	Evaluation heart device	3.52	1.58	1.58	0.61	5.71	5.71	000
93640	TC	A	Evaluation heart device	0.00	1.80	1.80	0.48	2.28	2.28	000
93641		A	Electrophysiology evaluation	5.93	5.93	5.93	1.09	12.95	12.95	000
93641	26	A	Electrophysiology evaluation	5.93	2.64	2.64	0.61	9.18	9.18	000
93641	TC	A	Electrophysiology evaluation	0.00	3.30	3.30	0.48	3.78	3.78	000
93642		A	Electrophysiology evaluation	4.89	3.97	3.97	1.09	9.95	9.95	000
93642	26	A	Electrophysiology evaluation	4.89	2.17	2.17	0.61	7.67	7.67	000
93642	TC	A	Electrophysiology evaluation	0.00	1.80	1.80	0.48	2.28	2.28	000
93650		A	Ablate heart dysrhythm focus	10.51	NA	6.17	1.34	NA	18.02	000
93651		A	Ablate heart dysrhythm focus	16.25	NA	10.49	1.34	NA	28.08	000
93652		A	Ablate heart dysrhythm focus	17.68	NA	10.98	1.34	NA	30.00	000
93660	26	A	Tilt table evaluation	1.89	0.84	0.84	0.17	2.90	2.90	000
93720		A	Total body plethysmography	0.17	0.55	0.55	0.10	0.82	0.82	XXX
93721		A	Plethysmography tracing	0.00	0.55	0.55	0.07	0.62	0.62	XXX
93722		A	Plethysmography report	0.17	0.05	0.05	0.03	0.25	0.25	XXX
93724		A	Analyze pacemaker system	4.89	2.85	2.85	0.50	8.24	8.24	000
93724	26	A	Analyze pacemaker system	4.89	2.14	2.14	0.22	7.25	7.25	000
93724	TC	A	Analyze pacemaker system	0.00	0.71	0.71	0.28	0.99	0.99	000
93731		A	Analyze pacemaker system	0.45	0.59	0.59	0.07	1.11	1.11	XXX
93731	26	A	Analyze pacemaker system	0.45	0.21	0.21	0.03	0.69	0.69	XXX
93731	TC	A	Analyze pacemaker system	0.00	0.38	0.38	0.04	0.42	0.42	XXX
93732		A	Analyze pacemaker system	0.92	0.85	0.85	0.08	1.85	1.85	XXX
93732	26	A	Analyze pacemaker system	0.92	0.42	0.42	0.04	1.38	1.38	XXX
93732	TC	A	Analyze pacemaker system	0.00	0.44	0.44	0.04	0.48	0.48	XXX
93733		A	Telephone analysis, pacemaker	0.17	0.21	0.21	0.08	0.46	0.46	XXX
93733	26	A	Telephone analysis, pacemaker	0.17	0.09	0.09	0.02	0.28	0.28	XXX
93733	TC	A	Telephone analysis, pacemaker	0.00	0.11	0.11	0.06	0.17	0.17	XXX
93734		A	Analyze pacemaker system	0.38	0.50	0.50	0.06	0.94	0.94	XXX
93734	26	A	Analyze pacemaker system	0.38	0.18	0.18	0.03	0.59	0.59	XXX
93734	TC	A	Analyze pacemaker system	0.00	0.32	0.32	0.03	0.35	0.35	XXX
93735		A	Analyze pacemaker system	0.74	0.68	0.68	0.08	1.50	1.50	XXX
93735	26	A	Analyze pacemaker system	0.74	0.33	0.33	0.04	1.11	1.11	XXX
93735	TC	A	Analyze pacemaker system	0.00	0.35	0.35	0.04	0.39	0.39	XXX
93736		A	Telephone analysis, pacemaker	0.15	0.20	0.20	0.09	0.44	0.44	XXX
93736	26	A	Telephone analysis, pacemaker	0.15	0.09	0.09	0.03	0.27	0.27	XXX
93736	TC	A	Telephone analysis, pacemaker	0.00	0.11	0.11	0.06	0.17	0.17	XXX
93737		A	Analyze cardio/defibrillator	0.45	0.60	0.60	0.06	1.11	1.11	XXX
93737	26	A	Analyze cardio/defibrillator	0.45	0.21	0.21	0.02	0.68	0.68	XXX
93737	TC	A	Analyze cardio/defibrillator	0.00	0.39	0.39	0.04	0.43	0.43	XXX
93738		A	Analyze cardio/defibrillator	0.92	0.86	0.86	0.07	1.85	1.85	XXX
93738	26	A	Analyze cardio/defibrillator	0.92	0.43	0.43	0.03	1.38	1.38	XXX
93738	TC	A	Analyze cardio/defibrillator	0.00	0.43	0.43	0.04	0.47	0.47	XXX
93740		A	Temperature gradient studies	0.16	0.49	0.49	0.04	0.69	0.69	XXX
93740	26	A	Temperature gradient studies	0.16	0.03	0.03	0.03	0.22	0.22	XXX
93740	TC	A	Temperature gradient studies	0.00	0.46	0.46	0.01	0.47	0.47	XXX
93770		A	Measure venous pressure	0.16	0.52	0.52	0.02	0.70	0.70	XXX
93770	26	A	Measure venous pressure	0.16	0.09	0.09	0.02	0.27	0.27	XXX
93770	TC	A	Measure venous pressure	0.00	0.43	0.43	0.00	0.43	0.43	XXX
93797		A	Cardiac rehab	0.18	0.27	0.08	0.02	0.47	0.28	000
93798		A	Cardiac rehab/monitor	0.28	0.41	0.12	0.04	0.73	0.44	000
93875		A	Extracranial study	0.22	0.95	0.95	0.18	1.35	1.35	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
93875	26	A	Extracranial study	0.22	0.11	0.11	0.06	0.39	0.39	XXX
93875	TC	A	Extracranial study	0.00	0.84	0.84	0.12	0.96	0.96	XXX
93880		A	Extracranial study	0.60	2.31	2.31	0.44	3.35	3.35	XXX
93880	26	A	Extracranial study	0.60	0.26	0.26	0.04	0.90	0.90	XXX
93880	TC	A	Extracranial study	0.00	2.05	2.05	0.40	2.45	2.45	XXX
93882		A	Extracranial study	0.40	2.02	2.02	0.29	2.71	2.71	XXX
93882	26	A	Extracranial study	0.40	0.20	0.20	0.03	0.63	0.63	XXX
93882	TC	A	Extracranial study	0.00	1.82	1.82	0.26	2.08	2.08	XXX
93886		A	Intracranial study	0.94	2.55	2.55	0.50	3.99	3.99	XXX
93886	26	A	Intracranial study	0.94	0.45	0.45	0.05	1.44	1.44	XXX
93886	TC	A	Intracranial study	0.00	2.10	2.10	0.45	2.55	2.55	XXX
93888		A	Intracranial study	0.62	1.85	1.85	0.34	2.81	2.81	XXX
93888	26	A	Intracranial study	0.62	0.26	0.26	0.03	0.91	0.91	XXX
93888	TC	A	Intracranial study	0.00	1.60	1.60	0.31	1.91	1.91	XXX
93922		A	Extremity study	0.25	1.22	1.22	0.19	1.66	1.66	XXX
93922	26	A	Extremity study	0.25	0.12	0.12	0.05	0.42	0.42	XXX
93922	TC	A	Extremity study	0.00	1.10	1.10	0.14	1.24	1.24	XXX
93923		A	Extremity study	0.45	1.50	1.50	0.35	2.30	2.30	XXX
93923	26	A	Extremity study	0.45	0.25	0.25	0.09	0.79	0.79	XXX
93923	TC	A	Extremity study	0.00	1.25	1.25	0.26	1.51	1.51	XXX
93924		A	Extremity study	0.50	2.30	2.30	0.39	3.19	3.19	XXX
93924	26	A	Extremity study	0.50	0.20	0.20	0.10	0.80	0.80	XXX
93924	TC	A	Extremity study	0.00	2.10	2.10	0.29	2.39	2.39	XXX
93925		A	Lower extremity study	0.58	2.47	2.47	0.44	3.49	3.49	XXX
93925	26	A	Lower extremity study	0.58	0.29	0.29	0.04	0.91	0.91	XXX
93925	TC	A	Lower extremity study	0.00	2.18	2.18	0.40	2.58	2.58	XXX
93926		A	Lower extremity study	0.39	1.86	1.86	0.30	2.55	2.55	XXX
93926	26	A	Lower extremity study	0.39	0.15	0.15	0.03	0.57	0.57	XXX
93926	TC	A	Lower extremity study	0.00	1.72	1.72	0.27	1.99	1.99	XXX
93930		A	Upper extremity study	0.46	2.31	2.31	0.47	3.24	3.24	XXX
93930	26	A	Upper extremity study	0.46	0.24	0.24	0.05	0.75	0.75	XXX
93930	TC	A	Upper extremity study	0.00	2.07	2.07	0.42	2.49	2.49	XXX
93931		A	Upper extremity study	0.31	1.56	1.56	0.31	2.18	2.18	XXX
93931	26	A	Upper extremity study	0.31	0.16	0.16	0.03	0.50	0.50	XXX
93931	TC	A	Upper extremity study	0.00	1.40	1.40	0.28	1.68	1.68	XXX
93965		A	Extremity study	0.35	1.05	1.05	0.19	1.59	1.59	XXX
93965	26	A	Extremity study	0.35	0.16	0.16	0.06	0.57	0.57	XXX
93965	TC	A	Extremity study	0.00	0.88	0.88	0.13	1.01	1.01	XXX
93970		A	Extremity study	0.68	2.30	2.30	0.51	3.49	3.49	XXX
93970	26	A	Extremity study	0.68	0.30	0.30	0.05	1.03	1.03	XXX
93970	TC	A	Extremity study	0.00	2.01	2.01	0.46	2.47	2.47	XXX
93971		A	Extremity study	0.45	1.57	1.57	0.34	2.36	2.36	XXX
93971	26	A	Extremity study	0.45	0.18	0.18	0.03	0.66	0.66	XXX
93971	TC	A	Extremity study	0.00	1.39	1.39	0.31	1.70	1.70	XXX
93975		A	Vascular study	1.80	3.03	3.03	0.55	5.38	5.38	XXX
93975	26	A	Vascular study	1.80	0.69	0.69	0.05	2.54	2.54	XXX
93975	TC	A	Vascular study	0.00	2.34	2.34	0.50	2.84	2.84	XXX
93976		A	Vascular study	1.21	1.94	1.94	0.37	3.52	3.52	XXX
93976	26	A	Vascular study	1.21	0.43	0.43	0.03	1.67	1.67	XXX
93976	TC	A	Vascular study	0.00	1.52	1.52	0.34	1.86	1.86	XXX
93978		A	Vascular study	0.65	2.62	2.62	0.47	3.74	3.74	XXX
93978	26	A	Vascular study	0.65	0.35	0.35	0.05	1.05	1.05	XXX
93978	TC	A	Vascular study	0.00	2.28	2.28	0.42	2.70	2.70	XXX
93979		A	Vascular study	0.44	1.69	1.69	0.31	2.44	2.44	XXX
93979	26	A	Vascular study	0.44	0.25	0.25	0.03	0.72	0.72	XXX
93979	TC	A	Vascular study	0.00	1.44	1.44	0.28	1.72	1.72	XXX
93980		A	Penile vascular study	1.25	2.84	2.84	0.45	4.54	4.54	XXX
93980	26	A	Penile vascular study	1.25	0.67	0.67	0.07	1.99	1.99	XXX
93980	TC	A	Penile vascular study	0.00	2.17	2.17	0.38	2.55	2.55	XXX
93981		A	Penile vascular study	0.44	2.27	2.27	0.39	3.10	3.10	XXX
93981	26	A	Penile vascular study	0.44	0.15	0.15	0.03	0.62	0.62	XXX
93981	TC	A	Penile vascular study	0.00	2.12	2.12	0.36	2.48	2.48	XXX
93990		A	Doppler flow testing	0.25	1.60	1.60	0.29	2.14	2.14	XXX
93990	26	A	Doppler flow testing	0.25	0.15	0.15	0.02	0.42	0.42	XXX
93990	TC	A	Doppler flow testing	0.00	1.45	1.45	0.27	1.72	1.72	XXX
94010		A	Breathing capacity test	0.17	0.45	0.45	0.05	0.67	0.67	XXX
94010	26	A	Breathing capacity test	0.17	0.06	0.06	0.02	0.25	0.25	XXX
94010	TC	A	Breathing capacity test	0.00	0.39	0.39	0.03	0.42	0.42	XXX
94060		A	Evaluation of wheezing	0.31	0.58	0.58	0.09	0.98	0.98	XXX
94060	26	A	Evaluation of wheezing	0.31	0.09	0.09	0.03	0.43	0.43	XXX
94060	TC	A	Evaluation of wheezing	0.00	0.49	0.49	0.06	0.55	0.55	XXX
94070		A	Evaluation of wheezing	0.60	2.56	2.56	0.13	3.29	3.29	XXX
94070	26	A	Evaluation of wheezing	0.60	0.18	0.18	0.03	0.81	0.81	XXX
94070	TC	A	Evaluation of wheezing	0.00	2.38	2.38	0.10	2.48	2.48	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
94150		B	Vital capacity test	+0.07	0.88	0.88	0.02	0.97	0.97	XXX
94150	26	B	Vital capacity test	+0.07	0.07	0.07	0.01	0.15	0.15	XXX
94150	TC	B	Vital capacity test	+0.00	0.81	0.81	0.01	0.82	0.82	XXX
94200		A	Lung function test (MBC/MVV)	0.11	0.40	0.40	0.03	0.54	0.54	XXX
94200	26	A	Lung function test (MBC/MVV)	0.11	0.03	0.03	0.01	0.15	0.15	XXX
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.37	0.37	0.02	0.39	0.39	XXX
94240		A	Residual lung capacity	0.26	1.31	1.31	0.07	1.64	1.64	XXX
94240	26	A	Residual lung capacity	0.26	0.08	0.08	0.02	0.36	0.36	XXX
94240	TC	A	Residual lung capacity	0.00	1.23	1.23	0.05	1.28	1.28	XXX
94250		A	Expired gas collection	0.11	0.41	0.41	0.02	0.54	0.54	XXX
94250	26	A	Expired gas collection	0.11	0.03	0.03	0.01	0.15	0.15	XXX
94250	TC	A	Expired gas collection	0.00	0.37	0.37	0.01	0.38	0.38	XXX
94260		A	Thoracic gas volume	0.13	0.31	0.31	0.06	0.50	0.50	XXX
94260	26	A	Thoracic gas volume	0.13	0.04	0.04	0.02	0.19	0.19	XXX
94260	TC	A	Thoracic gas volume	0.00	0.28	0.28	0.04	0.32	0.32	XXX
94350		A	Lung nitrogen washout curve	0.26	1.37	1.37	0.05	1.68	1.68	XXX
94350	26	A	Lung nitrogen washout curve	0.26	0.08	0.08	0.01	0.35	0.35	XXX
94350	TC	A	Lung nitrogen washout curve	0.00	1.29	1.29	0.04	1.33	1.33	XXX
94360		A	Measure airflow resistance	0.26	0.39	0.39	0.07	0.72	0.72	XXX
94360	26	A	Measure airflow resistance	0.26	0.08	0.08	0.01	0.35	0.35	XXX
94360	TC	A	Measure airflow resistance	0.00	0.31	0.31	0.06	0.37	0.37	XXX
94370		A	Breath airway closing volume	0.26	1.58	1.58	0.03	1.87	1.87	XXX
94370	26	A	Breath airway closing volume	0.26	0.09	0.09	0.01	0.36	0.36	XXX
94370	TC	A	Breath airway closing volume	0.00	1.49	1.49	0.02	1.51	1.51	XXX
94375		A	Respiratory flow volume loop	0.31	0.48	0.48	0.04	0.83	0.83	XXX
94375	26	A	Respiratory flow volume loop	0.31	0.10	0.10	0.01	0.42	0.42	XXX
94375	TC	A	Respiratory flow volume loop	0.00	0.38	0.38	0.03	0.41	0.41	XXX
94400		A	CO2 breathing response curve	0.40	0.62	0.62	0.19	1.21	1.21	XXX
94400	26	A	CO2 breathing response curve	0.40	0.13	0.13	0.13	0.66	0.66	XXX
94400	TC	A	CO2 breathing response curve	0.00	0.49	0.49	0.06	0.55	0.55	XXX
94450		A	Hypoxia response curve	0.40	0.91	0.91	0.05	1.36	1.36	XXX
94450	26	A	Hypoxia response curve	0.40	0.42	0.42	0.02	0.84	0.84	XXX
94450	TC	A	Hypoxia response curve	0.00	0.49	0.49	0.03	0.52	0.52	XXX
94620		A	Pulmonary stress testing	0.88	2.00	2.00	0.15	3.03	3.03	XXX
94620	26	A	Pulmonary stress testing	0.88	0.30	0.30	0.05	1.23	1.23	XXX
94620	TC	A	Pulmonary stress testing	0.00	1.70	1.70	0.10	1.80	1.80	XXX
94640		A	Airway inhalation treatment	0.00	0.35	0.02	0.03	0.38	0.05	XXX
94650		A	Pressure breathing (IPPB)	0.00	0.36	0.02	0.03	0.39	0.05	XXX
94651		A	Pressure breathing (IPPB)	0.00	0.36	0.02	0.03	0.39	0.05	XXX
94652		A	Pressure breathing (IPPB)	0.00	NA	0.02	0.08	NA	0.10	XXX
94656		A	Initial ventilator mgmt	1.22	NA	0.37	0.12	NA	1.71	XXX
94657		A	Cont. ventilator	0.83	NA	0.29	0.05	NA	1.17	XXX
94660		A	Pos airway pressure, CPAP	0.76	0.48	0.28	0.06	1.30	1.10	XXX
94662		A	Neg pressure ventilation,cnp	0.76	NA	0.30	0.02	NA	1.08	XXX
94664		A	Aerosol or vapor inhalations	0.00	0.27	0.02	0.04	0.31	0.06	XXX
94665		A	Aerosol or vapor inhalations	0.00	0.31	0.02	0.05	0.36	0.07	XXX
94667		A	Chest wall manipulation	0.00	0.43	0.02	0.05	0.48	0.07	XXX
94668		A	Chest wall manipulation	0.00	0.43	0.02	0.03	0.46	0.05	XXX
94680		A	Exhaled air analysis: O2	0.26	1.12	1.12	0.10	1.48	1.48	XXX
94680	26	A	Exhaled air analysis: O2	0.26	0.06	0.06	0.03	0.35	0.35	XXX
94680	TC	A	Exhaled air analysis: O2	0.00	1.05	1.05	0.07	1.12	1.12	XXX
94681		A	Exhaled air analysis: O2,CO2	0.20	1.74	1.74	0.17	2.11	2.11	XXX
94681	26	A	Exhaled air analysis: O2,CO2	0.20	0.08	0.08	0.04	0.32	0.32	XXX
94681	TC	A	Exhaled air analysis: O2,CO2	0.00	1.66	1.66	0.13	1.79	1.79	XXX
94690		A	Exhaled air analysis	0.07	1.30	1.30	0.04	1.41	1.41	XXX
94690	26	A	Exhaled air analysis	0.07	0.03	0.03	0.00	0.10	0.10	XXX
94690	TC	A	Exhaled air analysis	0.00	1.26	1.26	0.04	1.30	1.30	XXX
94720		A	Monoxide diffusing capacity	0.26	1.04	1.04	0.08	1.38	1.38	XXX
94720	26	A	Monoxide diffusing capacity	0.26	0.07	0.07	0.02	0.35	0.35	XXX
94720	TC	A	Monoxide diffusing capacity	0.00	0.97	0.97	0.06	1.03	1.03	XXX
94725		A	Membrane diffusion capacity	0.26	1.88	1.88	0.14	2.28	2.28	XXX
94725	26	A	Membrane diffusion capacity	0.26	0.09	0.09	0.01	0.36	0.36	XXX
94725	TC	A	Membrane diffusion capacity	0.00	1.79	1.79	0.13	1.92	1.92	XXX
94750		A	Pulmonary compliance study	0.23	2.78	2.78	0.06	3.07	3.07	XXX
94750	26	A	Pulmonary compliance study	0.23	0.15	0.15	0.02	0.40	0.40	XXX
94750	TC	A	Pulmonary compliance study	0.00	2.63	2.63	0.04	2.67	2.67	XXX
94760		A	Measure blood oxygen level	0.00	0.04	0.04	0.02	0.06	0.06	XXX
94761		A	Measure blood oxygen level	0.00	0.09	0.09	0.06	0.15	0.15	XXX
94762		A	Measure blood oxygen level	0.00	0.11	0.11	0.10	0.21	0.21	XXX
94770		A	Exhaled carbon dioxide test	0.15	1.23	1.23	0.11	1.49	1.49	XXX
94770	26	A	Exhaled carbon dioxide test	0.15	0.03	0.03	0.03	0.21	0.21	XXX
94770	TC	A	Exhaled carbon dioxide test	0.00	1.20	1.20	0.08	1.28	1.28	XXX
95004		A	Allergy skin tests	0.00	0.11	0.04	0.01	0.12	0.05	XXX
95010		A	Sensitivity skin tests	0.15	0.22	0.08	0.01	0.38	0.24	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
95015		A	Sensitivity skin tests	0.15	0.25	0.07	0.01	0.41	0.23	XXX
95024		A	Allergy skin tests	0.00	0.13	0.05	0.01	0.14	0.06	XXX
95027		A	Skin end point titration	0.00	0.17	0.17	0.01	0.18	0.18	XXX
95028		A	Allergy skin tests	0.00	0.21	0.21	0.01	0.22	0.22	XXX
95044		A	Allergy patch tests	0.00	0.11	0.04	0.01	0.12	0.05	XXX
95052		A	Photo patch test	0.00	0.11	0.04	0.01	0.12	0.05	XXX
95056		A	Photosensitivity tests	0.00	0.12	0.04	0.01	0.13	0.05	XXX
95060		A	Eye allergy tests	0.00	0.48	0.48	0.02	0.50	0.50	XXX
95065		A	Nose allergy test	0.00	0.33	0.33	0.01	0.34	0.34	XXX
95070		A	Bronchial allergy tests	0.00	0.06	0.06	0.02	0.08	0.08	XXX
95071		A	Bronchial allergy tests	0.00	0.13	0.13	0.02	0.15	0.15	XXX
95075		A	Ingestion challenge test	0.95	0.72	0.45	0.02	1.69	1.42	XXX
95078		A	Provocative testing	0.00	0.10	0.10	0.02	0.12	0.12	XXX
95115		A	Immunotherapy, one injection	0.00	0.28	0.09	0.02	0.30	0.11	000
95117		A	Immunotherapy injections	0.00	0.25	0.08	0.02	0.27	0.10	000
95144		A	Antigen therapy services	0.06	0.12	0.03	0.01	0.19	0.10	000
95145		A	Antigen therapy services	0.06	0.20	0.03	0.03	0.29	0.12	000
95146		A	Antigen therapy services	0.06	0.14	0.02	0.03	0.23	0.11	000
95147		A	Antigen therapy services	0.06	0.15	0.04	0.03	0.24	0.13	000
95148		A	Antigen therapy services	0.06	0.16	0.04	0.03	0.25	0.13	000
95149		A	Antigen therapy services	0.06	0.21	0.04	0.03	0.30	0.13	000
95165		A	Antigen therapy services	0.06	0.13	0.03	0.01	0.20	0.10	000
95170		A	Antigen therapy services	0.06	0.14	0.03	0.03	0.23	0.12	000
95180		A	Rapid desensitization	2.01	1.37	1.06	0.01	3.39	3.08	000
95805		A	Multiple sleep latency test	1.88	6.89	6.89	0.45	9.22	9.22	XXX
95805	26	A	Multiple sleep latency test	1.88	0.71	0.71	0.07	2.66	2.66	XXX
95805	TC	A	Multiple sleep latency test	0.00	6.18	6.18	0.38	6.56	6.56	XXX
95806		A	Sleep study, unattended	1.66	2.84	2.84	0.55	5.05	5.05	XXX
95806	26	A	Sleep study, unattended	1.66	0.75	0.75	0.19	2.60	2.60	XXX
95806	TC	A	Sleep study, unattended	0.00	2.10	2.10	0.36	2.46	2.46	XXX
95807		A	Sleep study, attended	1.66	10.24	10.24	0.67	12.57	12.57	XXX
95807	26	A	Sleep study, attended	1.66	0.59	0.59	0.19	2.44	2.44	XXX
95807	TC	A	Sleep study, attended	0.00	9.65	9.65	0.48	10.13	10.13	XXX
95808		A	Polysomnography, 1–3	2.65	10.49	10.49	0.67	13.81	13.81	XXX
95808	26	A	Polysomnography, 1–3	2.65	0.85	0.85	0.19	3.69	3.69	XXX
95808	TC	A	Polysomnography, 1–3	0.00	9.64	9.64	0.48	10.12	10.12	XXX
95810		A	Polysomnography, 4 or more	3.53	14.22	14.22	0.67	18.42	18.42	XXX
95810	26	A	Polysomnography, 4 or more	3.53	1.39	1.39	0.19	5.11	5.11	XXX
95810	TC	A	Polysomnography, 4 or more	0.00	12.83	12.83	0.48	13.31	13.31	XXX
95811		A	Polysomnography w/cpap	3.80	14.68	14.68	0.70	19.18	19.18	XXX
95811	26	A	Polysomnography w/cpap	3.80	1.53	1.53	0.20	5.53	5.53	XXX
95811	TC	A	Polysomnography w/cpap	0.00	13.15	13.15	0.50	13.65	13.65	XXX
95812		A	Electroencephalogram (EEG)	1.08	2.58	2.58	0.15	3.81	3.81	XXX
95812	26	A	Electroencephalogram (EEG)	1.08	0.46	0.46	0.04	1.58	1.58	XXX
95812	TC	A	Electroencephalogram (EEG)	0.00	2.12	2.12	0.11	2.23	2.23	XXX
95813		A	Electroencephalogram (EEG)	1.73	3.93	3.93	0.15	5.81	5.81	XXX
95813	26	A	Electroencephalogram (EEG)	1.73	0.79	0.79	0.04	2.56	2.56	XXX
95813	TC	A	Electroencephalogram (EEG)	0.00	3.14	3.14	0.11	3.25	3.25	XXX
95816		A	Electroencephalogram (EEG)	1.08	2.34	2.34	0.13	3.55	3.55	XXX
95816	26	A	Electroencephalogram (EEG)	1.08	0.46	0.46	0.03	1.57	1.57	XXX
95816	TC	A	Electroencephalogram (EEG)	0.00	1.88	1.88	0.10	1.98	1.98	XXX
95819		A	Electroencephalogram (EEG)	1.08	2.42	2.42	0.14	3.64	3.64	XXX
95819	26	A	Electroencephalogram (EEG)	1.08	0.46	0.46	0.04	1.58	1.58	XXX
95819	TC	A	Electroencephalogram (EEG)	0.00	1.97	1.97	0.10	2.07	2.07	XXX
95822		A	Sleep electroencephalogram	1.08	2.52	2.52	0.18	3.78	3.78	XXX
95822	26	A	Sleep electroencephalogram	1.08	0.49	0.49	0.04	1.61	1.61	XXX
95822	TC	A	Sleep electroencephalogram	0.00	2.04	2.04	0.14	2.18	2.18	XXX
95824		A	Electroencephalography	0.74	0.42	0.42	0.07	1.23	1.23	XXX
95824	26	A	Electroencephalography	0.74	0.31	0.31	0.04	1.09	1.09	XXX
95824	TC	A	Electroencephalography	0.00	0.11	0.11	0.03	0.14	0.14	XXX
95827		A	Night electroencephalogram	1.08	6.64	6.64	0.24	7.96	7.96	XXX
95827	26	A	Night electroencephalogram	1.08	0.42	0.42	0.07	1.57	1.57	XXX
95827	TC	A	Night electroencephalogram	0.00	6.22	6.22	0.17	6.39	6.39	XXX
95829		A	Surgery electrocorticogram	6.21	10.17	10.17	0.05	16.43	16.43	XXX
95829	26	A	Surgery electrocorticogram	6.21	2.53	2.53	0.03	8.77	8.77	XXX
95829	TC	A	Surgery electrocorticogram	0.00	7.64	7.64	0.02	7.66	7.66	XXX
95830		A	Insert electrodes for EEG	1.70	2.27	0.70	0.07	4.04	2.47	XXX
95831		A	Limb muscle testing, manual	0.28	0.33	0.14	0.03	0.64	0.45	XXX
95832		A	Hand muscle testing, manual	0.29	0.27	0.12	0.02	0.58	0.43	XXX
95833		A	Body muscle testing, manual	0.47	0.41	0.22	0.05	0.93	0.74	XXX
95834		A	Body muscle testing, manual	0.60	0.51	0.30	0.06	1.17	0.96	XXX
95851		A	Range of motion measurements	0.16	0.27	0.08	0.02	0.45	0.26	XXX
95852		A	Range of motion measurements	0.11	0.25	0.06	0.02	0.38	0.19	XXX
95857		A	Tensilon test	0.53	0.50	0.23	0.04	1.07	0.80	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
95858	.....	A	Tensilon test & myogram	1.56	0.76	0.76	0.09	2.41	2.41	XXX
95858	26	A	Tensilon test & myogram	1.56	0.43	0.43	0.05	2.04	2.04	XXX
95858	TC	A	Tensilon test & myogram	0.00	0.33	0.33	0.04	0.37	0.37	XXX
95860	.....	A	Muscle test, one limb	0.96	0.77	0.77	0.09	1.82	1.82	XXX
95860	26	A	Muscle test, one limb	0.96	0.46	0.46	0.06	1.48	1.48	XXX
95860	TC	A	Muscle test, one limb	0.00	0.31	0.31	0.03	0.34	0.34	XXX
95861	.....	A	Muscle test, two limbs	1.54	1.11	1.11	0.16	2.81	2.81	XXX
95861	26	A	Muscle test, two limbs	1.54	0.72	0.72	0.10	2.36	2.36	XXX
95861	TC	A	Muscle test, two limbs	0.00	0.39	0.39	0.06	0.45	0.45	XXX
95863	.....	A	Muscle test, 3 limbs	1.87	1.25	1.25	0.18	3.30	3.30	XXX
95863	26	A	Muscle test, 3 limbs	1.87	0.76	0.76	0.11	2.74	2.74	XXX
95863	TC	A	Muscle test, 3 limbs	0.00	0.49	0.49	0.07	0.56	0.56	XXX
95864	.....	A	Muscle test, 4 limbs	1.99	1.27	1.27	0.27	3.53	3.53	XXX
95864	26	A	Muscle test, 4 limbs	1.99	0.92	0.92	0.14	3.05	3.05	XXX
95864	TC	A	Muscle test, 4 limbs	0.00	0.35	0.35	0.13	0.48	0.48	XXX
95867	.....	A	Muscle test, head or neck	0.79	0.71	0.71	0.09	1.59	1.59	XXX
95867	26	A	Muscle test, head or neck	0.79	0.26	0.26	0.05	1.10	1.10	XXX
95867	TC	A	Muscle test, head or neck	0.00	0.46	0.46	0.04	0.50	0.50	XXX
95868	.....	A	Muscle test, head or neck	1.18	0.93	0.93	0.15	2.26	2.26	XXX
95868	26	A	Muscle test, head or neck	1.18	0.54	0.54	0.10	1.82	1.82	XXX
95868	TC	A	Muscle test, head or neck	0.00	0.39	0.39	0.05	0.44	0.44	XXX
95869	.....	A	Muscle test, thor paraspinal	0.37	0.40	0.40	0.05	0.82	0.82	XXX
95869	26	A	Muscle test, thor paraspinal	0.37	0.19	0.19	0.03	0.59	0.59	XXX
95869	TC	A	Muscle test, thor paraspinal	0.00	0.21	0.21	0.02	0.23	0.23	XXX
95870	.....	A	Muscle test, non-paraspinal	0.37	0.87	0.87	0.05	1.29	1.29	XXX
95870	26	A	Muscle test, non-paraspinal	0.37	0.37	0.37	0.03	0.77	0.77	XXX
95870	TC	A	Muscle test, non-paraspinal	0.00	0.50	0.50	0.02	0.52	0.52	XXX
95872	.....	A	Muscle test, one fiber	1.50	1.39	1.39	0.11	3.00	3.00	XXX
95872	26	A	Muscle test, one fiber	1.50	0.56	0.56	0.06	2.12	2.12	XXX
95872	TC	A	Muscle test, one fiber	0.00	0.83	0.83	0.05	0.88	0.88	XXX
95875	.....	A	Limb exercise test	1.34	1.50	1.50	0.10	2.94	2.94	XXX
95875	26	A	Limb exercise test	1.34	0.49	0.49	0.04	1.87	1.87	XXX
95875	TC	A	Limb exercise test	0.00	1.01	1.01	0.06	1.07	1.07	XXX
95900	.....	A	Motor nerve conduction test	0.42	0.39	0.39	0.05	0.86	0.86	XXX
95900	26	A	Motor nerve conduction test	0.42	0.20	0.20	0.03	0.65	0.65	XXX
95900	TC	A	Motor nerve conduction test	0.00	0.19	0.19	0.02	0.21	0.21	XXX
95903	.....	A	Motor nerve conduction test	0.60	0.54	0.54	0.05	1.19	1.19	XXX
95903	26	A	Motor nerve conduction test	0.60	0.26	0.26	0.03	0.89	0.89	XXX
95903	TC	A	Motor nerve conduction test	0.00	0.27	0.27	0.02	0.29	0.29	XXX
95904	.....	A	Sense nerve conduction test	0.34	0.34	0.34	0.05	0.73	0.73	XXX
95904	26	A	Sense nerve conduction test	0.34	0.15	0.15	0.03	0.52	0.52	XXX
95904	TC	A	Sense nerve conduction test	0.00	0.19	0.19	0.02	0.21	0.21	XXX
95920	.....	A	Intraoperative nerve testing	2.11	NA	5.56	0.20	NA	7.87	XXX
95920	26	A	Intraoperative nerve testing	2.11	NA	0.98	0.12	NA	3.21	XXX
95920	TC	A	Intraoperative nerve testing	0.00	NA	4.58	0.08	NA	4.66	XXX
95921	.....	A	Autonomic nervous func test	0.90	5.48	5.48	0.05	6.43	6.43	XXX
95921	26	A	Autonomic nervous func test	0.90	0.90	0.90	0.02	1.82	1.82	XXX
95921	TC	A	Autonomic nervous func test	0.00	4.58	4.58	0.03	4.61	4.61	XXX
95922	.....	A	Autonomic nervous func test	0.96	5.54	5.54	0.06	6.56	6.56	XXX
95922	26	A	Autonomic nervous func test	0.96	0.96	0.96	0.03	1.95	1.95	XXX
95922	TC	A	Autonomic nervous func test	0.00	4.58	4.58	0.03	4.61	4.61	XXX
95923	.....	A	Autonomic nervous func test	0.90	5.48	5.48	0.05	6.43	6.43	XXX
95923	26	A	Autonomic nervous func test	0.90	0.90	0.90	0.02	1.82	1.82	XXX
95923	TC	A	Autonomic nervous func test	0.00	4.58	4.58	0.03	4.61	4.61	XXX
95925	.....	A	Somatosensory testing	0.54	2.65	2.65	0.12	3.31	3.31	XXX
95925	26	A	Somatosensory testing	0.54	0.28	0.28	0.05	0.87	0.87	XXX
95925	TC	A	Somatosensory testing	0.00	2.37	2.37	0.07	2.44	2.44	XXX
95926	.....	A	Somatosensory testing	0.54	2.57	2.57	0.12	3.23	3.23	XXX
95926	26	A	Somatosensory testing	0.54	0.28	0.28	0.05	0.87	0.87	XXX
95926	TC	A	Somatosensory testing	0.00	2.29	2.29	0.07	2.36	2.36	XXX
95927	.....	A	Somatosensory testing	0.54	2.40	2.40	0.12	3.06	3.06	XXX
95927	26	A	Somatosensory testing	0.54	0.27	0.27	0.05	0.86	0.86	XXX
95927	TC	A	Somatosensory testing	0.00	2.13	2.13	0.07	2.20	2.20	XXX
95930	.....	A	Visual evoked potential test	0.35	1.34	1.34	0.05	1.74	1.74	XXX
95930	26	A	Visual evoked potential test	0.35	0.16	0.16	0.04	0.55	0.55	XXX
95930	TC	A	Visual evoked potential test	0.00	1.18	1.18	0.01	1.19	1.19	XXX
95933	.....	A	Blink reflex test	0.59	0.44	0.44	0.10	1.13	1.13	XXX
95933	26	A	Blink reflex test	0.59	0.21	0.21	0.04	0.84	0.84	XXX
95933	TC	A	Blink reflex test	0.00	0.24	0.24	0.06	0.30	0.30	XXX
95934	.....	A	'h' reflex test	0.51	0.50	0.50	0.05	1.06	1.06	XXX
95934	26	A	'h' reflex test	0.51	0.23	0.23	0.03	0.77	0.77	XXX
95934	TC	A	'h' reflex test	0.00	0.27	0.27	0.02	0.29	0.29	XXX
95936	.....	A	'h' reflex test	0.55	0.50	0.50	0.05	1.10	1.10	XXX
95936	26	A	'h' reflex test	0.55	0.26	0.26	0.03	0.84	0.84	XXX

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[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
95936	TC	A	'h' reflex test	0.00	0.24	0.24	0.02	0.26	0.26	XXX
95937		A	Neuromuscular junction test	0.65	0.52	0.52	0.07	1.24	1.24	XXX
95937	26	A	Neuromuscular junction test	0.65	0.24	0.24	0.04	0.93	0.93	XXX
95937	TC	A	Neuromuscular junction test	0.00	0.28	0.28	0.03	0.31	0.31	XXX
95950		A	Ambulatory eeg monitoring	1.51	4.32	4.32	0.60	6.43	6.43	XXX
95950	26	A	Ambulatory eeg monitoring	1.51	0.66	0.66	0.10	2.27	2.27	XXX
95950	TC	A	Ambulatory eeg monitoring	0.00	3.65	3.65	0.50	4.15	4.15	XXX
95951		A	EEG monitoring/videorecord	6.00	18.23	18.23	0.64	24.87	24.87	XXX
95951	26	A	EEG monitoring/videorecord	6.00	2.53	2.53	0.11	8.64	8.64	XXX
95951	TC	A	EEG monitoring/videorecord	0.00	15.70	15.70	0.53	16.23	16.23	XXX
95953		A	EEG monitoring/computer	3.08	3.79	3.79	0.60	7.47	7.47	XXX
95953	26	A	EEG monitoring/computer	3.08	1.46	1.46	0.10	4.64	4.64	XXX
95953	TC	A	EEG monitoring/computer	0.00	2.33	2.33	0.50	2.83	2.83	XXX
95954		A	EEG monitoring/giving drugs	2.45	3.26	3.26	0.28	5.99	5.99	XXX
95954	26	A	EEG monitoring/giving drugs	2.45	0.98	0.98	0.22	3.65	3.65	XXX
95954	TC	A	EEG monitoring/giving drugs	0.00	2.27	2.27	0.06	2.33	2.33	XXX
95955		A	EEG during surgery	1.01	3.88	3.88	0.30	5.19	5.19	XXX
95955	26	A	EEG during surgery	1.01	0.35	0.35	0.11	1.47	1.47	XXX
95955	TC	A	EEG during surgery	0.00	3.53	3.53	0.19	3.72	3.72	XXX
95956		A	EEG monitoring/cable/radio	3.08	44.02	44.02	0.61	47.71	47.71	XXX
95956	26	A	EEG monitoring/cable/radio	3.08	1.08	1.08	0.11	4.27	4.27	XXX
95956	TC	A	EEG monitoring/cable/radio	0.00	42.94	42.94	0.50	43.44	43.44	XXX
95957		A	EEG digital analysis	1.98	2.51	2.51	0.18	4.67	4.67	XXX
95957	26	A	EEG digital analysis	1.98	0.95	0.95	0.05	2.98	2.98	XXX
95957	TC	A	EEG digital analysis	0.00	1.56	1.56	0.13	1.69	1.69	XXX
95958		A	EEG monitoring/function test	4.25	8.40	8.40	0.52	13.17	13.17	XXX
95958	26	A	EEG monitoring/function test	4.25	1.63	1.63	0.38	6.26	6.26	XXX
95958	TC	A	EEG monitoring/function test	0.00	6.77	6.77	0.14	6.91	6.91	XXX
95961		A	Electrode stimulation, brain	2.97	4.99	4.99	0.20	8.16	8.16	XXX
95961	26	A	Electrode stimulation, brain	2.97	1.17	1.17	0.12	4.26	4.26	XXX
95961	TC	A	Electrode stimulation, brain	0.00	3.82	3.82	0.08	3.90	3.90	XXX
95962		A	Electrode stimulation, brain	3.21	3.87	3.87	0.20	7.28	7.28	XXX
95962	26	A	Electrode stimulation, brain	3.21	1.42	1.42	0.12	4.75	4.75	XXX
95962	TC	A	Electrode stimulation, brain	0.00	2.45	2.45	0.08	2.53	2.53	XXX
96100		A	Psychological testing	0.00	0.40	0.37	0.20	0.60	0.57	XXX
96105		A	Assessment of aphasia	0.00	0.49	0.38	0.20	0.69	0.58	XXX
96111		A	Developmental test, extend	0.00	0.54	0.41	0.20	0.74	0.61	XXX
96115		A	Neurobehavior status exam	0.00	0.70	0.54	0.20	0.90	0.74	XXX
96117		A	Neuropsych test battery	0.00	0.54	0.49	0.20	0.74	0.69	XXX
96400		A	Chemotherapy, (SC)/(IM)	0.00	1.06	0.29	0.01	1.07	0.30	XXX
96405		A	Intralesional chemo admin	0.52	0.95	0.25	0.03	1.50	0.80	000
96406		A	Intralesional chemo admin	0.80	1.10	0.30	0.04	1.94	1.14	000
96408		A	Chemotherapy, push technique	0.00	1.04	0.31	0.06	1.10	0.37	XXX
96410		A	Chemotherapy, infusion method	0.00	1.16	0.34	0.09	1.25	0.43	XXX
96412		A	Chemotherapy, infusion method	0.00	0.52	0.15	0.08	0.60	0.23	XXX
96414		A	Chemotherapy, infusion method	0.00	1.16	0.35	0.09	1.25	0.44	XXX
96420		A	Chemotherapy, push technique	0.00	1.15	0.34	0.09	1.24	0.43	XXX
96422		A	Chemotherapy, infusion method	0.00	1.16	0.35	0.09	1.25	0.44	XXX
96423		A	Chemotherapy, infusion method	0.00	0.94	0.27	0.03	0.97	0.30	XXX
96425		A	Chemotherapy, infusion method	0.00	1.24	0.36	0.09	1.33	0.45	XXX
96440		A	Chemotherapy, intracavitary	2.37	2.83	1.03	0.06	5.26	3.46	000
96445		A	Chemotherapy, intracavitary	2.20	2.79	1.01	0.09	5.08	3.30	000
96450		A	Chemotherapy, into CNS	1.89	2.42	0.84	0.06	4.37	2.79	000
96520		A	Pump refilling, maintenance	0.00	0.85	0.25	0.06	0.91	0.31	XXX
96530		A	Pump refilling, maintenance	0.00	0.93	0.27	0.07	1.00	0.34	XXX
96542		A	Chemotherapy injection	1.42	1.76	0.67	0.13	3.31	2.22	XXX
96900		A	Ultraviolet light therapy	0.00	0.17	0.06	0.03	0.20	0.09	XXX
96902		B	Trichogram	+0.41	0.54	0.54	0.02	0.97	0.97	XXX
96910		A	Photochemotherapy with UV–B	0.00	0.17	0.06	0.04	0.21	0.10	XXX
96912		A	Photochemotherapy with UV–A	0.00	0.23	0.08	0.05	0.28	0.13	XXX
96913		A	Photochemotherapy, UV–A or B	0.00	0.40	0.14	0.10	0.50	0.24	XXX
97001		A	Pt evaluation	1.20	0.34	0.47	0.11	1.65	1.78	XXX
97002		A	Pt re-evaluation	0.60	0.25	0.23	0.01	0.86	0.84	XXX
97003		A	Ot evaluation	1.20	0.54	0.54	0.11	1.85	1.85	XXX
97004		A	Ot re-evaluation	0.60	0.21	0.14	0.01	0.82	0.75	XXX
97010		B	Hot or cold packs therapy	+0.06	0.13	0.02	0.02	0.21	0.10	XXX
97012		A	Mechanical traction therapy	0.25	0.14	0.03	0.02	0.41	0.30	XXX
97014		A	Electric stimulation therapy	0.18	0.13	0.02	0.02	0.33	0.22	XXX
97016		A	Vasopneumatic device therapy	0.18	0.13	0.02	0.02	0.33	0.22	XXX
97018		A	Paraffin bath therapy	0.06	0.11	0.01	0.03	0.20	0.10	XXX
97020		A	Microwave therapy	0.06	0.12	0.01	0.02	0.20	0.09	XXX
97022		A	Whirlpool therapy	0.17	0.13	0.02	0.02	0.32	0.21	XXX
97024		A	Diathermy treatment	0.06	0.12	0.01	0.02	0.20	0.09	XXX
97026		A	Infrared therapy	0.06	0.11	0.01	0.02	0.19	0.09	XXX

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[3] + Indicates RVUs are not for Medicare Payment.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
97028		A	Ultraviolet therapy	0.08	0.11	0.01	0.01	0.20	0.10	XXX
97032		A	Electrical stimulation	0.25	0.15	0.03	0.01	0.41	0.29	XXX
97033		A	Electric current therapy	0.26	0.16	0.03	0.02	0.44	0.31	XXX
97034		A	Contrast bath therapy	0.21	0.14	0.02	0.01	0.36	0.24	XXX
97035		A	Ultrasound therapy	0.21	0.14	0.02	0.01	0.36	0.24	XXX
97036		A	Hydrotherapy	0.28	0.17	0.03	0.02	0.47	0.33	XXX
97039		A	Physical therapy treatment	0.20	0.14	0.02	0.03	0.37	0.25	XXX
97110		A	Therapeutic exercises	0.45	0.18	0.05	0.02	0.65	0.52	XXX
97112		A	Neuromuscular reeducation	0.45	0.16	0.05	0.01	0.62	0.51	XXX
97113		A	Aquatic therapy/exercises	0.44	0.16	0.05	0.02	0.62	0.51	XXX
97116		A	Gait training therapy	0.40	0.15	0.04	0.01	0.56	0.45	XXX
97122		A	Manual traction therapy	0.42	0.15	0.04	0.01	0.58	0.47	XXX
97124		A	Massage therapy	0.35	0.15	0.04	0.01	0.51	0.40	XXX
97139		A	Physical medicine procedure	0.21	0.13	0.02	0.02	0.36	0.25	XXX
97150		A	Group therapeutic procedures	0.27	0.14	0.03	0.02	0.43	0.32	XXX
97250		A	Myofascial release	0.45	0.17	0.05	0.04	0.66	0.54	000
97260		A	Regional manipulation	0.19	0.13	0.02	0.02	0.34	0.23	000
97261		A	Supplemental manipulations	0.12	0.15	0.01	0.01	0.28	0.14	000
97265		A	Joint mobilization	0.45	0.16	0.05	0.04	0.65	0.54	XXX
97504		A	Orthotic training	0.45	0.14	0.05	0.02	0.61	0.52	XXX
97520		A	Prosthetic training	0.45	0.16	0.05	0.02	0.63	0.52	XXX
97530		A	Therapeutic activities	0.44	0.16	0.05	0.02	0.62	0.51	XXX
97535		A	Self care mngment training	0.45	0.16	0.05	0.02	0.63	0.52	XXX
97537		A	Community/work reintegration	0.45	0.16	0.05	0.02	0.63	0.52	XXX
97542		A	Wheelchair mngement training	0.25	0.14	0.03	0.02	0.41	0.30	XXX
97703		A	Prosthetic checkout	0.25	0.06	0.03	0.03	0.34	0.31	XXX
97750		A	Physical performance test	0.45	0.15	0.05	0.03	0.63	0.53	XXX
97770		A	Cognitive skills development	0.44	0.14	0.05	0.03	0.61	0.52	XXX
98925		A	Osteopathic manipulation	0.45	0.29	0.17	0.02	0.76	0.64	000
98926		A	Osteopathic manipulation	0.65	0.38	0.28	0.03	1.06	0.96	000
98927		A	Osteopathic manipulation	0.87	0.44	0.32	0.03	1.34	1.22	000
98928		A	Osteopathic manipulation	1.03	0.52	0.36	0.04	1.59	1.43	000
98929		A	Osteopathic manipulation	1.19	0.56	0.40	0.03	1.78	1.62	000
98940		A	Chiropractic manipulation	0.45	0.24	0.12	0.01	0.70	0.58	000
98941		A	Chiropractic manipulation	0.65	0.29	0.17	0.01	0.95	0.83	000
98942		A	Chiropractic manipulation	0.87	0.35	0.23	0.01	1.23	1.11	000
98943		N	Chiropractic manipulation	+0.40	0.72	0.40	0.01	1.13	0.81	XXX
99141		B	Sedation, iv/im or inhalant	+0.80	2.82	0.97	0.05	3.67	1.82	XXX
99142		B	Sedation, oral/rectal/nasal	+0.60	2.62	0.77	0.04	3.26	1.41	XXX
99175		A	Induction of vomiting	0.00	0.28	0.07	0.10	0.38	0.17	XXX
99183		A	Hyperbaric oxygen therapy	2.34	0.75	0.73	0.11	3.20	3.18	XXX
99185		A	Regional hypothermia	0.00	NA	0.05	0.04	NA	0.09	XXX
99186		A	Total body hypothermia	0.00	NA	0.05	0.52	NA	0.57	XXX
99195		A	Phlebotomy	0.00	1.26	0.11	0.03	1.29	0.14	XXX
99201		A	Office/outpatient visit, new	0.45	0.83	0.32	0.04	1.32	0.81	XXX
99202		A	Office/outpatient visit, new	0.88	1.11	0.50	0.05	2.04	1.43	XXX
99203		A	Office/outpatient visit, new	1.34	1.49	0.73	0.06	2.89	2.13	XXX
99204		A	Office/outpatient visit, new	2.00	2.00	1.00	0.08	4.08	3.08	XXX
99205		A	Office/outpatient visit, new	2.67	2.24	1.21	0.09	5.00	3.97	XXX
99211		A	Office/outpatient visit, est	0.17	0.32	0.16	0.02	0.51	0.35	XXX
99212		A	Office/outpatient visit, est	0.45	0.45	0.28	0.02	0.92	0.75	XXX
99213		A	Office/outpatient visit, est	0.67	0.55	0.35	0.03	1.25	1.05	XXX
99214		A	Office/outpatient visit, est	1.10	0.84	0.55	0.04	1.98	1.69	XXX
99215		A	Office/outpatient visit, est	1.77	1.12	0.80	0.07	2.96	2.64	XXX
99217		A	Observation care discharge	1.28	NA	0.55	0.04	NA	1.87	XXX
99218		A	Observation care	1.28	NA	0.62	0.06	NA	1.96	XXX
99219		A	Observation care	2.14	NA	0.92	0.09	NA	3.15	XXX
99220		A	Observation care	2.99	NA	1.27	0.09	NA	4.35	XXX
99221		A	Initial hospital care	1.28	NA	0.64	0.06	NA	1.98	XXX
99222		A	Initial hospital care	2.14	NA	0.94	0.09	NA	3.17	XXX
99223		A	Initial hospital care	2.99	NA	1.26	0.08	NA	4.33	XXX
99231		A	Subsequent hospital care	0.64	NA	0.28	0.03	NA	0.95	XXX
99232		A	Subsequent hospital care	1.06	NA	0.43	0.04	NA	1.53	XXX
99233		A	Subsequent hospital care	1.51	NA	0.60	0.05	NA	2.16	XXX
99234		A	Observ/hosp same date	2.56	NA	1.09	0.06	NA	3.71	XXX
99235		A	Observ/hosp same date	3.42	NA	1.38	0.09	NA	4.89	XXX
99236		A	Observ/hosp same date	4.27	NA	1.72	0.09	NA	6.08	XXX
99238		A	Hospital discharge day	1.28	NA	0.57	0.04	NA	1.89	XXX
99239		A	Hospital discharge day	1.75	NA	0.73	0.04	NA	2.52	XXX
99241		A	Office consultation	0.64	0.72	0.40	0.08	1.44	1.12	XXX
99242		A	Office consultation	1.29	1.12	0.66	0.09	2.50	2.04	XXX
99243		A	Office consultation	1.72	1.41	0.87	0.10	3.23	2.69	XXX
99244		A	Office consultation	2.58	1.80	1.19	0.11	4.49	3.88	XXX
99245		A	Office consultation	3.43	2.12	1.52	0.16	5.71	5.11	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
99251		A	Initial inpatient consult	0.66	NA	0.40	0.08	NA	1.14	XXX
99252		A	Initial inpatient consult	1.32	NA	0.71	0.09	NA	2.12	XXX
99253		A	Initial inpatient consult	1.82	NA	0.94	0.10	NA	2.86	XXX
99254		A	Initial inpatient consult	2.64	NA	1.26	0.11	NA	4.01	XXX
99255		A	Initial inpatient consult	3.65	NA	1.66	0.14	NA	5.45	XXX
99261		A	Follow-up inpatient consult	0.42	NA	0.30	0.03	NA	0.75	XXX
99262		A	Follow-up inpatient consult	0.85	NA	0.48	0.04	NA	1.37	XXX
99263		A	Follow-up inpatient consult	1.27	NA	0.65	0.04	NA	1.96	XXX
99271		A	Confirmatory consultation	0.45	0.46	0.32	0.07	0.98	0.84	XXX
99272		A	Confirmatory consultation	0.84	0.65	0.50	0.09	1.58	1.43	XXX
99273		A	Confirmatory consultation	1.19	0.90	0.65	0.11	2.20	1.95	XXX
99274		A	Confirmatory consultation	1.73	1.19	0.85	0.11	3.03	2.69	XXX
99275		A	Confirmatory consultation	2.31	1.34	1.05	0.17	3.82	3.53	XXX
99281		A	Emergency dept visit	0.33	NA	0.11	0.01	NA	0.45	XXX
99282		A	Emergency dept visit	0.55	NA	0.15	0.03	NA	0.73	XXX
99283		A	Emergency dept visit	1.24	NA	0.27	0.04	NA	1.55	XXX
99284		A	Emergency dept visit	1.95	NA	0.39	0.06	NA	2.40	XXX
99285		A	Emergency dept visit	3.06	NA	0.57	0.08	NA	3.71	XXX
99291		A	Critical care, first hour	4.00	1.45	1.50	0.11	5.56	5.61	XXX
99292		A	Critical care, addl 30 min	2.00	0.78	0.79	0.04	2.82	2.83	XXX
99295		A	Neonatal critical care	16.00	NA	5.32	1.55	NA	22.87	XXX
99296		A	Neonatal critical care	8.00	NA	4.60	0.77	NA	13.37	XXX
99297		A	Neonatal critical care	4.00	NA	3.54	0.38	NA	7.92	XXX
99301		A	Nursing facility care	1.20	NA	0.69	0.03	NA	1.92	XXX
99302		A	Nursing facility care	1.61	NA	0.89	0.04	NA	2.54	XXX
99303		A	Nursing facility care	2.01	NA	1.05	0.07	NA	3.13	XXX
99311		A	Nursing facility care, subseq	0.60	NA	0.38	0.03	NA	1.01	XXX
99312		A	Nursing facility care, subseq	1.00	NA	0.52	0.03	NA	1.55	XXX
99313		A	Nursing facility care, subseq	1.42	NA	0.68	0.04	NA	2.14	XXX
99315		A	Nursing fac discharge day	1.13	NA	1.48	0.04	NA	2.65	XXX
99316		A	Nursing fac discharge day	1.50	NA	1.85	0.04	NA	3.39	XXX
99321		A	Rest home visit, new patient	0.71	0.36	0.61	0.03	1.10	1.35	XXX
99322		A	Rest home visit, new patient	1.01	0.55	0.89	0.05	1.61	1.95	XXX
99323		A	Rest home visit, new patient	1.28	0.70	0.97	0.06	2.04	2.31	XXX
99331		A	Rest home visit, estab pat	0.60	0.35	0.53	0.02	0.97	1.15	XXX
99332		A	Rest home visit, estab pat	0.80	0.45	0.60	0.03	1.28	1.43	XXX
99333		A	Rest home visit, estab pat	1.00	0.54	1.06	0.02	1.56	2.08	XXX
99341		A	Home visit, new patient	1.01	0.48	0.60	0.05	1.54	1.66	XXX
99342		A	Home visit, new patient	1.52	0.73	1.02	0.05	2.30	2.59	XXX
99343		A	Home visit, new patient	2.27	1.07	1.45	0.06	3.40	3.78	XXX
99344		A	Home visit, new patient	3.03	1.34	1.74	0.09	4.46	4.86	XXX
99345		A	Home visit, new patient	3.79	1.61	2.04	0.09	5.49	5.92	XXX
99347		A	Home visit, estab patient	0.76	0.39	0.68	0.04	1.19	1.48	XXX
99348		A	Home visit, estab patient	1.26	0.61	0.86	0.04	1.91	2.16	XXX
99349		A	Home visit, estab patient	2.02	0.90	0.83	0.05	2.97	2.90	XXX
99350		A	Home visit, estab patient	3.03	1.24	1.06	0.07	4.34	4.16	XXX
99354		A	Prolonged service, office	1.77	1.03	0.73	0.07	2.87	2.57	XXX
99355		A	Prolonged service, office	1.77	0.92	0.66	0.07	2.76	2.50	XXX
99356		A	Prolonged service, inpatient	1.71	NA	0.63	0.08	NA	2.42	XXX
99357		A	Prolonged service, inpatient	1.71	NA	0.67	0.08	NA	2.46	XXX
99374		B	Home health care supervision	+1.10	2.51	1.99	0.04	3.65	3.13	XXX
99375		A	Home health care supervision	1.73	1.03	0.87	0.04	2.80	2.64	XXX
99377		B	Hospice care supervision	+1.10	2.51	1.99	0.04	3.65	3.13	XXX
99378		A	Hospice care supervision	1.73	1.03	0.87	0.04	2.80	2.64	XXX
99379		B	Nursing fac care supervision	+1.10	2.51	1.99	0.04	3.65	3.13	XXX
99380		B	Nursing fac care supervision	+1.73	3.14	2.62	0.04	4.91	4.39	XXX
99381		N	Preventive visit, new, infant	+1.19	2.61	1.19	0.08	3.88	2.46	XXX
99382		N	Preventive visit, new, age 1–4	+1.36	2.74	1.36	0.09	4.19	2.81	XXX
99383		N	Preventive visit, new, age 5–11	+1.36	2.66	1.36	0.09	4.11	2.81	XXX
99384		N	Preventive visit, new, 12–17	+1.53	2.83	1.53	0.10	4.46	3.16	XXX
99385		N	Preventive visit, new, 18–39	+1.53	2.83	1.53	0.09	4.45	3.15	XXX
99386		N	Preventive visit, new, 40–64	+1.88	3.25	1.88	0.10	5.23	3.86	XXX
99387		N	Preventive visit, new, 65 & over	+2.06	3.51	2.06	0.11	5.68	4.23	XXX
99391		N	Preventive visit, est, infant	+1.02	1.86	1.02	0.07	2.95	2.11	XXX
99392		N	Preventive visit, est, age 1–4	+1.19	2.03	1.19	0.08	3.30	2.46	XXX
99393		N	Preventive visit, est, age 5–11	+1.19	1.99	1.19	0.08	3.26	2.46	XXX
99394		N	Preventive visit, est, 12–17	+1.36	2.18	1.36	0.09	3.63	2.81	XXX
99395		N	Preventive visit, est, 18–39	+1.36	2.23	1.98	0.08	3.67	3.42	XXX
99396		N	Preventive visit, est, 40–64	+1.53	2.43	2.15	0.09	4.05	3.77	XXX
99397		N	Preventive visit, est, 65 & over	+1.71	2.65	2.33	0.10	4.46	4.14	XXX
99401		N	Preventive counseling, indiv	+0.48	1.06	0.87	0.03	1.57	1.38	XXX
99402		N	Preventive counseling, indiv	+0.98	1.63	1.37	0.05	2.66	2.40	XXX
99403		N	Preventive counseling, indiv	+1.46	2.18	1.85	0.08	3.72	3.39	XXX
99404		N	Preventive counseling, indiv	+1.95	2.73	2.34	0.11	4.79	4.40	XXX

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ADDENDUM C.—RELATIVE VALUE UNITS (RVUs) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3]	Non-facility practice expense RVUs	Facility practice expense RVUs	Mal-practice RVUs	Non-facility total	Facility total	Global
99411		N	Preventive counseling, group	+0.15	0.31	0.25	0.01	0.47	0.41	XXX
99412		N	Preventive counseling, group	+0.25	0.45	0.35	0.01	0.71	0.61	XXX
99431		A	Initial care, normal newborn	1.17	NA	0.55	0.08	NA	1.80	XXX
99432		A	Newborn care not in hospital	1.26	0.93	0.42	0.08	2.27	1.76	XXX
99433		A	Normal newborn care, hospital	0.62	NA	0.33	0.04	NA	0.99	XXX
99435		A	Hospital NB discharge day	1.50	NA	0.64	0.10	NA	2.24	XXX
99436		A	Attendance, birth	1.50	2.89	2.55	0.10	4.49	4.15	XXX
99440		A	Newborn resuscitation	2.93	NA	3.10	0.19	NA	6.22	XXX
A4263		A	Permanent tear duct plug	0.00	2.60	0.90	0.00	2.60	0.90	XXX
A4300		A	Cath impl vasc access portal	0.00	0.00	0.00	0.00	0.00	0.00	XXX
A4550		A	Surgical trays	0.00	0.00	0.00	0.00	0.00	0.00	XXX
G0002		A	Temporary urinary catheter	0.50	2.34	0.19	0.02	2.86	0.71	000
G0004		A	ECG transm phys review & int	0.52	0.63	0.63	0.65	1.80	1.80	XXX
G0005		A	ECG 24 hour recording	0.00	0.12	0.12	0.09	0.21	0.21	XXX
G0006		A	ECG transmission & analysis	0.00	0.32	0.32	0.51	0.83	0.83	XXX
G0007		A	ECG phy review & interpret	0.52	0.26	0.26	0.05	0.83	0.83	XXX
G0015		A	Post symptom ECG tracing	0.00	0.32	0.32	0.51	0.83	0.83	XXX
G0016		A	Post symptom ECG md review	0.52	0.48	0.48	0.05	1.05	1.05	XXX
G0025		A	Collagen skin test kit	0.00	1.17	0.32	0.00	1.17	0.32	XXX
G0030	26	A	PET imaging prev PET single	1.50	0.36	0.36	0.07	1.93	1.93	XXX
G0031	26	A	PET imaging prev PET multple	1.87	0.48	0.48	0.10	2.45	2.45	XXX
G0032	26	A	PET follow SPECT 78464 singl	1.50	0.36	0.36	0.07	1.93	1.93	XXX
G0033	26	A	PET follow SPECT 78464 mult	1.87	0.48	0.48	0.10	2.45	2.45	XXX
G0034	26	A	PET follow SPECT 76865 singl	1.50	0.36	0.36	0.07	1.93	1.93	XXX
G0035	26	A	PET follow SPECT 78465 mult	1.87	0.48	0.48	0.10	2.45	2.45	XXX
G0036	26	A	PET follow cornry angio sing	1.50	0.36	0.36	0.07	1.93	1.93	XXX
G0037	26	A	PET follow cornry angio mult	1.87	0.48	0.48	0.10	2.45	2.45	XXX
G0038	26	A	PET follow myocard perf sing	1.50	0.36	0.36	0.07	1.93	1.93	XXX
G0039	26	A	PET follow myocard perf mult	1.87	0.48	0.48	0.10	2.45	2.45	XXX
G0040	26	A	PET follow stress echo singl	1.50	0.36	0.36	0.07	1.93	1.93	XXX
G0041	26	A	PET follow stress echo mult	1.87	0.48	0.48	0.10	2.45	2.45	XXX
G0042	26	A	PET follow ventriculogm sing	1.50	0.36	0.36	0.07	1.93	1.93	XXX
G0043	26	A	PET follow ventriculogm mult	1.87	0.48	0.48	0.10	2.45	2.45	XXX
G0044	26	A	PET following rest ECG singl	1.50	0.36	0.36	0.07	1.93	1.93	XXX
G0045	26	A	PET following rest ECG mult	1.87	0.48	0.48	0.10	2.45	2.45	XXX
G0046	26	A	PET follow stress ECG singl	1.50	0.36	0.36	0.07	1.93	1.93	XXX
G0047	26	A	PET follow stress ECG mult	1.87	0.48	0.48	0.10	2.45	2.45	XXX
G0050		A	Residual urine by ultrasound	0.00	0.60	0.60	0.05	0.65	0.65	XXX
G0101		A	CA screen; pelvic/breast exam	0.45	1.17	0.81	0.02	1.64	1.28	XXX
G0104		A	CA screen; flexi sigmoidscope	0.96	6.84	1.15	0.12	7.92	2.23	000
G0105		A	Colorectal scrn; hi risk ind	3.70	12.28	5.01	0.39	16.37	9.10	000
G0106		A	Colon CA screen; barium enema	0.99	1.92	1.92	0.21	3.12	3.12	XXX
G0106	26	A	Colon CA screen; barium enema	0.99	0.33	0.33	0.07	1.39	1.39	XXX
G0106	TC	A	Colon CA screen; barium enema	0.00	1.59	1.59	0.14	1.73	1.73	XXX
G0110		R	Nett pulm-rehab educ; ind	0.90	1.70	0.90	0.04	2.64	1.84	XXX
G0111		R	Nett pulm-rehab educ; group	0.27	0.59	0.27	0.02	0.88	0.56	XXX
G0112		R	Nett; nutrition guid, initial	1.72	3.32	2.36	0.10	5.14	4.18	XXX
G0113		R	Nett; nutrition guid, subseqnt	1.29	2.77	1.86	0.09	4.15	3.24	XXX
G0114		R	Nett; psychosocial consult	1.20	1.36	1.20	0.11	2.67	2.51	XXX
G0115		R	Nett; psychological testing	1.20	1.53	1.20	0.11	2.84	2.51	XXX
G0116		R	Nett; psychosocial counsel	1.11	1.70	1.52	0.05	2.86	2.68	XXX
G0120		A	Colon ca scrn; barium enema	0.99	1.92	1.92	0.21	3.12	3.12	XXX
G0120	26	A	Colon ca scrn; barium enema	0.99	0.33	0.33	0.07	1.39	1.39	XXX
G0120	TC	A	Colon ca scrn; barium enema	0.00	1.59	1.59	0.14	1.73	1.73	XXX
G0121		N	Colon ca scrn; barium enema	+3.70	12.28	5.01	0.39	16.37	9.10	XXX
G0122		N	Colon ca scrn; barium enema	+0.99	1.92	1.92	0.21	3.12	3.12	XXX
G0122	26	N	Colon ca scrn; barium enema	+0.99	0.33	0.33	0.07	1.39	1.39	XXX
G0122	TC	N	Colon ca scrn; barium enema	+0.00	1.59	1.59	0.14	1.73	1.73	XXX
G0124	26	A	Screen c/v thin layer by MD	0.42	1.70	0.42	0.04	2.16	0.88	XXX
G0125	26	A	Lung image (PET)	1.50	0.36	0.36	0.07	1.93	1.93	XXX
G0126	26	A	Lung image (PET), staging	1.87	0.48	0.48	0.10	2.45	2.45	XXX
G0127		R	Trim nail(s)	0.11	1.59	0.11	0.02	1.72	0.24	000
M0064		A	Visit for drug monitoring	0.37	0.19	0.23	0.03	0.59	0.63	XXX
M0101		G	Foot care hygienic/pm	0.43	1.91	0.43	0.03	2.37	0.89	XXX
P3001	26	A	Screening pap smear by phys	0.42	1.00	0.15	0.04	1.46	0.61	XXX
Q0035		A	Cardiokymography	0.17	0.32	0.32	0.04	0.53	0.53	XXX
Q0035	26	A	Cardiokymography	0.17	0.10	0.10	0.01	0.28	0.28	XXX
Q0035	TC	A	Cardiokymography	0.00	0.22	0.22	0.03	0.25	0.25	XXX
Q0068		A	Extracorpeal plasmapheresis	1.67	3.38	0.68	0.16	5.21	2.51	000
Q0091		A	Obtaining screen pap smear	0.37	0.58	0.14	0.03	0.98	0.54	XXX
Q0092		A	Set up port xray equipment	0.00	0.22	0.22	0.01	0.23	0.23	XXX
R0070		A	Transport portable x-ray	0.00	0.77	0.77	0.01	0.78	0.78	XXX
R0075		A	Transport port x-ray multipl	0.00	0.19	0.19	0.01	0.20	0.20	XXX

ADDENDUM D.—PHYSICIAN CODES ALWAYS SUBJECT TO THE OUTPATIENT REHABILITATION FINANCIAL LIMITATION

CPT[1] code	Description
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC
29131	APPLICATION OF FINGER SPLINT; DYNAMIC
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR
90901	BIOFEEDBACK TRAINING BY ANY MODALITY
90911	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AUDITORY PROCESSING, AND/OR AURAL REHABILITATION STATUS
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER (INCLUDES AURAL REHABILITATION); INDIVIDUAL
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/OR AUDITORY PROCESSING DISORDER (INCLUDES AURAL REHABILITATION); GROUP, TWO OR MORE INDIVIDUALS
92510	AURAL REHABILITATION FOLLOWING COCHLEAR IMPLANT (INCLUDES EVALUATION OF AURAL REHABILITATION STATUS AND HEARING, THERAPEUTIC SERVICES) WITH OR WITHOUT SPEECH PROCESSOR PROGRAMMING
92525	EVALUATION OF SWALLOWING AND ORAL FUNCTION FOR FEEDING
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING
92597	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC OR AUGMENTATIVE/ ALTERNATIVE COMMUNICATION DEVICE TO SUPPLEMENT ORAL SPEECH
92598	MODIFICATION OF VOICE PROSTHETIC OR AUGMENTATIVE/ALTERNATIVE COMMUNICATION DEVICE TO SUPPLEMENT ORAL SPEECH
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); EXTREMITY (EXCLUDING HAND) OR TRUNK, WITH REPORT
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); TOTAL EVALUATION OF BODY, EXCLUDING HANDS
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); TOTAL EVALUATION OF BODY, INCLUDING HANDS
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SECTION (SPINE)
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE COMPREHENSION, SPEECH PRODUCTION ABILITY, READING, SPELLING, WRITING, EG, BY BOSTON DIAGNOSTIC APHASIA EXAMINATION) WITH INTERPRETATION AND REPOR
97001	PHYSICAL THERAPY EVALUATION
97002	PHYSICAL THERAPY RE-EVALUATION
97003	OCCUPATIONAL THERAPY EVALUATION
97004	OCCUPATIONAL THERAPY RE-EVALUATION
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH
97020	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; MICROWAVE
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND PROPRIOCEPTION
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)
97122	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; TRACTION, MANUAL
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)
97139	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)
97250	MYOFASCIAL RELEASE/SOFT TISSUE MOBILIZATION, ONE OR MORE REGIONS
97260	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARATE PROCEDURE), PERFORMED BY PHYSICIAN; ONE AREA

ADDENDUM D.—PHYSICIAN CODES ALWAYS SUBJECT TO THE OUTPATIENT REHABILITATION FINANCIAL LIMITATION—Continued

CPT[1] code	Description
97261	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARATE PROCEDURE), PERFORMED BY PHYSICIAN; EACH ADDITIONAL AREA
97265	JOINT MOBILIZATION, ONE OR MORE AREAS (PERIPHERAL OR SPINAL)
97504	ORTHOTICS FITTING AND TRAINING, UPPER AND/OR LOWER EXTREMITIES, EACH 15 MINUTES
97520	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITIES, EACH 15 MINUTES
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES
97535	SELF CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ADAPTIVE EQUIPMENT) DIRECT ONE ON ONE CONTACT BY PROVIDER, EACH 15 MINUTES
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/MODIFICATION ANALYSIS, WORK TASK ANALYSIS), DIRECT ONE ON ONE CONTACT BY PROVIDER, EACH 15 MINUTES
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS
97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR
97703	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT, EACH 15 MINUTES
97770	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING, INCLUDES COMPENSATORY TRAINING AND/OR SENSORY INTEGRATIVE ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES
97780	ACUPUNCTURE, ONE OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION
97781	ACUPUNCTURE, ONE OR MORE NEEDLES; WITH ELECTRICAL STIMULATION
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE

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[2] Not all listed services are covered by the Medicare program.

ADDENDUM E.—PHYSICIAN CODES POTENTIALLY SUBJECT TO THE OUTPATIENT REHABILITATION FINANCIAL LIMITATION

CPT[1] code	Description
29065	APPLICATION; SHOULDER TO HAND (LONG ARM)
29075	APPLICATION; ELBOW TO FINGER (SHORT ARM)
29085	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC
29130	APPLICATION OF FINGER SPLINT; STATIC
29200	STRAPPING; THORAX
29220	STRAPPING; LOW BACK
29240	STRAPPING; SHOULDER (EG, VELPEAU)
29260	STRAPPING; ELBOW OR WRIST
29280	STRAPPING; HAND OR FINGER
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);
29355	APPLICATION OF LONG LEG CAST (THIGH TO TOES); WALKER OR AMBULATORY TYPE
29358	APPLICATION OF LONG LEG CAST BRACE
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);
29425	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES); WALKING OR AMBULATORY TYPE
29435	APPLICATION OF PATELLAR TENDON BEARING (PTB) CAST
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)
29520	STRAPPING; HIP
29530	STRAPPING; KNEE
29540	STRAPPING; ANKLE
29550	STRAPPING; TOES
29580	STRAPPING; UNNA BOOT
29590	DENIS-BROWNE SPLINT STRAPPING

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[2] Not all listed services are covered by the Medicare program.

ADDENDUM F.—OUTPATIENT REHABILITATION THERAPY CODES

CPT1/ code	Description
11040	DEBRIDEMENT; SKIN, PARTIAL THICKNESS
11041	DEBRIDEMENT; SKIN, FULL THICKNESS
11042	DEBRIDEMENT; SKIN, AND SUBCUTANEOUS TISSUE
11043	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, AND MUSCLE
11044	DEBRIDEMENT; SKIN, SUBCUTANEOUS TISSUE, MUSCLE, AND BONE
29065	APPLICATION; SHOULDER TO HAND (LONG ARM)
29075	APPLICATION; ELBOW TO FINGER (SHORT ARM)
29085	APPLICATION; HAND AND LOWER FOREARM (GAUNTLET)
29345	APPLICATION OF LONG LEG CAST (THIGH TO TOES);
29365	APPLICATION OF CYLINDER CAST (THIGH TO ANKLE)
29405	APPLICATION OF SHORT LEG CAST (BELOW KNEE TO TOES);
29445	APPLICATION OF RIGID TOTAL CONTACT LEG CAST
29105	APPLICATION OF LONG ARM SPLINT (SHOULDER TO HAND)
29125	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); STATIC
29126	APPLICATION OF SHORT ARM SPLINT (FOREARM TO HAND); DYNAMIC
29130	APPLICATION OF FINGER SPLINT; STATIC
29131	APPLICATION OF FINGER SPLINT; DYNAMIC
29200	STRAPPING; THORAX
29220	STRAPPING; LOW BACK
29240	STRAPPING; SHOULDER (EG, VELPEAU)
29260	STRAPPING; ELBOW OR WRIST
29280	STRAPPING; HAND OR FINGER
29505	APPLICATION OF LONG LEG SPLINT (THIGH TO ANKLE OR TOES)
29515	APPLICATION OF SHORT LEG SPLINT (CALF TO FOOT)
29520	STRAPPING; HIP
29530	STRAPPING; KNEE
29540	STRAPPING; ANKLE
29550	STRAPPING; TOES
29580	STRAPPING; UNNA BOOT
29590	DENIS-BROWNE SPLINT STRAPPING
64550	APPLICATION OF SURFACE (TRANSCUTANEOUS) NEUROSTIMULATOR
90724	IMMUNIZATION, ACTIVE; INFLUENZA VIRUS VACCINE
90732	IMMUNIZATION, ACTIVE; PNEUMOCOCCAL VACCINE, POLYVALENT
90744	IMMUNIZATION, ACTIVE; HEPATITIS B VACCINE; NEWBORN TO 11 YEARS
90745	IMMUNIZATION, ACTIVE; HEPATITIS B VACCINE; 11–19 YEARS
90746	IMMUNIZATION, ACTIVE; HEPATITIS B VACCINE; 20 YEARS AND ABOVE
90747	IMMUNIZATION, ACTIVE; HEPATITIS B VACCINE; DIALYSIS OR IMMUNOSUPPRESSED PATIENT, ANY AGE
90804	INDIVIDUAL PSYCHOTHERAPY, INSIGHT ORIENTED, BEHAVIOR MODIFYING AND/OR SUPPORTIVE, IN AN OFFICE OR OUTPATIENT FACILITY, APPROXIMATELY 20 TO 30 MINUTES FACT-TO-FACE WITH THE PATIENT
90901	BIOFEEDBACK TRAINING BY ANY MODALITY
90911	BIOFEEDBACK TRAINING, PERINEAL MUSCLES, ANORECTAL OR URETHRAL SPHINCTER, INCLUDING EMG AND/OR MANOMETRY
92506	EVALUATION OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AUDITORY PROCESSING, AND/OR AURAL REHABILITATION STATUS
92507	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY PROCESSING DISORDER (INCLUDES AURAL REHABILITATION); INDIVIDUAL
92508	TREATMENT OF SPEECH, LANGUAGE, VOICE, COMMUNICATION, AND/ OR AUDITORY PROCESSING DISORDER (INCLUDES AURAL REHABILITATION); GROUP, TWO OR MORE INDIVIDUALS
92510	AURAL REHABILITATION FOLLOWING COCHLEAR IMPLANT (INCLUDES EVALUATION OF AURAL REHABILITATION STATUS AND HEARING, THERAPEUTIC SERVICES) WITH OR WITHOUT SPEECH PROCESSOR PROGRAMMING
92525	EVALUATION OF SWALLOWING AND ORAL FUNCTION FOR FEEDING
92526	TREATMENT OF SWALLOWING DYSFUNCTION AND/OR ORAL FUNCTION FOR FEEDING
92597	EVALUATION FOR USE AND/OR FITTING OF VOICE PROSTHETIC OR AUGMENTATIVE/ ALTERNATIVE COMMUNICATION DEVICE TO SUPPLEMENT ORAL SPEECH
92598	MODIFICATION OF VOICE PROSTHETIC OR AUGMENTATIVE/ALTERNATIVE COMMUNICATION DEVICE TO SUPPLEMENT ORAL SPEECH
94664	AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATION, BRONCHODILATION, OR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES; INITIAL DEMONSTRATION AND/OR EVALUATION
94665	AEROSOL OR VAPOR INHALATIONS FOR SPUTUM MOBILIZATION, BRONCHODILATION, OR SPUTUM INDUCTION FOR DIAGNOSTIC PURPOSES; SUBSEQUENT
94667	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACILITATE LUNG FUNCTION; INITIAL DEMONSTRATION AND/OR EVALUATION
94668	MANIPULATION CHEST WALL, SUCH AS CUPPING, PERCUSSING, AND VIBRATION TO FACILITATE LUNG FUNCTION; SUBSEQUENT
95831	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); EXTREMITY (EXCLUDING HAND) OR TRUNK, WITH REPORT
95832	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE
95833	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); TOTAL EVALUATION OF BODY, EXCLUDING HANDS
95834	MUSCLE TESTING, MANUAL (SEPARATE PROCEDURE); TOTAL EVALUATION OF BODY, INCLUDING HANDS

ADDENDUM F.—OUTPATIENT REHABILITATION THERAPY CODES—Continued

CPT1/ code	Description
95851	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); EACH EXTREMITY (EXCLUDING HAND) OR EACH TRUNK SECTION (SPINE)
95852	RANGE OF MOTION MEASUREMENTS AND REPORT (SEPARATE PROCEDURE); HAND, WITH OR WITHOUT COMPARISON WITH NORMAL SIDE
96105	ASSESSMENT OF APHASIA (INCLUDES ASSESSMENT OF EXPRESSIVE AND RECEPTIVE SPEECH AND LANGUAGE FUNCTION, LANGUAGE COMPREHENSION, SPEECH PRODUCTION ABILITY, READING, SPELLING, WRITING, EG, BY BOSTON DIAGNOSTIC APHASIA EXAMINATION) WITH INTERPRETATION AND REPOR
96110	DEVELOPMENT TESTING; LIMITED (EG, DEVELOPMENTAL SCREENING TEST II, EARLY LANGUAGE MILESTONE SCREEN), WITH INTERPRETATION AND REPORT
96111	DEVELOPMENTAL TESTING; EXTENDED (INCLUDES ASSESSMENT OF MOTOR, LANGUAGE, SOCIAL, ADAPTIVE AND/OR COGNITIVE FUNCTIONING BY STANDARDIZED DEVELOPMENTAL INSTRUMENTS, EG, BAYLEY SCALES OF INFANT DEVELOPMENT) WITH INTERPRETATION AND REPORT, PER HOUR
96115	NEUROBEHAVIORAL STATUS EXAM (CLINICAL ASSESSMENT OF THINKING, REASONING AND JUDGMENT, EG, ACQUIRED KNOWLEDGE, ATTENTION,MEMORY, VISUAL SPATIAL ABILITIES, LANGUAGE FUNCTIONS, PLANNING) WITH INTERPRETATION AND REPORT, PER HOUR
97001	PHYSICAL THERAPY EVALUATION
97002	PHYSICAL THERAPY RE-EVALUATION
97003	OCCUPATIONAL THERAPY EVALUATION
97004	OCCUPATIONAL THERAPY RE-EVALUATION
97010	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HOT OR COLD PACKS
97012	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; TRACTION, MECHANICAL
97014	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (UNATTENDED)
97016	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; VASOPNEUMATIC DEVICES
97018	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; PARAFFIN BATH
97020	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; MICROWAVE
97022	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; WHIRLPOOL
97024	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; DIATHERMY
97026	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; INFRARED
97028	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRAVIOLET
97032	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ELECTRICAL STIMULATION (MANUAL), EACH 15 MINUTES
97033	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; IONTOPHORESIS, EACH 15 MINUTES
97034	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; CONTRAST BATHS, EACH 15 MINUTES
97035	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; ULTRASOUND, EACH 15 MINUTES
97036	APPLICATION OF A MODALITY TO ONE OR MORE AREAS; HUBBARD TANK, EACH 15 MINUTES
97039	UNLISTED MODALITY (SPECIFY TYPE AND TIME IF CONSTANT ATTENDANCE)
97110	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; THERAPEUTIC EXERCISES TO DEVELOP STRENGTH AND ENDURANCE, RANGE OF MOTION AND FLEXIBILITY
97112	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; NEUROMUSCULAR REEDUCATION OF MOVEMENT, BALANCE, COORDINATION, KINESTHETIC SENSE, POSTURE, AND PROPRIOCEPTION
97113	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; AQUATIC THERAPY WITH THERAPEUTIC EXERCISES
97116	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; GAIT TRAINING (INCLUDES STAIR CLIMBING)
97122	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; TRACTION, MANUAL
97124	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; MASSAGE, INCLUDING EFFLEURAGE, PETRISSAGE AND/OR TAPOTEMENT (STROKING, COMPRESSION, PERCUSSION)
97139	THERAPEUTIC PROCEDURE, ONE OR MORE AREAS, EACH 15 MINUTES; UNLISTED THERAPEUTIC PROCEDURE (SPECIFY)
97150	THERAPEUTIC PROCEDURE(S), GROUP (2 OR MORE INDIVIDUALS)
97250	MYOFASCIAL RELEASE/SOFT TISSUE MOBILIZATION, ONE OR MORE REGIONS
97260	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARATE PROCEDURE), PERFORMED BY PHYSICIAN; ONE AREA
97261	MANIPULATION (CERVICAL, THORACIC, LUMBOSACRAL, SACROILIAC, HAND, WRIST) (SEPARATE PROCEDURE), PERFORMED BY PHYSICIAN; EACH ADDITIONAL AREA
97265	JOINT MOBILIZATION, ONE OR MORE AREAS (PERIPHERAL OR SPINAL)
97504	ORTHOTICS FITTING AND TRAINING, UPPER AND/OR LOWER EXTREMITIES, EACH 15 MINUTES
97520	PROSTHETIC TRAINING, UPPER AND/OR LOWER EXTREMITIES, EACH 15 MINUTES
97530	THERAPEUTIC ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER (USE OF DYNAMIC ACTIVITIES TO IMPROVE FUNCTIONAL PERFORMANCE), EACH 15 MINUTES
97535	SELF CARE/HOME MANAGEMENT TRAINING (EG, ACTIVITIES OF DAILY LIVING (ADL) AND COMPENSATORY TRAINING, MEAL PREPARATION, SAFETY PROCEDURES, AND INSTRUCTIONS IN USE OF ADAPTIVE EQUIPMENT) DIRECT ONE ON ONE CONTACT BY PROVIDER, EACH 15 MINUTES
97537	COMMUNITY/WORK REINTEGRATION TRAINING (EG, SHOPPING, TRANSPORTATION, MONEY MANAGEMENT, AVOCATIONAL ACTIVITIES AND/OR WORK ENVIRONMENT/ MODIFICATION ANALYSIS, WORK TASK ANALYSIS), DIRECT ONE ON ONE CONTACT BY PROVIDER, EACH 15 MINUTES
97542	WHEELCHAIR MANAGEMENT/PROPULSION TRAINING, EACH 15 MINUTES
97545	WORK HARDENING/CONDITIONING; INITIAL 2 HOURS
97546	WORK HARDENING/CONDITIONING; EACH ADDITIONAL HOUR
97703	CHECKOUT FOR ORTHOTIC/PROSTHETIC USE, ESTABLISHED PATIENT, EACH 15 MINUTES

ADDENDUM F.—OUTPATIENT REHABILITATION THERAPY CODES—Continued

CPT1/ code	Description
97750	PHYSICAL PERFORMANCE TEST OR MEASUREMENT (EG, MUSCULOSKELETAL, FUNCTIONAL CAPACITY), WITH WRITTEN REPORT, EACH 15 MINUTES
97770	DEVELOPMENT OF COGNITIVE SKILLS TO IMPROVE ATTENTION, MEMORY, PROBLEM SOLVING, INCLUDES COMPENSATORY TRAINING AND/OR SENSORY INTEGRATIVE ACTIVITIES, DIRECT (ONE ON ONE) PATIENT CONTACT BY THE PROVIDER, EACH 15 MINUTES
97780	ACUPUNCTURE, ONE OR MORE NEEDLES; WITHOUT ELECTRICAL STIMULATION
97781	ACUPUNCTURE, ONE OR MORE NEEDLES; WITH ELECTRICAL STIMULATION
97799	UNLISTED PHYSICAL MEDICINE/REHABILITATION SERVICE OR PROCEDURE DESCRIPTION
V5362	SPEECH SCREENING
V5363	LANGUAGE SCREENING
V5364	DYSPHAGIA SCREENING

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[2] Not all listed services are covered by the Medical program.

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Friday
June 5, 1998

Part III

Environmental Protection Agency

40 CFR Part 81

Identification of Ozone Areas Attaining the 1-Hour Standard and to Which the 1-Hour Standard Is No Longer Applicable; Final Rule

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 81

[FRL–6105–6]

Identification of Ozone Areas Attaining the 1-Hour Standard and to Which the 1-Hour Standard Is No Longer Applicable

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule.

SUMMARY: On January 16, 1998, the EPA published a direct final rule to identify ozone areas where the 1-hour standard is no longer applicable. The 60-day comment period concluded on March 17, 1998. A total of ten adverse comment letters were received in response to this direct final rule. Therefore, on March 16, 1998, the Agency published a withdrawal of the direct final rule, thus converting the direct final rule to a proposal. Independent of the comments received, the EPA identified typographical errors of certain areas listed in its regulations on designation of areas for air quality planning purposes. This final rule summarizes all of the comments and EPA's responses, corrects the typographical errors of certain areas, and finalizes the determination that the 1-hour standard no longer applies for specific areas identified in this final action.

EFFECTIVE DATE: This action will be effective June 5, 1998.

ADDRESSES: Copies of the public comments and EPA's responses are available for inspection at the following address: Air and Radiation Docket and Information Center (6101), Attention: Docket No. A–97–42, U.S. Environmental Protection Agency, 401 M Street SW, Room M–1500, Washington, DC 20460, telephone (202) 260–7548, between 8:00 a.m. and 4:00 p.m., Monday through Friday, excluding legal holidays.

FOR FURTHER INFORMATION CONTACT: Annie Nikbakht (policy) or Barry Gilbert (air quality data), Office of Air Quality Planning and Standards, Air Quality Strategies and Standards Division, Ozone Policy and Strategies Group, MD–15, Research Triangle Park, NC 27711, telephone (919) 541–5246/5238. In addition, the following Regional contacts may be called for individual information regarding monitoring data and policy matters specific for each Regional Office's geographic area:

Region I—Richard P. Burkhart, (617) 565–3578

Region II—Ray Werner, (212) 637–3706

Region III—Marcia Spink, (215) 566–2104

Region IV—Kay Prince, (404) 562–9026

Region V—Todd Nettesheim, (312) 353–9153

Region VI—Lt. Mick Cote, (214) 665–7219

Region VII—Royan Teter, (913) 551–7609

Region VIII—Tim Russ, (303) 312–6479

Region IX—Morris Goldberg, (415) 744–1296

Region X—William Puckett, (206) 553–1702.

SUPPLEMENTARY INFORMATION:

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I. Public Comments and EPA Responses
II. Discovered Errors in 40 CFR Part 81 Ozone Table
III. Final Rulemaking Action
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I. Public Comments and EPA Responses

The following discussion summarizes and responds to the comments received on the direct final rule published on January 16, 1998 (63 FR 2726), which was withdrawn due to adverse comments by a document published on March 16, 1998 (63 FR 12652), thus converting the direct final rule to a proposal (63 FR 2804, January 16, 1998).

General Comment: The commenter voiced four major concerns: (1) the rule contradicts the requirements of the Clean Air Act (Act), (2) the rule uses an arbitrary and inconsistent methodology to determine where the 1-hour standard should be determined not to apply, (3) the rule discriminates against downwind areas affected by transported ozone and nitrogen oxides (NO_X), and (4) the rule imposes uncertain and unfair burdens on small entities and others in southwestern Pennsylvania. The EPA should revoke the 1-hour standard everywhere, for the entire country.

Comment: The Act does not give EPA the authority to establish different standards for different areas of the country, nor does it give EPA the authority to selectively revoke previously established standards in some areas of the country but not others.

Response: The procedure for determining that the ozone national ambient air quality standards (NAAQS) no longer applies was established in the NAAQS rulemaking promulgated in July 1997. Since the rule for the new ozone NAAQS has been promulgated, effective September 16, 1997, (62 FR 38856, July 18, 1997), it is too late to raise issues in this rulemaking concerning the continued applicability of the 1-hour ozone standard to areas not attaining that standard.

Comment: Although southwestern Pennsylvania attained the 1-hour standard for 6 straight years from 1989 through 1994, EPA refused to redesignate the region because of a dispute with the Commonwealth of Pennsylvania over whether the other requirements for redesignation had been met. When the Growth Alliance challenged EPA's illegal delay in acting on Pennsylvania's request to redesignate the region and its inappropriate consideration of 1995 emission data, EPA asserted that it would refuse to redesignate the region regardless of the decision about the appropriate air quality data to use because of the other requirements for redesignation. By revoking the standard in areas that may not have met the requirements for redesignation, EPA is now attempting to circumvent the same requirements of the Act that it has previously been so adamant to enforce in southwestern Pennsylvania.

Response: On May 1, 1996, EPA disapproved the Commonwealth of Pennsylvania's request that EPA redesignate the Pittsburgh nonattainment area to attainment for ozone because the area violated the 1-hour ozone NAAQS and did not meet other Act requirements for redesignation (61 FR 19193). This decision was challenged. In an opinion filed on July 28, 1997, the U.S. Court of Appeals for the Third Circuit denied the Southwestern Pennsylvania Growth Alliance's petition for review and upheld EPA's decisions to disapprove Pennsylvania's redesignation request for the Pittsburgh area. Furthermore, the Pittsburgh area was not in attainment for 6 straight years. Compliance with the ozone NAAQS is determined using 3 consecutive years of data to account for year-to-year variations in emissions and meteorological conditions. The area first had air quality data that met the NAAQS in 1992, considering the years 1990–1992, and continued to meet the standard in 1993 and 1994. Then, in 1995, the area once again violated the NAAQS. The area continues to be out of compliance with the 1-hour ozone NAAQS.

As this action is not a redesignation, but rather a determination that the 1-hour NAAQS no longer applies to certain areas, pursuant to the regulations promulgated in July 1997 as part of the rulemaking regarding the ozone NAAQS, the redesignation requirements of section 107(d)(3)(E) do not apply to this action. This action is

not an attempt to circumvent the requirements of redesignation, but instead simply follows the regulations previously adopted by EPA.

Comment: There is a pending suit which challenges EPA's ability to redesignate upwind areas to attainment when their States have not complied with the requirements of section 110(a)(2)(D) of the Act, which requires that every State impose emission controls sufficient to prevent negative impacts on downwind areas. By revoking the 1-hour standard in areas that have attained it, but not requiring that the other requirements for redesignation be met, EPA appears to be attempting to escape a potentially adverse ruling.

Response: The Agency views the process of determining where the 1-hour standard no longer applies as not being subject to the requirements for redesignation. The regulations adopted by EPA that govern this process set forth only one criterion—attainment of the 1-hour standard. Section 110(a)(2)(D) continues to apply to upwind States regardless of the applicability of the 1-hour standard to areas in those States. Therefore, a determination that the 1-hour standard does not apply in an upwind State has no bearing on the obligation of such a State to satisfy the requirements of section 110(a)(2)(D) as to any significant contribution from sources in that State to a downwind area that is not attaining the 1-hour NAAQS. This action is not an attempt to avoid any potentially adverse court ruling but is simply the carrying out of the regulations promulgated in July 1997.

Comment: This method arbitrarily selects the 1994–1996 period of time to determine where the 1-hour standard will be revoked; an area that happens to experience meteorological conditions that were favorable for ozone during 1996 or early 1997 would be doomed to remain subject to the 1-hour standard, while an area that experienced the same meteorological conditions a year later would not. This arbitrariness is particularly unfair because a violation can occur at a particular time, not because of an inappropriate level of emissions, but because of variations in weather and temperature.

Response: The 1994–1996 period was chosen because it was the most recent 3-year period that existed at the time of this rule for which EPA and the States had complete data. Attainment of the ozone NAAQS is determined using 3 consecutive years of data to account for variations in meteorological conditions, as well as variations in volatile organic compounds (VOC) and NO_X emissions. The Ozone NAAQS is designed to take into account such variations. Since EPA cannot control the weather, it must control levels of ozone in the breathable air by controlling the concentration of NO_X and VOC in the air. EPA's goal is to ensure that everyone is breathing healthy air, regardless of the weather. Later periods will be used in future actions. For instance, on May 18, 1998, the Agency proposed that the 1-hour standard would no longer apply in 6 additional ozone areas based upon 1995–1997 air quality data (63 FR 27247).

Comment: The EPA is removing the standard in some areas, not because there are no violations of the ozone standard, but because there are no ozone monitors to measure ozone. This discriminates against areas that have more ozone monitors.

Response: The Agency has in place procedures to review all past monitoring and sources that contribute to violations, thus enabling the Agency to locate monitors in areas that are likely to violate. The EPA believes that the monitoring network in place for the 1-hour ozone standard adequately represents the Nation's air quality. Using past air quality monitoring and modeling data, EPA has located monitors in areas where violations of the 1-hour standard are likely to occur and has not located monitors in areas where the likelihood of violation is low. The design of the ozone network can be found in 40 CFR part 58.

Comment: The EPA is proposing to revoke the 1-hour standard in upwind areas, while leaving it in place in downwind areas, despite the fact that it has been proven to be impossible for downwind areas to attain the 1-hour standard without additional emission controls in upwind areas. The EPA has failed to enforce section 110(a)(2)(D) which requires that every State impose emission controls sufficient to prevent negative impacts on downwind areas.

Response: The EPA is addressing this issue in the Eastern United States through the NO_X State implementation call (SIP) call, which EPA has proposed (62 FR 60318, November 7, 1997). The proposal would place uniform controls for NO_X emissions in large geographic upwind areas that contain both attainment and nonattainment areas. The controls would reduce NO_X emissions and, as a result, ozone levels. The EPA has also been petitioned, under section 126(b) of the Act, to place controls on upwind stationary sources of NO_X emissions. More generally, it should be noted that upwind sources are subject to section 110(a)(2)(D) regardless of whether the 1-hour standard continues to apply to them. Accordingly, a determination that the 1-hour standard does not apply to upwind areas does not preclude additional reductions in the upwind areas.

Comment: The NO_X SIP call will not be in effect until, at the earliest, 2002; southwestern Pennsylvania will continue to suffer from the effects of transported pollution for at least 5 additional years. As a result, under the methodology that EPA has proposed, it is unlikely that the 1-hour standard could be revoked for southwestern Pennsylvania or other areas of the country that are affected by transport until well into the 21st century.

Response: The Agency acknowledges that some areas will remain in nonattainment and subject to the 1-hour standard. Under the Act, areas are designated nonattainment as long as their air quality fails to meet the NAAQS, even if they are the victims of transport from upwind areas that may be designated attainment. The EPA is continuing this approach even when the 1-hour standard ceases to apply for areas that are attaining, but EPA is not thereby creating any inequities.

Comment: Photochemical modeling conducted for southwestern Pennsylvania and approved by EPA demonstrated that even if all manmade emissions in southwestern Pennsylvania were eliminated the Pittsburgh area would still experience exceedances of the 1-hour standard.

Response: The EPA has completed a preliminary review of the submitted modeling but has not issued any formal approval or disapproval. The modeling for Pittsburgh suggests that the area's air quality is affected by transport, but that manmade emissions from the Pittsburgh area also contribute to the area's nonattainment problem.

Comment: The continuation of the standard in southwestern Pennsylvania means that this region will be bumped up to a serious nonattainment designation and be subject to additional controls during 1998.

Response: According to section 181(b)(2), if a nonattainment area fails to meet it attainment date, then the nonattainment area is subject to bump-up to the next higher classification. The Agency is considering administrative mechanisms to soften the regulatory burden that may be imposed on areas affected by overwhelming transport.

Comment: It is impossible to determine exactly how the rule will affect any area or entity because EPA has not stated what the implications of the rule will be. In other words, even EPA does not yet know what the implications of its rule are, so it is impossible for it to certify that the rule

will not have a significant impact on a substantial number of small entities.

Response: The Regulatory Flexibility Act (RFA), 5 U.S.C. 601(a), provides that whenever an agency is required to publish a general notice of rulemaking, it must prepare and make available a RFA. An RFA is required only for small entities that are directly regulated by the rule (see *Mid-Tex Electric Cooperative, Inc.* v. *FERC,* 773 F.2d 327 (D.C. Cir. 1985)). Determining that the 1-hour standard ceases to apply does not subject any entities to additional requirements. Accordingly, the Administrator is justified in certifying that the rule will not have a significant economic impact on a substantial number of small entities.

Comment: This new regulation will arbitrarily and inappropriately harm southwestern Pennsylvania by imposing a stricter ozone standard in our region than in any other community within 200 miles and by forcing southwestern Pennsylvania businesses to unnecessarily suffer higher regulatory costs than businesses in areas to our south and west. The rule will have potentially serious negative impacts on both air quality and economic development in our region.

Response: The Agency acknowledges that some areas will remain in nonattainment and subject to the 1-hour standard regardless of the determination that the 1-hour standard ceases to apply elsewhere. Under the Act, areas are designated nonattainment as long as their air quality fails to meet the NAAQS. The goal of the Act, and the goal of EPA in implementing it, is to ensure that everyone is breathing healthy air. The Agency is examining administrative ways of reducing the regulatory burden that may be imposed on areas affected by overwhelming transport. It should also be noted that southwestern Pennsylvania would remain subject to controls under section 184 as part of the Ozone Transport Region (OTR) even if the 1-hour standard ceased to apply for the area.

Comment: The commenter believes that the 1994–1996 data set used for purposes of revoking the 1-hour NAAQS is appropriate because the revisions to the NAAQS occurred in July 1997, and all moderate and lower classified areas should have recorded no violations for the 1994–1996 timeframe. Thus, the commenter urges EPA not to revoke the 1-hour NAAQS based on a data set that includes 1997.

Response: The EPA intends to determine that the 1-hour standard ceases to apply for areas that attain the 1-hour NAAQS on an annual basis in an effort to transition from the 1-hour standard to the new 8-hour standard. Consequently, on May 18, 1998, EPA published a proposal to determine that the 1-hour NAAQS no longer applies to a number of areas based on complete, quality-assured air monitoring data for the timeframe 1995–1997 (63 FR 27247). Subsequently, such determinations will be based on the most recent 3 years of complete, quality-assured monitoring data, i.e., 1999 determinations will be based on 1996–1998 monitoring data, etc. The commenters' rationale for limiting determinations to 1994–1996 monitoring data is unclear given the purpose of this and similar subsequent actions in transitioning to the new 8-hour ozone standard.

Comment: The EPA has failed to consider data collected from earlier periods which is ''most recent'' for some areas. During 1991, data which were collected as part of the Lake Michigan Ozone Study support maintaining applicability of the 1-hour standard for several counties in Michigan, namely Benzie, Delta and Oceana. The commenter provides 1991 data from these three counties: Benzie County—3 exceedances in 1991; Delta County—2 exceedances in 1991; and Oceana County—4 exceedances in 1991.

Response: The EPA is making these determinations based on areas having air quality meeting the 1-hour standard. The 1994–96 average expected exceedance in Benzie County was 0.3 with 3 years of complete data. Therefore, Benzie County is clearly measuring attainment and for this reason, EPA is determining that the 1-hour standard no longer applies.

Delta County had 2 exceedances in 1991 and no data at that monitor since. Since the monitor recorded less than 3.2 total number of estimated exceedances over a 3 year period, there is no violation. Furthermore, another monitor in the county had 2 years of data in 1992 and 1993 with no exceedances. Therefore, the 1-hour standard no longer applies to Delta County.

Oceana County had 4 exceedances of the 1-hour ozone standard in 1991 and has collected no data since. This was a clear violation of the 1-hour standard. In addition, the two monitors immediately to the south and north of Oceana County—Muskegon County and Mason County, respectively, currently monitor violations of the 1-hour standard. For these reasons, EPA believes that there is a strong likelihood that the air quality in Oceana County continues to violate the one-hour standard. Thus, the 1-hour standard will still apply in Oceana County.

Comment: The commenter states that air quality data alone are insufficient to determine attainment since Congress mandated redesignation requirements in section 107(d)(3)(E) of the Act. It is imperative that areas designated nonattainment meet these requirements before revocation of the 1-hour NAAQS, including an attainment demonstration with fully implemented rules and section 110(k)(5) issues addressed.

Response: The criteria used to redesignate areas from nonattainment to attainment mandated by Congress are in section 107(d)(3)(E) of the Act. The first criteria is to demonstrate attainment of the NAAQS. For ozone, ambient air quality data have been used exclusively to demonstrate actual attainment of the ozone standard to meet the first criteria for redesignation. The other redesignation requirements of section 107(d)(3)(E) are to ensure that the measures that contributed to attainment of the NAAQS remain in place, that a level of emissions is established that would ensure continued maintenance of the NAAQS, and that a contingency plan is in place in the event the NAAQS is violated in the future. A determination that the 1-hour standard no longer applies is intended, in part, to be a process to transition to the newly promulgated 8-hour ozone standard for which EPA will designate areas in 2000. Thus, requiring areas to satisfy the other redesignation requirements in light of a new standard is not practical since their purpose is to continue maintenance of the 1-hour standard.

Comment: Any areas covered by EPA's NO_X SIP call need to take action to mitigate interstate transport of ozone. Consequently, the commenter urges EPA to withdraw dropping the 1-hour NAAQS in these States. Furthermore, EPA should withdraw dropping the 1-hour NAAQS in States that have been shown to contribute to ozone transport such as Texas, Louisiana, and Arkansas.

Response: The EPA believes it is not a question as to whether or not the 1-hour standard applies, but that areas significantly contributing to transport must take action to mitigate such effects. The EPA proposed to apply the NO_X SIP call (62 FR 60318, November 7, 1997) to the appropriate States regardless of designations with respect to the 1-hour standard within these States. The SIP call is based on one of the general provisions of the Act, section 110(a)(2)(D)(I), which requires that a SIP be designed so that emissions from a State do not contribute significantly to nonattainment or interfere with maintenance of any primary or secondary NAAQS. Therefore, whether or not to continue the 1-hour standard in these States will have no effect on the impact of the NO_X SIP call. Determining

that the 1-hour NAAQS does not apply for a State subject to the proposed NO_X SIP call has no effect on that State's responsibility to respond to the SIP call. The November 7, 1997, proposal indicates that the NO_X reductions will reduce ozone transport and, consequently, contribute toward attainment of the 1- and 8-hour standards. It should also be noted that in the proposed NO_X SIP call, EPA proposed to determine that Louisiana, Arkansas and Texas do not contribute significantly to nonattainment or maintenance problems downwind.

Comment: The commenter objects to the EPA's proposal to revoke the 1-hour NAAQS in portions of the Consolidated Metropolitan Statistical Areas (CMSAs) of Evansville-Henderson, Indiana-Kentucky, Grand Rapids-Muskegon-Holland, Michigan, and Longview, Texas. Since EPA has determined that the 1-hour NAAQS remains applicable in other portions of these CMSAs (Warrick, Indiana; Muskegon, Michigan; and Gregg, Texas), the NAAQS should remain applicable to the entire CMSA. The CMSAs are identified as follows: Posey, Warrick, Henderson and Vanderburgh Counties in the Evansville-Henderson, Indiana-Kentucky CMSA; Ottawa, Muskegon, Kent and Allegan Counties in the Grand Rapids-Muskegon-Holland, Michigan CMSA; and Gregg, Harrison and Upshur County in the Longview, Texas CMSA.

Response: The geographic boundaries of the area for which the 1-hour standard no longer applies is based upon the established nonattainment/attainment area boundaries. Default CMSA boundaries are not mandatory for moderate and lower-classified areas for SIP planning purposes, but instead are discretionary and based upon many factors. With respect to the Evansville-Henderson, Indiana-Kentucky area, at the time of the 1991 designations, the EPA agreed with the State of Indiana to limit the nonattainment area to Vanderburgh County due to the lack of valid ambient monitoring data showing violations of the 1-hour standard.

The EPA is not determining that the 1-hour standard no longer applies for the Grand Rapids-Muskegon-Holland area in today's action. Furthermore, when the current designations were promulgated in 1991, the EPA based them on the most recent MSA-CMSA information available from the Census Bureau at that time. As a result, the Grand Rapids area, Muskegon area and Allegan County (Holland) were designated as separate areas. More recent census information merges these three areas into one. However, EPA believes that it is neither appropriate nor necessary to change its treatment of these areas at this time. Nonattainment area boundaries may be redefined with designations based on the new 8-hour ozone NAAQS. Therefore, when Grand Rapids (Kent and Ottawa Counties), Muskegon County or Allegan County have air quality meeting the 1-hour ozone NAAQS, then they will qualify separately for a determination that the 1-hour standard no longer applies.

The Tyler/Longview area presents a unique situation to the Agency. Although the Gregg County ozone monitor recorded a violation of the ozone standard in 1995, EPA did not take action to designate the area nonattainment. Instead, a Flexible Attainment Region Memorandum of Agreement (MOA) was developed for five counties in the Tyler/Longview area. This MOA requires that additional ozone control strategies be put in place to reduce ambient ozone levels. The only ozone monitor present in this region operates in Gregg County. Since the Tyler/Longview CMSA is considered to be in attainment with respect to the 1-hour ozone standard, the 1-hour ozone standard will only apply to the county with the monitored violation. However, even though Upshur, Harrison, Smith and Rusk Counties are no longer required to meet the 1-hour standard under this approach, these counties must continue to meet the ozone control strategy outlined in the MOA.

Comment: The commenter is troubled by EPA's labeling of areas as attainment for the 1-hour standard where the 1-hour standard is still applicable. Instead, areas such as Grand Rapids-Muskegon-Holland and Detroit-Ann Arbor should be bumped-up to serious. LaPorte, Indiana should be included in the Chicago-Gary nonattainment area and designated severe-17.

Response: Again, the purpose of today's notice is not to designate, reclassify or bump-up areas for the 1-hour standard but to transition into the new 8-hour NAAQS by determining the nonapplicability of the 1-hour NAAQS in areas that have air quality meeting the 1-hour standard in recent years. The Detroit-Ann Arbor area (Livingston, Macomb, Monroe, Oakland, St. Clair, Washtenaw, and Wayne Counties) and the Grand Rapids area (Kent and Ottawa Counties) satisfied the section 107(d)(3)(E) requirements and were redesignated to attainment by notices dated March 7, 1995 and June 21, 1996, respectively. One of the redesignation requirements is that the area demonstrate attainment of the 1-hour standard. Furthermore, as previously discussed, the Grand Rapids area consists of Kent and Ottawa Counties and does not include Muskegon and Allegan Counties. Moreover based on 1995–1997 data showing attainment of the 1-hour standard, EPA has proposed a determination that the 1-hour standard should no longer apply to the Grand Rapids and Detroit areas (63 FR 27247, May 18, 1998). Finally, LaPorte, Indiana, was not designated with the original 1991 designations since it did not have data showing a violation of the 1-hour standard and the area was and is not part of the Chicago CMSA.

Comment: The commenters requested that eastern Kern County be included in the list of areas attaining the 1-hour ozone standard and to which the 1-hour standard is no longer applicable. They contend that, in 1991, EPA erroneously included eastern Kern County in the San Joaquin Valley serious nonattainment area when it should have been excluded as a rural portion of the Metropolitan Statistical Area (MSA); that eastern Kern County is now under the jurisdiction of the Kern County Air Pollution Control District while western Kern County and the rest of the San Joaquin Valley nonattainment area is under the jurisdiction of the San Joaquin Valley Unified Air Pollution Control District; and that ambient air quality monitoring data show that eastern Kern County meets the 1-hour ozone standard.

Response: This comment involves two issues: a change to the nonattainment area boundary originally established in 1991, and a finding that eastern Kern County is not violating the 1-hour ozone standard. Both issues are outside the scope of this rulemaking.

Furthermore, with respect to the question of whether or not eastern Kern County is violating the 1-hour ozone standard, there are monitoring data indicating that eastern Kern County is in fact violating the 1-hour ozone standard. In EPA's review of Aerometric Information Retrieval System data, we found that two exceedances of the 1-hour standard were registered at the Tehachapi monitoring station which operated only during 1995. These exceedances indicate that eastern Kern County is in violation of the 1-hour standard. The California Air Resources Board, in a March 9, 1998 letter to the Department of the Navy, confirmed that these ''exceedances indicate that [eastern Kern County] has not demonstrated compliance with the one-hour ozone standard.''

Comment: The commenters urged EPA to revise its proposal so that the 1-hour standard either is retained for the entire Nation or revoked in all designated attainment and maintenance

areas. They believe that EPA's proposal leads to unfair treatment of the San Francisco Bay Area, a maintenance area that is currently proposed for redesignation to nonattainment of the 1-hour ozone standard. They contend that the EPA incorrectly interpreted the President's ''Implementation Plan for Revised Air Quality Standards'' (Plan) with regard to identification of areas to which the 1-hour ozone standard will cease to apply. They believe that the President directed EPA to revoke the one-hour standard for all existing maintenance areas and nonattainment areas that have attained the standard, emphasizing that the revocation should apply, regardless of current air quality, if at some point in the past EPA determined the area to be attaining and redesignated the area to attainment. They interpret the Plan's requirement that areas be ''not violating'' or ''meeting'' the standard (in the present tense) as referring only to designated nonattainment areas.

Response: The EPA is following the clear language of 40 CFR 50.9(b), which provides that the 1-hour standard no longer applies ''once EPA determines that the area has air quality meeting the 1-hour standard.'' This language clearly states that an area is to have air quality meeting the standard at the time of the determination. Second, EPA disagrees that the memorandum called for EPA to determine the nonapplicability of the 1-hour ozone standard for all areas currently designated as maintenance or attainment areas. The Memorandum clearly indicates that current air quality should be the basis of EPA's determination in all areas, not just designated nonattainment areas. The introductory paragraph of the section in the Memorandum labeled ''Phase-out of 1-hour standard'' states that ''the 1-hour standard will continue to apply to areas not attaining it'' (62 FR 38424). The use of the term ''attaining'' refers to an area's air quality relative to the standard and not to an area's current designation under the Act section 107. This is clarified later when the Memorandum states that ''for areas where the air quality does not currently attain the 1-hour standard, the 1-hour standard will continue in effect'' (62 FR 38424). The EPA's action to determine the nonapplicability of the 1-hour standard only in areas whose air quality shows that they are not currently violating the standard is consistent with the Memorandum and follows the language of 40 CFR 50.9(b), which EPA must do. Because the San Francisco Bay Area monitoring data show that the area is currently violating the 1-hour ozone standard, it is not eligible to be included in the list of areas to which the 1-hour standard no longer applies.

Comment: Retention of the 1-hour standard in maintenance and attainment areas will not promote early attainment of the new 8-hour standard.

Response: The Agency is retaining the 1-hour NAAQS for the San Francisco Bay Area, not because it may facilitate attainment of the 8-hour NAAQS, but because the area is currently violating the 1-hour NAAQS. The Agency believes that progress toward meeting the 1-hour NAAQS will contribute to attainment of the 8-hour NAAQS prior to the due date of the SIP for the 8-hour NAAQS. The decision to retain the 1-hour standard was explained when the Agency promulgated the ozone NAAQS on July 18, 1997 and issued guidance for implementing the 1-hour ozone and pre-existing particulate matter (PM–10) NAAQS on December 29, 1997.

Comment: A number of commenters, contend that EPA does not have the legal authority to determine that the 1-hour ozone NAAQS no longer applies to an area without satisfying the requirements of section 107(d)(3)(E) for redesignation to attainment, including the requirement of an approved maintenance plan under section 175A. The commenters further contend that even if EPA had the legal authority to remove the nonattainment designation of areas as it has proposed, its action would be unlawful since it is arbitrary and capricious, an abuse of discretion and is procedurally flawed.

Response: The EPA's authority for this action is based on the regulatory provisions adopted when it promulgated the 8-hour ozone NAAQS in July 1997 (62 FR 38856 (July 18, 1997)). Those regulations, in 40 CFR 50.9(b), provide that the ''1-hour standard set forth in this section will no longer apply to an area once EPA determines that the area has air quality meeting the 1-hour standard.'' Those regulations specify a single criterion for the revocation of the standard—the determination by EPA that an area has air quality meeting the 1-hour standard. The EPA believes that is the only criterion that may be applied in this rulemaking, and that it has been satisfied in the case of all the areas covered by this action. This view is made clear by the memorandum from President Clinton to the Administrator outlining a strategy for implementing the revised PM and ozone NAAQS that was published on the same day as the revised NAAQS (62 FR 38421 (July 18, 1997)). That memorandum stated that ''to streamline the process and minimize the burden on existing nonattainment areas, the 1-hour standard will cease to apply to an area upon a determination by the EPA that an area has attained air quality that meets the 1-hour standard. In light of the implementation of the new 8-hour standard, which is more stringent than the existing 1-hour standard, States will not have to prepare maintenance plans for those areas that attain the 1-hour standard'' (62 FR 38424 (July 18, 1997)). Thus, it was abundantly clear when EPA promulgated the regulation, on which today's action is based, that it would not be requiring maintenance plans as a prerequisite to its determination that the 1-hour standard no longer applies. In essence, the commenters' complaint, properly viewed, is not with the action being taken at this time, but with the regulatory provision on which this action is based. That regulation was promulgated in July 1997, however, and the commenters' attempt to raise these issues at this point is simply too late. Moreover, EPA is not bound to follow the provisions of section 107(d)(3)(E) when a NAAQS has been revised and the NAAQS on which a nonattainment designation was based has been replaced by a new NAAQS, whose implementation will supersede the implementation of the old NAAQS. As for the fact that certain areas will still be subject to conformity, while others will not, that is simply a consequence of the conformity provisions of the statute, which make it applicable only to areas that are designated nonattainment or that have maintenance plans approved under section 175A. Such a result is not arbitrary or capricious nor an abuse of discretion. Any areas that do violate the new ozone NAAQS will be designated nonattainment for that NAAQS and subjected to conformity requirements at that time.

Similarly, the commenters' contention that this action is procedurally flawed because it does not conform to a proposed policy published in the **Federal Register** in December 1996 is erroneous. The rule finalized in this action is being taken pursuant to 40 CFR 50.9(b), which was promulgated after the proposed policy referred to by the commenters was published. That proposed policy was not the proposal on which this final action is based, and the reason it is not being followed here was evident in the proposal that did underlie this action—the existence of 40 CFR 50.9(b).

Comment: The commenters questioned the Agency's authority and the basis for retaining the 1-hour standard. They oppose the imposition of two ozone standards.

Response: These issues were dealt with in the final promulgation of the ozone NAAQS (62 FR 38856) on July 18, 1997. Specifically, EPA discussed its basis for retaining the one-hour standard at (62 FR 38885). Consequently, the commenters' attempt to raise these issues in this rulemaking, which simply carries out the provisions of 40 CFR 50.9(b), is too late.

Comment: The commenters question whether the Act provides EPA the authority to reclassify areas from ''nonattainment'' to ''not applicable'' when section 107(d)(1) of the Act only provides for designations of ''nonattainment,'' ''attainment,'' and ''unclassifiable.''

Response: The Agency is not altering designations, per se, rather the Agency is determining the nonapplicability of the 1-hour standard in areas attaining the 1-hour NAAQS and is applying the term ''Not Applicable'' to so indicate.

II. Discovered Errors in 40 CFR Part 81 Ozone Table

Alabama

The EPA recognized that the county of ''Cherokee'' was inadvertently omitted from the January 16, 1998 document. Therefore, part 81 for ozone has been amended to reflect this correction.

Alaska

The EPA recognized that the Boroughs of ''Denali'' and ''Lake and Peninsula'' were inadvertently omitted from the January 16, 1998 document, under AQCR 9 and AQCR 10, respectively. Therefore, part 81 for ozone has been amended to reflect these corrections.

California

The EPA recognized that the county of ''Santa Clara'' was incorrectly spelled as ''San Clara'' in the January 16, 1998 document. In addition, the description for Sonoma County (part) was inadvertedly omitted and has been added. Therefore, part 81 for ozone has been amended to reflect these corrections.

Mississippi

The EPA recognized that the county of ''De Soto'' was incorrectly spelled as ''DeSota'' in the January 16, 1998 document. Therefore, part 81 for ozone has been amended to reflect this correction.

Puerto Rico

The EPA recognized that four municipios in Puerto Rico listed in the January 16, 1998 document were incorrectly spelled. Specifically, ''Caba Rojo Municipio'' should be corrected to read ''Cabo Rojo Municipio''; ''Coama Municipio'' should be corrected to read ''Coamo Municipio''; ''Comeria Municipio'' should be corrected to read ''Comerio Municipio''; ''Trujilla Alto Municipio'' should be corrected to read ''Trujillo Alto Municipio.'' Therefore, part 81 for ozone has been amended to reflect these corrections.

South Carolina

The EPA recognized that two of the South Carolina counties listed in the January 16, 1998 document were incorrectly spelled. Specifically, ''Manon County'' should be corrected to read ''Marion County'' and that ''Saloda County'' be corrected to read ''Saluda County.'' Therefore, part 81 for ozone has been amended to reflect these corrections.

III. Final Rulemaking Action

The ozone tables codified in today's action are significantly different from the ozone tables now included in 40 CFR part 81. The current 40 CFR part 81 designation listings (revised as of November 6, 1991) include, by State and NAAQS pollutant, a brief description of areas within the State and their respective designation. Today's action includes completely new tables for ozone which indicate areas where the 1-hour standard no longer applies, as well as where the 1-hour standard remains in effect. Also, the ozone tables codified today include the corrections from the proposed rulemaking noted above in section II. Discovered Errors in 40 CFR part 81 Ozone Table.

IV. Other Regulatory Requirements

A. Executive Order 12866

The Office of Management and Budget has exempted this regulatory action from Executive Order 12866 review.

B. Rule Effective Date

The EPA finds that there is good cause for this action to become effective immediately upon publication because a delayed effective date is unnecessary due to the nature of this action, which is a determination that the 1-hour ozone standard no longer applies. The immediate effective date for this action is authorized under both 5 U.S.C. 553 (d)(1), which provides that rulemaking actions may become effective less than 30 days after publication if the rule ''grants or recognizes an exemption or relieves a restriction'' and section 553(d)(3), which allows an effective date less than 30 days after publication ''as otherwise provided by the agency for good cause found and published with the rule.''

C. Regulatory Flexibility Act

Under the Regulatory Flexibility Act, 5 U.S.C. 601 *et seq.*, EPA must prepare a regulatory flexibility analysis assessing the impact of any proposed or final rule on small entities (5 U.S.C. 603 and 604), unless EPA certifies that the rule will not have a significant impact on a substantial number of small entities. Small entities include small businesses, small not-for-profit enterprises, and government entities with jurisdiction over populations of less than 50,000. The EPA is certifying that this rule will not have a significant impact on a substantial number of small entities, because the determination that the 1-hour standard ceases to apply does not subject any entities to any additional requirements.

D. Unfunded Mandates

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

The EPA has determined that today's approval action, as promulgated, would not include a Federal mandate that may result in estimated costs of $100 million or more to either State, local, or tribal governments in the aggregate or to the private sector. This Federal action imposes no new requirements. Accordingly, no additional costs to State, local, or tribal governments, or to the private sector, result from this action.

E. Submission to Congress and the General Accounting Office

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

F. Petitions for Judicial Review

Under section 307(b)(1) of the CAA, petitions for judicial review of this action must be filed in the United States Court of Appeals for the appropriate circuit by August 4, 1998. Filing a petition for reconsideration by the Administrator of this final rule does not affect the finality of this rule for the purposes of judicial review nor does it extend the time within which a petition for judicial review may be filed, and shall not postpone the effectiveness of such rule or action. This action may not be challenged later in preceedings to enforce its requirements (see section 307(b)(2)).

G. Applicability of Executive Order (E.O.) 13045

On April 21, 1997, the President signed an Executive Order (13045) entitled ''Protection of Children from Environmental Health Risks and Safety Risks.'' This is the primary directive to Federal agencies and departments that Federal health and safety standards now must include an evaluation of the health or safety effects of the planned regulation on children. For rules subject to the Executive Order, agencies are further required to issue an explanation as to why the planned regulation is preferable to other potentially effective and reasonable feasible alternatives considered by the Agency.

This final rule is not subject to E.O. 13045, entitled ''Protection of Children from Environmental Health Risks and Safety Risks'' (62 FR 19885, April 23, 1997), because this is not an economically significant regulatory action as defined by E.O. 12866, and it does not involve decisions on environmental health risks or safety risks that may disproportionately affect children.

List of Subjects in 40 CFR Part 81

Environmental protection, Air pollution control, National parks, Wilderness areas.

Dated: May 27, 1998.

Carol M. Browner,

Administrator.

For the reasons set out in the preamble, title 40, chapter I of the Code of Federal Regulations is amended as follows:

PART 81—[AMENDED]

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

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

2. In § 81.301, the table entitled ''Alabama-Ozone'' is revised to read as follows:

§ 81.301 Alabama.

* * * * *

ALABAMA-OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	ype
Birmingham Area:				
Jefferson County	11/15/90	Nonattainment	11/15/90	Marginal.
Shelby County	11/15/90	Nonattainment	11/15/90	Marginal.
Rest of State		1 hr.std.N.A.[2].		
Autauga County				
Baldwin County				
Barbour County				
Bibb County				
Blount County				
Bullock County				
Butler County				
Calhoun County				
Chambers County				
Cherokee County				
Chilton County				
Choctaw County				
Clarke County				
Clay County				
Cleburne County				
Coffee County				
Colbert County				
Conecuh County				
Coosa County				
Covington County				
Crenshaw County				
Cullman County				
Dale County				
Dallas County				
De Kalb County				
Elmore County				
Escambia County				
Etowah County				
Fayette County				
Franklin County				
Geneva County				
Greene County				

ALABAMA-OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	ype
Hale County				
Henry County				
Houston County				
Jackson County				
Lamar County				
Lauderdale County				
Lawrence County				
Lee County				
Limestone County				
Lowndes County				
Macon County				
Madison County				
Marengo County				
Marion County				
Marshall County				
Mobile County				
Monroe County				
Montgomery County				
Morgan County				
Perry County				
Pickens County				
Pike County				
Randolph County				
Russell County				
St. Clair County				
Sumter County				
Talladega County				
Tallapoosa County				
Tuscaloosa County				
Walker County				
Washington County				
Wilcox County				
Winston County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

* * * * *

3. In § 81.302, the table entitled ''Alaska-Ozone'' is revised to read as follows:

§ 81.302 Alaska.

* * * * *

ALASKA—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
AQCR 08 Cook Inlet Intrastate		1 hr.std.N.A.[2]		
Anchorage Election District				
Kenai Penninsula Election District				
Matanuska-Susitna Election District				
Seward Election District				
AQCR 09 Northern Alaska Intrastate		1 hr.std.N.A.[2]		
Barrow Election District				
Denali Borough				
Fairbanks Election District				
Kobuk Election District				
Nome Election District				
North Slope Election District				
Northwest Arctic Borough				
Southeast Fairbanks Election District				
Upper Yukon Election District				
Yukon-Koyukuk Election District				
AQCR 10 South Central Alaska Intrastate		1 hr.std.N.A.[2]		
Aleutian Islands Election District				
Aleutians East Borough				
Aleutians West Census				
Bethel Election District				
Bristol Bay Borough Election District				

ALASKA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Bristol Bay Election District	.....	.....		
Cordova-McCarthy Election District	.....	.....		
Dillingham Election District	.....	.....		
Kodiak Island Election District	.....	.....		
Kuskokwim Election District	.....	.....		
Lake and Peninsula Borough	.....	.....		
Valdez-Cordova Election District	.....	.....		
Wade Hampton Election District	.....	.....		
AQCR 11 Southeastern Alaska Intrastate	.....	1 hr.std.N.A.[2]		
Angoon Election District	.....	.....		
Haines Election District	.....	.....		
Juneau Election District	.....	.....		
Ketchikan Election District	.....	.....		
Outer Kethcikan Election District	.....	.....		
Prince Of Wales Election District	.....	.....		
Sitka Election District	.....	.....		
Skagway-Yakutat Election District	.....	.....		
Wrangell-Petersburg Election District	.....	.....		

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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4. In Section 81.303, the table entitled ''Arizona-Ozone'' is revised to read as follows:

§ 81.303 Arizona.

* * * * *

ARIZONA-OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Phoenix Area:				
Maricopa County (part)	11/15/90	Nonattainment	12/08/97	Serious.
The Urban Planning Area of the Maricopa Association of Governments is bounded as follows:				
1. Commencing at a point which is at the intersection of the eastern line of Range 7 East, Gila and Salt River Baseline and Meridian, and the southern line of Township 2 South, said point is the southeastern corner of the Maricopa Association of Governments Urban Planning Area, which is the point of beginning;				
2. thence, proceed northerly along the eastern line of Range 7 East, which is the common boundary between Maricopa and Pinal Counties, as described in Arizona Revised Statute Section 11–109, to a point where the eastern line of Range 7 East intersects the northern line of Township 1 North, said point is also the intersection of the Maricopa County Line and the Tonto National Forest Boundary, as established by Executive Order 869 dated July 1, 1908, as amended and shown on the U.S. Forest Service 1969 Planimetric Maps;				
3. thence, westerly along the northern line of Township 1 North to approximately the southwest corner of the southeast quarter of Section 35, Township 2 North, Range 7 East, said point being the boundary of the Tonto National Forest and Usery Mountain Semi-Regional Park;				
4. thence, northerly along the Tonto National Forest Boundary, which is generally the western line of the east half of Sections 26 and 35 of Township 2 North, Range 7 East, to a point which is where the quarter section line intersects with the northern line of Section 26, Township 2 North, Range 7 East, said point also being the northeast corner of the Usery Mountain Semi-Regional Park;				

ARIZONA-OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
5. thence, westerly along the Tonto National Forest Boundary, which is generally the south line of Sections 19, 20, 21 and 22 and the southern line of the west half of Section 23, Township 2 North, Range 7 East, to a point which is the southwest corner of Section 19, Township 2 North, Range 7 East;				
6. thence, northerly along the Tonto National Forest Boundary to a point where the Tonto National Forest Boundary intersects with the eastern boundary of the Salt River Indian Reservation, generally described as the center line of the Salt River Channel;				
7. thence, northeasterly and northerly along the common boundary of the Tonto National Forest and the Salt River Indian Reservation to a point which is the northeast corner of the Salt River Indian Reservation, and the southeast corner of the Fort McDowell Indian Reservation, as shown on the plat dated July 22, 1902, and recorded with the U.S. Government on June 15, 1902;				
8. thence, northeasterly along the common boundary between the Tonto National Forest and the Fort McDowell Indian Reservation to a point which is the northeast corner of the Fort McDowell Indian Reservation;				
9. thence, southwesterly along the northern boundary of the Fort McDowell Indian Reservation, which line is a common boundary with the Tonto National Forest, to a point where the boundary intersects with the eastern line of Section 12, Township 4 North, Range 6 East;				
10. thence, northerly along the eastern line of Range 6 East to a point where the eastern line of Range 6 East intersects with the southern line of Township 5 North, said line is the boundary between the Tonto National Forest and the east boundary of the McDowell Mountain Regional Park;				
11. thence, westerly along the southern line of Township 5 North to a point where the southern line intersects with the eastern line of Range 5 East which line is the boundary of Tonto National Forest and the north boundary of McDowell Mountain Regional Park;				
12. thence, northerly along the eastern line of Range 5 East to a point where the eastern line of Range 5 East intersects with the northern line of Township 5 North, which line is the boundary of the Tonto National Forest;				
13. thence, westerly along the northern line of Township 5 North to a point where the northern line of Township 5 North intersects with the easterly line of Range 4 East, said line is the boundary of the Tonto National Forest;				
14. thence, northerly along the eastern line of Range 4 East to a point where the eastern line of Range 4 East intersects with the northern line of Township 6 North, which line is the boundary of the Tonto National Forest;				
15. thence, westerly along the northern line of Township 6 North to a point of intersection with the Maricopa-Yavapai County line, which is generally described in Arizona Revised Statute Section 11–109 as the center line of the Aqua Fria River (Also the north end of Lake Pleasant);				

ARIZONA-OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
16. thence, southwesterly and southerly along the Maricopa-Yavapai County line to a point which is described by Arizona Revised Statute Section 11–109 as being on the center line of the Aqua Fria River, two miles southerly and below the mouth of Humbug Creek;				
17. thence, southerly along the center line of the Aqua Fria River to the intersection of the center line of the Aqua Fria River and the center line of Beardsley Canal, said point is generally in the northeast quarter of Section 17, Township 5 North, Range 1 East, as shown on the U.S. Geological Survey's Baldy Mountain, Arizona Quadrangle Map, 7.5 Minute series (Topographic), dated 1964;				
18. thence, southwesterly and southerly along the center line of Beardsley Canal to a point which is the center line of the Beardsley Canal where it intersects with the center line of Indian School Road;				
19. thence, westerly along the center line of West Indian School Road to a point where the center line of West Indian School Road intersects with the center line of North Jackrabbit Trail;				
20. thence, southerly along the center line of Jackrabbit Trail approximately nine and three-quarter miles to a point where the center line of Jackrabbit Trail intersects with the Gila River, said point is generally on the north-south quarter section line of Section 8, Township 1 South, Range 2 West;				
21. thence, northeasterly and easterly up the Gila River to a point where the Gila River intersects with the northern extension of the western boundary of Estrella Mountain Regional Park, which point is generally the quarter corner of the northern line of Section 31, Township 1 North, Range 1 West;				
22. thence, southerly along the extension of the western boundary and along the western boundary of Estrella Mountain Regional Park to a point where the southern extension of the western boundary of Estrella Mountain Regional Park intersects with the southern line of Township 1 South;				
23. thence, easterly along the southern line of Township 1 South to a point where the south line of Township 1 South intersects with the western line of Range 1 East, which line is generally the southern boundary of Estrella Mountain Regional Park;				
24. thence, southerly along the western line of Range 1 East to the southwest corner of Section 18, Township 2 South, Range 1 East, said line is the western boundary of the Gila River Indian Reservation;				
25. thence, easterly along the southern boundary of the Gila River Indian Reservation, which is the southern line of Sections 13, 14, 15, 16, 17 and 18, Township 2 South, Range 1 East, to the boundary between Maricopa and Pinal Counties as described in Arizona Revised Statutes Section 11–109 and 11–113, which is the eastern line of Range 1 East;				
26. thence, northerly along the eastern boundary of Range 1 East, which is the common boundary between Maricopa and Pinal Counties, to a point where the eastern line of Range 1 East intersects the Gila River;				

ARIZONA-OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
27. thence, southerly up the Gila River to a point where the Gila River intersects with the southern line of Township 2 South; and				
28. thence, easterly along the southern line of Township 2 South to the point of beginning which is a point where the southern line of Township 2 South intersects with the eastern line of Range 7 East.				
Tucson Area:				
Pima County (part)				
Tucson area	.....	1 hr.std.N.A.[2]		
Rest of State	.....	1 hr.std.N.A.[2]		
Apache County				
Cochise County				
Coconino County				
Gila County				
Graham County				
Greenlee County				
La Paz County				
Maricopa County (part)				
area outside of Phoenix				
Mohave County				
Navajo County				
Pima County (part)				
Remainder of county				
Pinal County				
Santa Cruz County				
Yavapai County				
Yuma County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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5. In § 81.304, the table entitled ''Arkansas-Ozone'' is revised to read as follows:

§ 81.304 Arkansas.

* * * * *

ARKANSAS—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
AQCR 016 Central Arkansas Intrastate (part)	.....	1 hr.std.N.A. [2]		
Pulaski County				
AQCR 016 Central Arkansas Intrastate (Remainder of)	.....	1 hr.std.N.A. [2]		
Chicot County				
Clark County				
Cleveland County				
Conway County				
Dallas County				
Desha County				
Drew County				
Faulkner County				
Garland County				
Grant County				
Hot Spring County				
Jefferson County				
Lincoln County				
Lonoke County				
Perry County				
Pope County				
Saline County				
Yell County				
AQCR 017 Metropolitan Fort Smith Interstate	.....	1 hr.std.N.A. [2]		
Benton County				
Crawford County				
Sebastian County				
Washington County				

ARKANSAS—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
AQCR 018 Metropolitan Memphis Interstate		1 hr.std.N.A. [2]		
Crittenden County				
AQCR 019 Monroe-El Dorado Interstate		1 hr.std.N.A. [2]		
Ashley County				
Bradley County				
Calhoun County				
Nevada County				
Ouachita County				
Union County				
AQCR 020 Northeast Arkansas Intrastate		1 hr.std.N.A. [2]		
Arkansas County				
Clay County				
Craighead County				
Cross County				
Greene County				
Independence County				
Jackson County				
Lawrence County				
Lee County				
Mississippi County				
Monroe County				
Phillips County				
Poinsett County				
Prairie County				
Randolph County				
Sharp County				
St. Francis County				
White County				
Woodruff County				
AQCR 021 Northwest Arkansas Intrastate		1 hr.std.N.A. [2]		
Baxter County				
Boone County				
Carroll County				
Cleburne County				
Franklin County				
Fulton County				
Izard County				
Johnson County				
Logan County				
Madison County				
Marion County				
Montgomery County				
Newton County				
Pike County				
Polk County				
Scott County				
Searcy County				
Stone County				
Van Buren County				
AQCR 022 Shreveport-Texarkana-Tyler Interstate		1 hr.std.N.A. [2]		
Columbia County				
Hempstead County				
Howard County				
Lafayette County				
Little River County				
Miller County				
Sevier County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

* * * * *

6. In § 81.305, the table entitled ''California-Ozone'' is revised to read as follows:

§ 81.305 California.

* * * * *

CALIFORNIA—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Amador County Area	11/15/90	Unclassifiable/Attainment	11/15/90	
Calaveras County Area:				
Calaveras County	11/15/90	Unclassifiable/Attainment	11/15/90	
Chico Area:				
Butte County		1 hr.std.N.A.[2].		
Imperial County Area:				
Imperial County	11/15/90	Nonattainment	11/15/90	Sec. 185A Area [3]
Los Angeles-South Coast Air Basin Area:				
Los Angeles County (part)—that portion of Los Angeles County which lies south and west of a line described as follows.	11/15/90	Nonattainment	11/15/90	Extreme.
1. Beginning at the Los Angeles—San Bernardino County boundary and running west along the Township line common to Township 3 North and Township 2 North, San Bernardino Base and Meridian;				
2. then north along the range line common to Range 8 West and Range 9 West;				
3. then west along the Township line common to Township 4 North and Township 3 North;				
4. then north along the range line common to Range 12 West and Range 13 West to the southeast corner of Section 12, Township 5 North and Range 13 West;				
5. then west along the south boundaries of Sections 12, 11, 10, 9, 8, and 7, Township 5 North and Range 13 West to the boundary of the Angeles National Forest which is collinear with the range line common to Range 13 West and Range 14 West;				
6. then north and west along the Angeles National Forest boundary to the point of intersection with the Township line common to Township 7 North and Township 6 North (point is at the northwest corner of Section 4 in Township 6 North and Range 14 West);				
7. then west along the Township line common to Township 7 North and Township 6 North;				
8. then north along the range line common to Range 15 West and Range 16 West to the southeast corner of Section 13, Township 7 North and Range 16 West;				
9. then along the south boundaries of Sections 13, 14, 15, 16, 17, and 18, Township 7 North and Range 16 West;				
10. then north along the range line common to Range 16 West and Range 17 West to the north boundary of the Angeles National Forest (collinear with the Township line common to Township 8 North and Township 7 North);				
11. then west along the Angeles National Forest boundary to the point of intersection with the south boundary of the Rancho La Liebre Land Grant;				
12. then west and north along this land grant boundary to the Los Angeles-Kern County boundary.				
Orange County	11/15/90	Nonattainment	11/15/90	Extreme.
Riverside County (part)—that portion of	11/15/90	Nonattainment	11/15/90	Extreme.
Riverside County which lies to the west of a line described as follows:				
1. Beginning at the Riverside—San Diego County boundary and running north along the range line common to Range 4 East and Range 3 East, San Bernardino Base and Meridian;				
2. then east along the Township line common to Township 8 South and Township 7 South;				
3. then north along the range line common to Range 5 East and Range 4 East;				

CALIFORNIA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
4. then west along the Township line common to Township 6 South and Township 7 South to the southwest corner of Section 34, Township 6 South, Range 4 East;				
5. then north along the west boundaries of Sections 34, 27, 22, 15, 10, and 3, Township 6 South, Range 4 East;				
6. then west along the Township line common to Township 5 South and Township 6 South;				
7. then north along the range line common to Range 4 East and Range 3 East;				
8. then west along the south boundaries of Sections 13, 14, 15, 16, 17, and 18, Township 5 South, Range 3 East;				
9. then north along the range line common to Range 2 East and Range 3 East;				
10. then west along the Township line common to Township 4 South and Township 3 South to the intersection of the southwest boundary of partial Section 31, Township 3 South, Range 1 West;				
11. then northwest along that line to the intersection with the range line common to Range 2 West and Range 1 West;				
12. then north to the Riverside-San Bernardino County line.				
San Bernardino County (part)—that portion of San Bernardino County which lies south and west of line of a line described as follows:.	11/15/90	Nonattainment	11/15/90	Extreme.
1. Beginning at the San Bernardino—Riverside County boundary and running north along the range line common to Range 3 East and Range 2 East, San Bernardino Base and Meridian;				
2. then west along the Township line common to Township 3 North and Township 2 North to the San Bernardino—Los Angeles County boundary.				
Monterey Bay Area:				
Monterey County		1 hr.std.N.A. [2].		
San Benito County		1 hr.std.N.A. [2].		
Santa Cruz County		1 hr.std.N.A. [2].		
Sacramento Metro Area:				
El Dorado County (part)	11/15/90	Nonattainment	6/1/95	Severe-15.
All portions of the county except that portion of El Dorado County within the drainage area naturally tributary to Lake Tahoe including said Lake.				
Placer County (part):	11/15/90	Nonattainment	6/1/95	Severe-15.
All portions of the county except that portion of Placer County within the drainage area naturally tributary to Lake Tahoe including said Lake, plus that area in the vicinity of the head of the Truckee River described as follows: commencing at the point common to the aforementioned drainage area crestline and the line common to Townships 15 North and 16 North, Mount Diablo Base and Meridian (M.D.B.&M.), and following that line in a westerly direction to the northwest corner of Section 3, Township 15 North, Range 16 East, M.D.B.&M., thence south along the west line of Sections 3 and 10, Township 15 North, Range 16 East, M.D.B.&M., to the intersection with the said drainage area crestline, thence following the said drainage area boundary in a southeasterly, then northeasterly direction to and along the Lake Tahoe Dam, thence following the said drainage area crestline in a northeasterly, then northwesterly direction to the point of beginning.				
Sacramento County	11/15/90	Nonattainment	6/1/95	Severe-15.
Solano County (part) That portion of	11/15/90	Nonattainment	6/1/95	Severe-15.

CALIFORNIA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Solano County which lies north and east of a line described as follows: Description of boundary in Solano county between San Francisco and Sacramento: Beginning at the intersection of the westerly boundary of Solano County and the ¼ section line running east and west through the center of Section 34; T. 6 N., R. 2 W., M.D.B.&M., thence east along said ¼ section line to the east boundary of Section 36, T. 6 N., R. 2 W., thence south ½ mile and east 2.0 miles, more or less, along the west and south boundary of Los Putos Rancho to the northwest corner of Section 4, T. 5 N., R. 1 W., thence east along a line common to T. 5 N. and T. 6 N. to the northeast corner of Section 3, T. 5 N., R. 1 E., thence south along section lines to the southeast corner of Section 10, T. 3 N., R. 1 E., thence east along section lines to the south ¼ corner of Section 8, T. 3 N., R. 2 E., thence east to the boundary between Solano and Sacramento Counties.				
Sutter County (part—southern portion) South of a line connecting the northern border of Yolo Co. to the SW tip of Yuba Co. and continuing along the southern Yuba County border to Placer County..	11/15/90	Nonattainment	6/1/95	Severe-15.
Yolo County	11/15/90	Nonattainment	6/1/95	Severe-15.
San Diego Area:				
San Diego County	2/21/95	Nonattainment	2/21/95	Serious.
San Francisco-Bay Area:				
Alameda County	6/21/95	Attainment.		
Contra Costa County	6/21/95	Attainment.		
Marin County	6/21/95	Attainment.		
Napa County	6/21/95	Attainment.		
San Francisco County	6/21/95	Attainment.		
San Mateo County	6/21/95	Attainment.		
Santa Clara County	6/21/95	Attainment.		
Solano County (part)	6/21/95	Attainment.		
That portion of the county that lies south and west of the line described that follows: Description of boundary in Solano County between San Francisco and Sacramento: Beginning at the intersection at the westerly boundary of Solano County and the ¼ section line running east and west through the center of Section 34; T.6 N., R. 2 W., M.D.B.&M., thence east along said ½ section line to the east boundary of Section 36, T. 6 N., R. 2 W., thence south ½ mile and east 2.0 miles, more or less, along the west and south boundary of Los Putos Rancho to the northwest corner of Section 4, T. 5 N., R. 1 W, thence east along a line common to T. 5 N., and T. 6 N. to the northeast corner of Section 3, T. 5 N., R. 1 E., thence south along section lines to the southeast corner of Section 10 T. 3 N., R. 1 E., thence east along section lines to the south ¼ corner of Section 8 T. 3 N., R. 2 E., thence east to the boundary between Solano and Sacramento Counties.				
Sonoma County (part)	6/21/95	Attainment.		

CALIFORNIA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
That portion of Sonoma county which lies south and east of a line described as follows: Beginning at the south-easterly corner of the Rancho Estero Americano, being on the boundary line between Marin Sonoma Counties, California; thence running northerly along the easterly boundary line of said Rancho Estero Americano to the northeasterly corner therof, being an angle corner in the westerly boundary line of Rancho Canada de Jonive, thence running along said boundary of Rancho Canada de Jonive westerly; northerly and easterly to its intersection with the easterly line of Graton Road; thence running along the easterly and southerly line of Graton Road northerly and easterly to its intersection with the easterly line of Sullivan Road; thence running northerly along said easterly line of Sullivan Road to the southerly line of Green Valley Road; thence running easterly along the said southerly line of Green Valley Road and easterly along the southerly line of State Highway 116, to the westerly and northerly line of Vine Hill Road; thence running along the westerly and northerly line of Vine Hill Road, northerly and easterly to its intersection with the westerly line of Laguna Road; thence running northerly along the westerly line of Laguna Road and the northerly projection thereof to the northerly line of Trenton Road; thence running westerly along the northerly line of said Trenton Road to the easterly line of Trenton-Healdsburg Road; thence running northerly along said easterly line of Trenton-Healdsburg Road to the easterly line of Eastside Road; thence running northerly along said easterly line of Eastside Road to its intersection with the southerly line of Rancho Sotoyome; thence running easterly along said southerly line of Rancho Sotoyome to its intersection with the Township line common to Townships 8 and 9 North, Mt. Diablo Base and Meridian; thence running easterly along said Township line to its intersection with the boundary line between Sonoma and Napa Counties, State of California.				
San Joaquin Valley Area:				
Fresno County	11/15/90	Nonattainment	11/15/90	Serious.
Kern County	11/15/90	Nonattainment	11/15/90	Serious.
Kings County	11/15/90	Nonattainment	11/15/90	Serious.
Madera County	11/15/90	Nonattainment	11/15/90	Serious.
Merced County	11/15/90	Nonattainment	11/15/90	Serious.
San Joaquin County	11/15/90	Nonattainment	11/15/90	Serious.
Stanislaus County	11/15/90	Nonattainment	11/15/90	Serious.
Tulare County	11/15/90	Nonattainment	11/15/90	Serious.
Santa Barbara—Santa Maria—Lompoc Area:				
Santa Barbara County	11/15/90	Nonattainment	1/09/98	Serious.
Southeast Desert Modified AQMA Area:				
Los Angeles County (part)—that portion of Los Angeles County which lies north and east of a line described as follows:.	11/15/90	Nonattainment	11/15/90	Severe-17.
1. Beginning at the Los Angeles—San Bernardino County boundary and running west along the Township line common to Township 3 North and Township 2 North, San Bernardino Base and Meridian;				
2. then north along the range line common to Range 8 West and Range 9 West;				
3. then west along the Township line common to Township 4 North and Township 3 North;				

CALIFORNIA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
4. then north along the range line common to Range 12 West and Range 13 West to the southeast corner of Section 12, Township 5 North and Range 13 West; 5. then west along the south boundaries of Sections 12, 11, 10, 9, 8, and 7, Township 5 North and Range 13 West to the boundary of the Angeles National Forest which is collinear with the range line common to Range 13 West and Range 14 West; 6. then north and west along the Angeles National Forest boundary to the point of intersection with the Township line common to Township 7 North and Township 6 North (point is at the northwest corner of Section 4 in Township 6 North and Range 14 West); 7. then west along the Township line common to Township 7 North and Township 6 North; 8. then north along the range line common to Range 15 West and Range 16 West to the southeast corner of Section 13, Township 7 North and Range 16 West; 9. then along the south boundaries of Sections 13, 14, 15, 16, 17, and 18, Township 7 North and Range 16 West; 10. then north along the range line common to Range 16 West and Range 17 West to the north boundary of the Angeles National Forest (collinear with the Township line common to Township 8 North and Township 7 North); 11. then west along the Angeles National Forest boundary to the point of intersection with the south boundary of the Rancho La Liebre Land Grant; 12. then west and north along this land grant boundary to the Los Angeles-Kern County boundary.				
Riverside County (part)—that portion of Riverside County which lies to the east of a line described as follows:. 1. Beginning at the Riverside—San Diego County boundary and running north along the range line common to Range 4 East and Range 3 East, San Bernardino Base and Meridian; 2. then east along the Township line common to Township 8 South and Township 7 South; 3. then north along the range line common to Range 5 East and Range 4 East; 4. then west along the Township line common to Township 6 South and Township 7 South to the southwest corner of Section 34, Township 6 South, Range 4 East; 5. then north along the west boundaries of Sections 34, 27, 22, 15, 10, and 3, Township 6 South, Range 4 East; 6. then west along the Township line common to Township 5 South and Township 6 South; 7. then north along the range line common to Range 4 East and Range 3 East; 8. then west along the south boundaries of Sections 13, 14, 15, 16, 17, and 18, Township 5 South, Range 3 East; 9. then north along the range line common to Range 2 East and Range 3 East; 10. then west along the Township line common to Township 4 South and Township 3 South to the intersection of the southwest boundary of partial Section 31, Township 3 South, Range 1 West; 11. then northwest along that line to the intersection with the range line common to Range 2 West and Range 1 West;	11/15/90	Nonattainment	11/15/90	Severe-17.

CALIFORNIA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
12. then north to the Riverside-San Bernardino County line, and that portion of Riverside County which lies to the west of a line described as follows:				
13. beginning at the northeast corner of Section 4, Township 2 South, Range 5 East, a point on the boundary line common to Riverside and San Bernardino Counties;				
14. then southerly along section lines to the centerline of the Colorado River Aquaduct;				
15. then southeasterly along the centerline of said Colorado River Aquaduct to the southerly line of Section 36, Township 3 South, Range 7 East;				
16. then easterly along the Township line to the northeast corner of Section 6, Township 4 South, Range 9 East;				
17. then southerly along the easterly line of Section 6 to the southeast corner thereof;				
18. then easterly along section lines to the northeast corner of Section 10, Township 4 South, Range 9 East;				
19. then southerly along section lines to the southeast corner of Section 15, Township 4 South, Range 9 East;				
20. then easterly along the section lines to the northeast corner of Section 21, Township 4 South, Range 10 East;				
21. then southerly along the easterly line of Section 21 to the southeast corner thereof;				
22. then easterly along the northerly line of Section 27 to the northeast corner thereof;				
23. then southerly along section lines to the southeast corner of Section 34, Township 4 South, Range 10 East;				
24. then easterly along the Township line to the northeast corner of Section 2, Township 5 South, Range 10 East;				
25. then southerly along the easterly line of Section 2, to the southeast corner thereof;				
26. then easterly along the northerly line of Section 12 to the northeast corner thereof;				
27. then southerly along the range line to the southwest corner of Section 18, Township 5 South, Range 11 East;				
28. then easterly along section lines to the northeast corner of Section 24, Township 5 South, Range 11 East;				
29. then southerly along the range line to the southeast corner of Section 36, Township 8 South, Range 11 East, a point on the boundary line common to Riverside and San Diego Counties.				
San Bernadino County (part)—that portion of San Bernardino County which lies north and east of a line described as follows:.	11/15/90	Nonattainment	11/15/90	Severe-17.
1. Beginning at the San Bernardino—Riverside County boundary and running north along the range line common to Range 3 East and Range 2 East, San Bernardino Base and Meridian;				
2. then west along the Township line common to Township 3 North and Township 2 North to the San Bernardino—Los Angeles County boundary; and that portion of San Bernardino County which lies south and west of a line described as follows:				
3. latitude 35 degrees, 10 minutes north and longitude 115 degrees, 45 minutes west.				
Ventura County Area:				
Ventura County	11/15/90	Nonattainment	11/15/90	Severe-15.
Yuba City Area:				
Sutter County (part—northern portion)	.....	1 hr.std.N.A.[2].		

CALIFORNIA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
North of a line connecting the northern border of Yolo County to the SW tip of Yuba County and continuing along the southern Yuba County border to Placer County.				
Yuba County		1 hr.std.N.A.[2].		
Great Basin Valleys Air Basin		1 hr.std.N.A.[2].		
Alpine County.				
Inyo County.				
Mono County.				
Lake County Air Basin		1 hr.std.N.A.[2].		
Lake County.				
Lake Tahoe Air Basin		1 hr.std.N.A.[2].		
El Dorado County (part)				
Lake Tahoe Area: As described under 40 CFR 81.275.				
Placer County (part)				
Lake Tahoe Area: As described under 40 CFR 81.275.				
Mountain Counties Air Basin (Remainder of):				
Mariposa County		1 hr.std.N.A.[2].		
Nevada County		1 hr.std.N.A.[2].		
Plumas County		1 hr.std.N.A.[2].		
Sierra County		1 hr.std.N.A.[2].		
Tuolumne County		1 hr.std.N.A.[2].		
North Coast Air Basin		1 hr.std.N.A.[2].		
Del Norte County				
Humboldt County				
Mendocino County				
Sonoma County (part)				
Remainder of County				
Trinity County				
Northeast Plateau Air Basin		1 hr.std.N.A.[2].		
Lassen County				
Modoc County				
Siskiyou County				
Sacramento Valley Air Basin (Remainder of):				
Colusa County		1 hr.std.N.A.[2].		
Glenn County		1 hr.std.N.A.[2].		
Shasta County		1 hr.std.N.A.[2].		
Tehama County		1 hr.std.N.A.[2].		
South Central Coast Air Basin (Remainder of):				
Channel Islands		1 hr.std.N.A.[2].		
San Luis Obispo County		1 hr.std.N.A.[2].		
Southeast Desert NON-AQMA:				
Riverside County (part).				
Remainder of County		1 hr.std.N.A.[2].		
San Bernadino County (part)				
Remainder of County		1 hr.std.N.A.[2].		

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.
[3] An area designated as an ozone nonattainment area as of the date of enactment of the CAAA of 1990 that did not violate the ozone NAAQS during the period of 1987–1989.

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7. In § 81.306, the table entitled ''Colorado-Ozone'' is revised to read as follows:

§ 81.306 Colorado.

* * * * *

COLORADO—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Denver—Boulder Area:				
Adams County (part)				
West of Kiowa Creek		1 hr.std.N.A.[2]		
Arapahoe County (part)				
West of Kiowa Creek		1 hr.std.N.A.[2]		
Boulder County (part)				
excluding Rocky Mtn. National Park		1 hr.std.N.A.[2]		

COLORADO—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Denver County		1 hr.std.N.A.[2]		
Douglas County		1 hr.std.N.A.[2]		
Jefferson County		1 hr.std.N.A.[2]		
State AQCR 01		1 hr.std.N.A.[2]		
Logan County				
Morgan County				
Phillips County				
Sedgwick County				
Washington County				
Yuma County				
State AQCR 02		1 hr.std.N.A.[2]		
Larimer County				
Weld County				
State AQCR 03 (Remainder of)		1 hr.std.N.A.[2]		
Adams County (part)				
East of Kiowa Creek				
Arapahoe County (part)				
East of Kiowa Creek				
Boulder County (part)				
Rocky Mtn. National Park Only				
Clear Creek County				
Gilpin County				
State AQCR 11		1 hr.std.N.A.[2]		
Garfield County				
Mesa County				
Moffat County				
Rio Blanco County				
Rest of State		1 hr.std.N.A.[2]		
Alamosa County				
Archuleta County				
Baca County				
Bent County				
Chaffee County				
Cheyenne County				
Conejos County				
Costilla County				
Crowley County				
Custer County				
Delta County				
Dolores County				
Eagle County				
El Paso County				
Elbert County				
Fremont County				
Grand County				
Gunnison County				
Hinsdale County				
Huerfano County				
Jackson County				
Kiowa County				
Kit Carson County				
La Plata County				
Lake County				
Las Animas County				
Lincoln County				
Mineral County				
Montezuma County				
Montrose County				
Otero County				
Ouray County				
Park County				
Pitkin County				
Prowers County				
Pueblo County				
Rio Grande County				
Routt County				
Saguache County				
San Juan County				
San Miguel County				
Summit County				

COLORADO—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Teller County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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8. In § 81.307, the table entitled ''Connecticut-Ozone'' is revised to read as follows:

§ 81.307 Connecticut.

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CONNECTICUT—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Greater Connecticut Area:				
Farfield County (part)	11/15/90	Nonattainment	11/15/90	Serious.
Shelton City				
Hartford County	11/15/90	Nonattainment	11/15/90	Serious.
Litchfield County (part)	11/15/90	Nonattainment	11/15/90	Serious.
All cities and townships except:				
Bridgewater Town, New Milford Town				
Middlesex County	11/15/90	Nonattainment	11/15/90	Serious.
New Haven County	11/15/90	Nonattainment	11/15/90	Serious.
New London County	11/15/90	Nonattainment	11/15/90	Serious.
Tolland County	11/15/90	Nonattainment	11/15/90	Serious.
Windham County	11/15/90	Nonattainment	11/15/90	Serious.
New York—N. New Jersey—Long Island Area:				
Fairfield County (part)	11/15/90	Nonattainment	11/15/90	Severe-17.
All cities and towns except Shelton City				
Litchfield County (part)	11/15/90	Nonattainment	11/15/90	Severe-17.
Bridgewater Town, New Milford Town				

[1] This date is June 5, 1998, unless otherwise noted.

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9. In § 81.308, the table entitled ''Delaware-Ozone'' is revised to read as follows:

§ 81.308 Delaware.

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DELAWARE—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Philadelphia-Wilmington-Trenton Area:				
Kent County	11/15/90	Nonattainment	11/15/90	Severe-15.
New Castle County	11/15/90	Nonattainment	11/15/90	Severe-15.
Sussex County Area:				
Sussex County		1 hr.std.N.A.[2]		

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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10. In § 81.309, the table entitled ''District of Columbia-Ozone'' is revised to read as follows:

§ 81.309 District of Columbia.

* * * * *

DISTRICT OF COLUMBIA—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Washington Area:				
Washington				

DISTRICT OF COLUMBIA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Entire Area	11/15/90	Nonattainment	11/15/90	Serious.

[1] This date is June 5, 1998, unless otherwise noted.

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11. In § 81.310, the table entitled ''Florida-Ozone'' is revised to read as follows:

§ 81.310 Florida.

* * * * *

FLORIDA-OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Statewide		1 hr.std.N.A.[2]		
Alachua County				
Baker County				
Bay County				
Bradford County				
Brevard County				
Broward County				
Calhoun County				
Charlotte County				
Citrus County				
Clay County				
Collier County				
Columbia County				
Dade County				
De Soto County				
Dixie County				
Duval County				
Escambia County				
Flagler County				
Franklin County				
Gadsden County				
Gilchrist County				
Glades County				
Gulf County				
Hamilton County				
Hardee County				
Hendry County				
Hernando County				
Highlands County				
Hillsborough County				
Holmes County				
Indian River County				
Jackson County				
Jefferson County				
Lafayette County				
Lake County				
Lee County				
Leon County				
Levy County				
Liberty County				
Madison County				
Manatee County				
Marion County				
Martin County				
Monroe County				
Nassau County				
Okaloosa County				
Okeechobee County				
Orange County				
Osceola County				
Palm Beach County				
Pasco County				
Pinellas County				
Polk County				
Putnam County				

FLORIDA-OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Santa Rosa County				
Sarasota County				
Seminole County				
St. Johns County				
St. Lucie County				
Sumter County				
Suwannee County				
Taylor County				
Union County				
Volusia County				
Wakulla County				
Walton County				
Washington County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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12. In § 81.311, the table entitled ''Georgia—Ozone'' is revised to read as follows:

§ 81.311 Georgia.

* * * * *

GEORGIA-OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Atlanta Area:				
Cherokee County	11/15/90	Nonattainment	11/15/90	Serious.
Clayton County	11/15/90	Nonattainment	11/15/90	Serious.
Cobb County	11/15/90	Nonattainment	11/15/90	Serious.
Coweta County	11/15/90	Nonattainment	11/15/90	Serious.
De Kalb County	11/15/90	Nonattainment	11/15/90	Serious.
Douglas County	11/15/90	Nonattainment	11/15/90	Serious.
Fayette County	11/15/90	Nonattainment	11/15/90	Serious.
Forsyth County	11/15/90	Nonattainment	11/15/90	Serious.
Fulton County	11/15/90	Nonattainment	11/15/90	Serious.
Gwinnett County	11/15/90	Nonattainment	11/15/90	Serious.
Henry County	11/15/90	Nonattainment	11/15/90	Serious.
Paulding County	11/15/90	Nonattainment	11/15/90	Serious.
Rockdale County	11/15/90	Nonattainment	11/15/90	Serious.
Spalding County Area:				
Spalding County	11/15/90	Unclassifiable /Attainment	11/15/90	
Rest of State		1 hr.std.N.A.[2]		
Appling County				
Atkinson County				
Bacon County				
Baker County				
Baldwin County				
Banks County				
Barrow County				
Bartow County				
Ben Hill County				
Berrien County				
Bibb County				
Bleckley County				
Brantley County				
Brooks County				
Bryan County				
Bulloch County				
Burke County				
Butts County				
Calhoun County				
Camden County				
Candler County				
Carroll County				
Catoosa County				
Charlton County				

GEORGIA-OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Chatham County				
Chattahoochee County				
Chattooga County				
Clarke County				
Clay County				
Clinch County				
Coffee County				
Colquitt County				
Columbia County				
Cook County				
Crawford County				
Crisp County				
Dade County				
Dawson County				
Decatur County				
Dodge County				
Dooly County				
Dougherty County				
Early County				
Echols County				
Effingham County				
Elbert County				
Emanuel County				
Evans County				
Fannin County				
Floyd County				
Franklin County				
Gilmer County				
Glascock County				
Glynn County				
Gordon County				
Grady County				
Greene County				
Habersham County				
Hall County				
Hancock County				
Haralson County				
Harris County				
Hart County				
Heard County				
Houston County				
Irwin County				
Jackson County				
Jasper County				
Jeff Davis County				
Jefferson County				
Jenkins County				
Johnson County				
Jones County				
Lamar County				
Lanier County				
Laurens County				
Lee County				
Liberty County				
Lincoln County				
Long County				
Lowndes County				
Lumpkin County				
Macon County				
Madison County				
Marion County				
McDuffie County				
McIntosh County				
Meriwether County				
Miller County				
Mitchell County				
Monroe County				
Montgomery County				
Morgan County				
Murray County				

GEORGIA-OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Muscogee County				
Newton County				
Oconee County				
Oglethorpe County				
Peach County				
Pickens County				
Pierce County				
Pike County				
Polk County				
Pulaski County				
Putnam County				
Quitman County				
Rabun County				
Randolph County				
Richmond County				
Schley County				
Screven County				
Seminole County				
Stephens County				
Stewart County				
Sumter County				
Talbot County				
Taliaferro County				
Tattnall County				
Taylor County				
Telfair County				
Terrell County				
Thomas County				
Tift County				
Toombs County				
Towns County				
Treutlen County				
Troup County				
Turner County				
Twiggs County				
Union County				
Upson County				
Walker County				
Walton County				
Ware County				
Warren County				
Washington County				
Wayne County				
Webster County				
Wheeler County				
White County				
Whitfield County				
Wilcox County				
Wilkes County				
Wilkinson County				
Worth County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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13. In § 81.312, the table entitled ''Hawaii—Ozone'' is revised to read as follows:

§ 81.312 Hawaii.

* * * * *

HAWAII-OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Statewide	.....	1 hr.std.N.A.[2]		
Hawaii County				
Honolulu County				
Kalawao				

HAWAII-OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Kauai County				
Maui County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

* * * * *

14. In § 81.313, the table entitled ''Idaho—Ozone'' is revised to read as follows:

§ 81.313 Idaho.

* * * * *

IDAHO-OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
AQCR 61 Eastern Idaho Intrastate		1 hr.std.N.A.[2]		
Bannock County				
Bear Lake County				
Bingham County				
Bonneville County				
Butte County				
Caribou County				
Clark County				
Franklin County				
Fremont County				
Jefferson County				
Madison County				
Oneida County				
Power County				
Teton County				
AQCR 62 E Washington-N Idaho Interstate		1 hr.std.N.A.[2]		
Benewah County				
Kootenai County				
Latah County				
Nez Perce County				
Shoshone County				
AQCR 63 Idaho Intrastate		1 hr.std.N.A.[2]		
Adams County				
Blaine County				
Boise County				
Bonner County				
Boundary County				
Camas County				
Cassia County				
Clearwater County				
Custer County				
Elmore County				
Gem County				
Gooding County				
Idaho County				
Jerome County				
Lemhi County				
Lewis County				
Lincoln County				
Minidoka County				
Owyhee County				
Payette County				
Twin Falls County				
Valley County				
Washington County				
AQCR 64 Metropolitan Boise Interstate		1 hr.std.N.A.[2]		
Ada County				
Canyon County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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15. In § 81.314, the table entitled ''Illinois—Ozone'' is revised to read as follows:

§ 81.314 Illinois.

* * * * *

ILLINOIS—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Chicago-Gary-Lake County Area:				
Cook County	11/15/90	Nonattainment	11/15/90	Severe-17.
Du Page County	11/15/90	Nonattainment	11/15/90	Severe-17.
Grundy County (part)				
Aux Sable Township	11/15/90	Nonattainment	11/15/90	Severe-17.
Goose Lake Township	11/15/90	Nonattainment	11/15/90	Severe-17.
Kane County	11/15/90	Nonattainment	11/15/90	Severe-17.
Kendall County (part)				
Oswego Township	11/15/90	Nonattainment	11/15/90	Severe-17.
Lake County	11/15/90	Nonattainment	11/15/90	Severe-17.
McHenry County	11/15/90	Nonattainment	11/15/90	Severe-17.
Will County	11/15/90	Nonattainment	11/15/90	Severe-17.
Jersey County Area:				
Jersey County		1 hr.std.N.A.[2]		
St. Louis Area:				
Madison County	11/15/90	Nonattainment	11/15/90	Moderate.
Monroe County	11/15/90	Nonattainment	11/15/90	Moderate.
St. Clair County	11/15/90	Nonattainment	11/15/90	Moderate.
Adams County		1 hr.std.N.A.[2]		
Alexander County		1 hr.std.N.A.[2]		
Bond County		1 hr.std.N.A.[2]		
Boone County		1 hr.std.N.A.[2]		
Brown County		1 hr.std.N.A.[2]		
Bureau County		1 hr.std.N.A.[2]		
Calhoun County		1 hr.std.N.A.[2]		
Carroll County		1 hr.std.N.A.[2]		
Cass County		1 hr.std.N.A.[2]		
Champaign County		1 hr.std.N.A.[2]		
Christian County		1 hr.std.N.A.[2]		
Clark County		1 hr.std.N.A.[2]		
Clay County		1 hr.std.N.A.[2]		
Clinton County		1 hr.std.N.A.[2]		
Coles County		1 hr.std.N.A.[2]		
Crawford County		1 hr.std.N.A.[2]		
Cumberland County		1 hr.std.N.A.[2]		
De Kalb County		1 hr.std.N.A.[2]		
De Witt County		1 hr.std.N.A.[2]		
Douglas County		1 hr.std.N.A.[2]		
Edgar County		1 hr.std.N.A.[2]		
Edwards County		1 hr.std.N.A.[2]		
Effingham County		1 hr.std.N.A.[2]		
Fayette County		1 hr.std.N.A.[2]		
Ford County		1 hr.std.N.A.[2]		
Franklin County		1 hr.std.N.A.[2]		
Fulton County		1 hr.std.N.A.[2]		
Gallatin County		1 hr.std.N.A.[2]		
Greene County		1 hr.std.N.A.[2]		
Grundy County (part):				
All townships except Aux Sable and Goose Lake		1 hr.std.N.A.[2]		
Hamilton County		1 hr.std.N.A.[2]		
Hancock County		1 hr.std.N.A.[2]		
Hardin County		1 hr.std.N.A.[2]		
Henderson County		1 hr.std.N.A.[2]		
Henry County		1 hr.std.N.A.[2]		
Iroquois County		1 hr.std.N.A.[2]		
Jackson County		1 hr.std.N.A.[2]		
Jasper County		1 hr.std.N.A.[2]		
Jefferson County		1 hr.std.N.A.[2]		
Jo Daviess County		1 hr.std.N.A.[2]		
Johnson County		1 hr.std.N.A.[2]		
Kankakee County		1 hr.std.N.A.[2]		
Kendall County (part):				
All townships except Oswego		1 hr.std.N.A.[2]		
Knox County		1 hr.std.N.A.[2]		
La Salle County		1 hr.std.N.A.[2]		
Lawrence County		1 hr.std.N.A.[2]		
Lee County		1 hr.std.N.A.[2]		

ILLINOIS—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Livingston County		1 hr.std.N.A.[2]		
Logan County		1 hr.std.N.A.[2]		
Macon County		1 hr.std.N.A.[2]		
Macoupin County		1 hr.std.N.A.[2]		
Marion County		1 hr.std.N.A.[2]		
Marshall County		1 hr.std.N.A.[2]		
Mason County		1 hr.std.N.A.[2]		
Massac County		1 hr.std.N.A.[2]		
McDonough County		1 hr.std.N.A.[2]		
McLean County		1 hr.std.N.A.[2]		
Menard County		1 hr.std.N.A.[2]		
Mercer County		1 hr.std.N.A.[2]		
Montgomery County		1 hr.std.N.A.[2]		
Morgan County		1 hr.std.N.A.[2]		
Moultrie County		1 hr.std.N.A.[2]		
Ogle County		1 hr.std.N.A.[2]		
Peoria County		1 hr.std.N.A.[2]		
Perry County		1 hr.std.N.A.[2]		
Piatt County		1 hr.std.N.A.[2]		
Pike County		1 hr.std.N.A.[2]		
Pope County		1 hr.std.N.A.[2]		
Pulaski County		1 hr.std.N.A.[2]		
Putnam County		1 hr.std.N.A.[2]		
Randolph County		1 hr.std.N.A.[2]		
Richland County		1 hr.std.N.A.[2]		
Rock Island County		1 hr.std.N.A.[2]		
Saline County		1 hr.std.N.A.[2]		
Sangamon County		1 hr.std.N.A.[2]		
Schuyler County		1 hr.std.N.A.[2]		
Scott County		1 hr.std.N.A.[2]		
Shelby County		1 hr.std.N.A.[2]		
Stark County		1 hr.std.N.A.[2]		
Stephenson County		1 hr.std.N.A.[2]		
Tazewell County		1 hr.std.N.A.[2]		
Union County		1 hr.std.N.A.[2]		
Vermilion County		1 hr.std.N.A.[2]		
Wabash County		1 hr.std.N.A.[2]		
Warren County		1 hr.std.N.A.[2]		
Washington County		1 hr.std.N.A.[2]		
Wayne County		1 hr.std.N.A.[2]		
White County		1 hr.std.N.A.[2]		
Whiteside County		1 hr.std.N.A.[2]		
Williamson County		1 hr.std.N.A.[2]		
Winnebago County		1 hr.std.N.A.[2]		
Woodford County		1 hr.std.N.A.[2]		

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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16. In § 81.315, the table entitled ''Indiana—Ozone'' is revised to read as follows:

§ 81.315 Indiana.

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INDIANA—OZONE (1-HOUR STANDARD)

Designated Area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Chicago-Gary-Lake County Area:				
Lake County	11/15/90	Nonattainment	11/15/90	Severe-17.
Porter County	11/15/90	Nonattainment	11/15/90	Severe-17.
Evansville Area				
Vanderburgh County		1 hr.std.N.A. [2]		
Indianapolis Area:				
Marion County		1 hr.std.N.A. [2]		
La Porte County Area:				
La Porte County	11/15/90	Unclassifiable/Attainment	11/15/90	
Louisville Area:				

INDIANA—OZONE (1-HOUR STANDARD)—Continued

Designated Area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Clark County	11/15/90	Nonattainment	11/15/90	Moderate.
Floyd County	11/15/90	Nonattainment	11/15/90	Moderate.
South Bend-Elkhart Area:				
Elkhart County		1 hr.std.N.A. [2]		
St. Joseph County		1 hr.std.N.A. [2]		
Warrick County Area:				
Warrick County	11/15/90	Unclassifiable/Attainment	11/15/90	
Allen County		1 hr.std.N.A. [2]		
Adams County		1 hr.std.N.A. [2]		
Bartholomew County		1 hr.std.N.A. [2]		
Benton County		1 hr.std.N.A. [2]		
Blackford County		1 hr.std.N.A. [2]		
Boone County		1 hr.std.N.A. [2]		
Brown County		1 hr.std.N.A. [2]		
Carroll County		1 hr.std.N.A. [2]		
Cass County		1 hr.std.N.A. [2]		
Clay County		hr.std.N.A. [2]		
Clinton County		1 hr.std.N.A. [2]		
Crawford County		1 hr.std.N.A. [2]		
Daviess County		1 hr.std.N.A. [2]		
De Kalb County		1 hr.std.N.A. [2]		
Dearborn County		1 hr.std.N.A. [2]		
Decatur County		1 hr.std.N.A. [2]		
Delaware County		1 hr.std.N.A. [2]		
Dubois County		1 hr.std.N.A. [2]		
Fayette County		1 hr.std.N.A. [2]		
Fountain County		1 hr.std.N.A. [2]		
Franklin County		1 hr.std.N.A. [2]		
Fulton County		1 hr.std.N.A. [2]		
Gibson County		1 hr.std.N.A. [2]		
Grant County		1 hr.std.N.A. [2]		
Greene County		1 hr.std.N.A. [2]		
Hamilton County		1 hr.std.N.A. [2]		
Hancock County		1 hr.std.N.A. [2]		
Harrison County		1 hr.std.N.A. [2]		
Hendricks County		1 hr.std.N.A. [2]		
Henry County		1 hr.std.N.A. [2]		
Howard County		1 hr.std.N.A. [2]		
Huntington County		1 hr.std.N.A. [2]		
Jackson County		1 hr.std.N.A. [2]		
Jasper County		1 hr.std.N.A. [2]		
Jay County		1 hr.std.N.A. [2]		
Jefferson County		1 hr.std.N.A. [2]		
Jennings County		1 hr.std.N.A. [2]		
Johnson County		1 hr.std.N.A. [2]		
Knox County		1 hr.std.N.A. [2]		
Kosciusko County		1 hr.std.N.A. [2]		
Lagrange County		1 hr.std.N.A. [2]		
Lawrence County		1 hr.std.N.A. [2]		
Madison County		1 hr.std.N.A. [2]		
Marshall County		1 hr.std.N.A. [2]		
Martin County		1 hr.std.N.A. [2]		
Miami County		1 hr.std.N.A. [2]		
Monroe County		1 hr.std.N.A. [2]		
Montgomery County		1 hr.std.N.A. [2]		
Morgan County		1 hr.std.N.A. [2]		
Newton County		1 hr.std.N.A. [2]		
Noble County		1 hr.std.N.A. [2]		
Ohio County		1 hr.std.N.A. [2]		
Orange County		1 hr.std.N.A. [2]		
Owen County		1 hr.std.N.A. [2]		
Parke County		1 hr.std.N.A. [2]		
Perry County		1 hr.std.N.A. [2]		
Pike County		1 hr.std.N.A. [2]		
Posey County		1 hr.std.N.A. [2]		
Pulaski County		1 hr.std.N.A. [2]		
Putnam County		1 hr.std.N.A. [2]		
Randolph County		1 hr.std.N.A. [2]		
Ripley County		1 hr.std.N.A. [2]		
Rush County		1 hr.std.N.A. [2]		

INDIANA—OZONE (1-HOUR STANDARD)—Continued

Designated Area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Scott County		1 hr.std.N.A. [2]		
Shelby County		1 hr.std.N.A. [2]		
Spencer County		1 hr.std.N.A. [2]		
Starke County		1 hr.std.N.A. [2]		
Steuben County		1 hr.std.N.A. [2]		
Sullivan County		1 hr.std.N.A. [2]		
Switzerland County		1 hr.std.N.A. [2]		
Tippecanoe County		1 hr.std.N.A. [2]		
Tipton County		1 hr.std.N.A. [2]		
Union County		1 hr.std.N.A. [2]		
Vermillion County		1 hr.std.N.A. [2]		
Vigo County		1 hr.std.N.A. [2]		
Wabash County		1 hr.std.N.A. [2]		
Warren County		1 hr.std.N.A. [2]		
Washington County		1 hr.std.N.A. [2]		
Wayne County		1 hr.std.N.A. [2]		
Wells County		1 hr.std.N.A. [2]		
White County		1 hr.std.N.A. [2]		
Whitley County		1 hr.std.N.A. [2]		

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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17. In § 81.316, the table entitled ''Iowa—Ozone'' is revised to read as follows:

§ 81.316 Iowa.

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IOWA—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Statewide		1 hr.std.N.A. [2]		
Adair County				
Adams County				
Allamakee County				
Appanoose County				
Audubon County				
Benton County				
Black Hawk County				
Boone County				
Bremer County				
Buchanan County				
Buena Vista County				
Butler County				
Calhoun County				
Carroll County				
Cass County				
Cedar County				
Cerro Gordo County				
Cherokee County				
Chickasaw County				
Clarke County				
Clay County				
Clayton County				
Clinton County				
Crawford County				
Dallas County				
Davis County				
Decatur County				
Delaware County				
Des Moines County				
Dickinson County				
Dubuque County				
Emmet County				
Fayette County				
Floyd County				
Franklin County				

IOWA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Fremont County				
Greene County				
Grundy County				
Guthrie County				
Hamilton County				
Hancock County				
Hardin County				
Harrison County				
Henry County				
Howard County				
Humboldt County				
Ida County				
Iowa County				
Jackson County				
Jasper County				
Jefferson County				
Johnson County				
Jones County				
Keokuk County				
Kossuth County				
Lee County				
Linn County				
Louisa County				
Lucas County				
Lyon County				
Madison County				
Mahaska County				
Marion County				
Marshall County				
Mills County				
Mitchell County				
Monona County				
Monroe County				
Montgomery County				
Muscatine County				
O'Brien County				
Osceola County				
Page County				
Palo Alto County				
Plymouth County				
Pocahontas County				
Polk County				
Pottawattamie County				
Poweshiek County				
Ringgold County				
Sac County				
Scott County				
Shelby County				
Sioux County				
Story County				
Tama County				
Taylor County				
Union County				
Van Buren County				
Wapello County				
Warren County				
Washington County				
Wayne County				
Webster County				
Winnebago County				
Winneshiek County				
Woodbury County				
Worth County				
Wright County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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18. In § 81.317, the table entitled ''Kansas—Ozone'' is revised to read as follows:

§ 81.317 Kansas.

* * * * *

KANSAS-OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Kansas City Area:				
Johnson County	7/23/92	Attainment		
Wyandotte County	7/23/92	Attainment		
Allen County	7/23/92	1hr.std.N.A.[2]		
Anderson County	7/23/92	1 hr.std.N.A.[2]		
Atchison County	7/23/92	1 hr.std.N.A.[2]		
Barber County	7/23/92	1 hr.std.N.A.[2]		
Barton County	7/23/92	1 hr.std.N.A.[2]		
Bourbon County	7/23/92	1 hr.std.N.A.[2]		
Brown County	7/23/92	1 hr.std.N.A.[2]		
Butler County	7/23/92	1 hr.std.N.A.[2]		
Chase County	7/23/92	1 hr.std.N.A.[2]		
Chautauqua County	7/23/92	1 hr.std.N.A.[2]		
Cherokee County	7/23/92	1 hr.std.N.A.[2]		
Cheyenne County	7/23/92	1 hr.std.N.A.[2]		
Clark County	7/23/92	1 hr.std.N.A.[2]		
Clay County	7/23/92	1 hr.std.N.A.[2]		
Cloud County	7/23/92	1 hr.std.N.A.[2]		
Coffey County	7/23/92	1 hr.std.N.A.[2]		
Comanche County	7/23/92	1 hr.std.N.A.[2]		
Cowley County	7/23/92	1 hr.std.N.A.[2]		
Crawford County	7/23/92	1 hr.std.N.A.[2]		
Decatur County	7/23/92	1 hr.std.N.A.[2]		
Dickinson County	7/23/92	1 hr.std.N.A.[2]		
Doniphan County	7/23/92	1 hr.std.N.A.[2]		
Douglas County	7/23/92	1 hr.std.N.A.[2]		
Edwards County	7/23/92	1 hr.std.N.A.[2]		
Elk County	7/23/92	1 hr.std.N.A.[2]		
Ellis County	7/23/92	1 hr.std.N.A.[2]		
Ellsworth County	7/23/92	1 hr.std.N.A.[2]		
Finney County	7/23/92	1 hr.std.N.A.[2]		
Ford County	7/23/92	1 hr.std.N.A.[2]		
Franklin County	7/23/92	1 hr.std.N.A.[2]		
Geary County	7/23/92	1 hr.std.N.A.[2]		
Gove County	7/23/92.	1 hr.std.N.A.[2]		
Graham County	7/23/92	1 hr.std.N.A.[2]		
Grant County	7/23/92	1 hr.std.N.A.[2]		
Gray County	7/23/92	1 hr.std.N.A.[2]		
Greeley County	7/23/92	1 hr.std.N.A.[2]		
Greenwood County	7/23/92	1 hr.std.N.A.[2]		
Hamilton County	7/23/92	1 hr.std.N.A.[2]		
Harper County	7/23/92	1 hr.std.N.A.[2]		
Harvey County	7/23/92	1 hr.std.N.A.[2]		
Haskell County	7/23/92	1 hr.std.N.A.[2]		
Hodgeman County	7/23/92	1 hr.std.N.A.[2]		
Jackson County	7/23/92	1 hr.std.N.A.[2]		
Jefferson County	7/23/92	1 hr.std.N.A.[2]		
Jewell County	7/23/92	1 hr.std.N.A.[2]		
Kearny County	7/23/92	1 hr.std.N.A.[2]		
Kingman County	7/23/92	1 hr.std.N.A.[2]		
Kiowa County	7/23/92	1 hr.std.N.A.[2]		
Labette County	7/23/92	1 hr.std.N.A.[2]		
Lane County	7/23/92.	1 hr.std.N.A.[2]		
Leavenworth County	7/23/92	1 hr.std.N.A.[2]		
Lincoln County	7/23/92	1 hr.std.N.A.[2]		
Linn County	7/23/92	1 hr.std.N.A.[2]		
Logan County	7/23/92	1 hr.std.N.A.[2]		
Lyon County	7/23/92	1 hr.std.N.A.[2]		
Marion County	7/23/92	1 hr.std.N.A.[2]		
Marshall County	7/23/92	1 hr.std.N.A.[2]		
McPherson County	7/23/92	1 hr.std.N.A.[2]		
Meade County	7/23/92	1 hr.std.N.A.[2]		
Miami County	7/23/92	1 hr.std.N.A.[2]		
Mitchell County	7/23/92	1 hr.std.N.A.[2]		
Montgomery County	7/23/92	1 hr.std.N.A.[2]		
Morris County	7/23/92	1 hr.std.N.A.[2]		
Morton County	7/23/92	1 hr.std.N.A.[2]		

KANSAS-OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Nemaha County	7/23/92	1 hr.std.N.A.[2]		
Neosho County	7/23/92	1 hr.std.N.A.[2]		
Ness County	7/23/92	1 hr.std.N.A.[2]		
Norton County	7/23/92	1 hr.std.N.A.[2]		
Osage County	7/23/92	1 hr.std.N.A.[2]		
Osborne County	7/23/92	1 hr.std.N.A.[2]		
Ottawa County	7/23/92	1 hr.std.N.A.[2]		
Pawnee County	7/23/92	1 hr.std.N.A.[2]		
Phillips County	7/23/92	1 hr.std.N.A.[2]		
Pottawatomie County	7/23/92	1 hr.std.N.A.[2]		
Pratt County	7/23/92	1 hr.std.N.A.[2]		
Rawlins County	7/23/92	1 hr.std.N.A.[2]		
Reno County	7/23/92	1 hr.std.N.A.[2]		
Republic County	7/23/92	1 hr.std.N.A.[2]		
Rice County	7/23/92	1 hr.std.N.A.[2]		
Riley County	7/23/92	1 hr.std.N.A.[2]		
Rooks County	7/23/92	1 hr.std.N.A.[2]		
Rush County	7/23/92	1 hr.std.N.A.[2]		
Russell County	7/23/92	1 hr.std.N.A.[2]		
Saline County	7/23/92	1 hr.std.N.A.[2]		
Scott County	7/23/92	1 hr.std.N.A.[2]		
Sedgwick County	7/23/92	1 hr.std.N.A.[2]		
Seward County	7/23/92	1 hr.std.N.A.[2]		
Shawnee County	7/23/92	1 hr.std.N.A.[2]		
Sheridan County	7/23/92	1 hr.std.N.A.[2]		
Sherman County	7/23/92	1 hr.std.N.A.[2]		
Smith County	7/23/92	1 hr.std.N.A.[2]		
Stafford County	7/23/92	1 hr.std.N.A.[2]		
Stanton County	7/23/92	1 hr.std.N.A.[2]		
Stevens County	7/23/92	1 hr.std.N.A.[2]		
Sumner County	7/23/92	1 hr.std.N.A.[2]		
Thomas County	7/23/92	1 hr.std.N.A.[2]		
Trego County	7/23/92	1 hr.std.N.A.[2]		
Wabaunsee County	7/23/92	1 hr.std.N.A.[2]		
Wallace County	7/23/92	1 hr.std.N.A.[2]		
Washington County	7/23/92	1 hr.std.N.A.[2]		
Wichita County	7/23/92	1 hr.std.N.A.[2]		
Wilson County	7/23/92	1 hr.std.N.A.[2]		
Woodson County	7/23/92	1 hr.std.N.A.[2]		

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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19. In § 81.318, the table entitled ''Kentucky-Ozone'' is revised to read as follows:

§ 81.318 Kentucky.

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KENTUCKY—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Cincinnati-Hamilton Area:				
Boone County	11/15/90	Nonattainment	11/15/90	Moderate.
Campbell County	11/15/90	Nonattainment	11/15/90	Moderate.
Kenton County	11/15/90	Nonattainment	11/15/90	Moderate.
Edmonson County Area:				
Edmonson County		x1 hr.std.N.A.[2].		
Louisville Area:				
Bullitt County (part)	11/15/90	Nonattainment	11/15/90	Moderate.

KENTUCKY—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
The area boundary is as follows: Beginning at the intersection of Ky 1020 and the Jefferson-Bullitt County Line proceeding to the east along the county line to the intersection of county road 567 and the Jefferson-Bullitt County Line; proceeding south on county road 567 to the junction with Ky 1116 (also known as Zoneton Road); proceeding to the south on Ky 1116 to the junction with Hebron Lane; proceeding to the south on Hebron Lane to Cedar Creek; proceeding south on Cedar Creek to the confluence of Floyds Fork turning southeast along a creek that meets Ky 44 at Stallings Cemetery; proceeding west along Ky 44 to the eastern most point in the Shepherdsville city limits; proceeding south along the Shepherdsville city limits to the Salt River and west to a point across the river from Mooney Lane; proceeding south along Mooney Lane to the junction of Ky 480; proceeding west on Ky 480 to the junction with Ky 2237; proceeding south on Ky 2237 to the junction with Ky 61 and proceeding north on Ky 61 to the junction with Ky 1494; proceeding south on Ky 1494 to the junction with the perimeter of the Fort Knox Military Reservation; proceeding north along the military reservation perimeter to Castleman Branch Road; proceeding north on Castleman Branch Road to Ky 44; proceeding a very short distance west on Ky 44 to a junction with Ky 2723; proceeding north on Ky 2723 to the junction of Chillicoop Road; proceeding northeast on Chillicoop Road to the junction of Ky 2673; proceeding north on Ky 2673 to the junction of Ky 1020; proceeding north on Ky 1020 to the beginning; unless a road or intersection of two or more roads defines the nonattainment boundary, the area shall extend outward 750 feet from the center of the road or intersection				
Jefferson County	11/15/90	Nonattainment	11/15/90	Moderate.
Oldham County (part)	11/15/90	Nonattainment	11/15/90	Moderate.

KENTUCKY—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
The area boundary is as follows: Beginning at the intersection of the Oldham-Jefferson County Line with the southbound lane of Interstate 71; proceeding to the northeast along the southbound lane of Interstate 71 to the intersection of Ky 329 and the southbound lane of Interstate 71; proceeding to the northwest on Ky 329 to the intersection of Zaring Road and Ky 329; proceeding to the east-northeast on Zaring Road to the junction of Cedar Point Road and Zaring Road; proceeding to the north-northeast on Cedar Point Road to the junction of Ky 393 and Cedar Point Road; proceeding to the south-southeast on Ky 393 to the junction of (the access road on the north side of Reformatory Lake and the Reformatory); proceeding to the east-northeast on the access road to the junction with Dawkins Lane and the access road; proceeding to follow an electric power line east-northeast across from the junction of county road 746 and Dawkins Lane to the east-northeast across Ky 53 on to the La Grange Water Filtration Plant; proceeding on to the east-southeast along the power line then south across Fort Pickens Road to a power substation on Ky 146; proceeding along the power line south across Ky 146 and the Seaboard System Railroad track to adjoin the incorporated city limits of La Grange; then proceeding east then south along the La Grange city limits to a point abutting the north side of Ky 712; proceeding east-southeast on Ky 712 to the junction of Massie School Road and Ky 712; proceeding to the south-southwest on Massie School Road to the intersection of Massie School Road and Zale Smith Road; proceeding northeast on Zale Smith Road to the junction of Ky 53 and Zale Smith Road; proceeding on Ky 53 to the northnorthwest to the junction of New Moody Lane and Ky 53; proceeding on New Moody Lane to the south-southwest until meeting the city limits of La Grange; then briefly proceeding north following the La Grange city limits to the intersection of the northbound lane of Interstate 71 and the La Grange city limits; proceeding southwest on the north-bound lane of Interstate 71 until intersecting with the North Fork of Currys Fork; proceeding south-southwest beyond the confluence of Currys Fork to the south-southwest beyond the confluence of Floyds Fork continuing on to the Oldham-Jefferson County Line; proceeding northwest along the Oldham-Jefferson County Line to the beginning; unless a road or intersection of two or more roads defines the nonattainment boundary, the area shall extend outward 750 feet from the center of the road or intersection				
Owensboro Area:				
Daviess County	.....	1 hr.std.N.A.[2]		
Hancock County	.....	1 hr.std.N.A.[2]		
The area boundary is as follows: Beginning at the Intersection of U.S. 60 and the Hancock-Daviess County Line; proceeding east along U.S. 60 to the intersection of Yellow Creek and U.S. 60; proceeding north and west along Yellow Creek to the confluence of the Ohio River; proceeding west along the Ohio River to the confluence of Blackford Creek; proceeding south and east along Blackford Creek to the beginning				
Morgan County Area:				
Morgan County	11/15/90	Unclassifiable/Attainment	11/15/90	

KENTUCKY—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Adair County		1 hr.std.N.A.[2]		
Allen County		1 hr.std.N.A.[2]		
Anderson County		1 hr.std.N.A.[2]		
Ballard County		1 hr.std.N.A.[2]		
Barren County		1 hr.std.N.A.[2]		
Bath County		1 hr.std.N.A.[2]		
Bell County		1 hr.std.N.A.[2]		
Bourbon County		1 hr.std.N.A.[2]		
Boyd County		1 hr.std.N.A.[2]		
Boyle County		1 hr.std.N.A.[2]		
Bracken County		1 hr.std.N.A.[2]		
Breathitt County		1 hr.std.N.A.[2]		
Breckinridge County		1 hr.std.N.A.[2]		
Bullitt County (part):				
Remainder of County		1 hr.std.N.A.[2]		
Butler County		1 hr.std.N.A.[2]		
Caldwell County		1 hr.std.N.A.[2]		
Calloway County		1 hr.std.N.A.[2]		
Carlisle County		1 hr.std.N.A.[2]		
Carroll County		1 hr.std.N.A.[2]		
Carter County		1 hr.std.N.A.[2]		
Casey County		1 hr.std.N.A.[2]		
Christian County		1 hr.std.N.A.[2]		
Clark County		1 hr.std.N.A.[2]		
Clay County		1 hr.std.N.A.[2]		
Clinton County		1 hr.std.N.A.[2]		
Crittenden County		1 hr.std.N.A.[2]		
Cumberland County		1 hr.std.N.A.[2]		
Elliott County		1 hr.std.N.A.[2]		
Estill County		1 hr.std.N.A.[2]		
Fayette County		1 hr.std.N.A.[2]		
Fleming County		1 hr.std.N.A.[2]		
Floyd County		1 hr.std.N.A.[2]		
Franklin County		1 hr.std.N.A.[2]		
Fulton County		1 hr.std.N.A.[2]		
Gallatin County		1 hr.std.N.A.[2]		
Garrard County		1 hr.std.N.A.[2]		
Grant County		1 hr.std.N.A.[2]		
Graves County		1 hr.std.N.A.[2]		
Grayson County		1 hr.std.N.A.[2]		
Green County		1 hr.std.N.A.[2]		
Greenup County		1 hr.std.N.A.[2]		
Hancock County (part):				
Remainder of County		1 hr.std.N.A.[2]		
Hardin County		1 hr.std.N.A.[2]		
Harlan County		1 hr.std.N.A.[2]		
Harrison County		1 hr.std.N.A.[2]		
Hart County		1 hr.std.N.A.[2]		
Henderson County		1 hr.std.N.A.[2]		
Henry County		1 hr.std.N.A.[2]		
Hickman County		1 hr.std.N.A.[2]		
Hopkins County		1 hr.std.N.A.[2]		
Jackson County		1 hr.std.N.A.[2]		
Jessamine County		1 hr.std.N.A.[2]		
Johnson County		1 hr.std.N.A.[2]		
Knott County		1 hr.std.N.A.[2]		
Knox County		1 hr.std.N.A.[2]		
Larue County		1 hr.std.N.A.[2]		
Laurel County		1 hr.std.N.A.[2]		
Lawrence County		1 hr.std.N.A.[2]		
Lee County		1 hr.std.N.A.[2]		
Leslie County		1 hr.std.N.A.[2]		
Letcher County		1 hr.std.N.A.[2]		
Lewis County		1 hr.std.N.A.[2]		
Lincoln County		1 hr.std.N.A.[2]		
Livingston County		1 hr.std.N.A.[2]		
Logan County		1 hr.std.N.A.[2]		
Lyon County		1 hr.std.N.A.[2]		
Madison County		1 hr.std.N.A.[2]		
Magoffin County		1 hr.std.N.A.[2]		

KENTUCKY—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Marion County		1 hr.std.N.A.[2]		
Marshall County		1 hr.std.N.A.[2]		
Martin County		1 hr.std.N.A.[2]		
Mason County		1 hr.std.N.A.[2]		
McCracken County		1 hr.std.N.A.[2]		
McCreary County		1 hr.std.N.A.[2]		
McLean County		1 hr.std.N.A.[2]		
Meade County		1 hr.std.N.A.[2]		
Menifee County		1 hr.std.N.A.[2]		
Mercer County		1 hr.std.N.A.[2]		
Metcalfe County		1 hr.std.N.A.[2]		
Monroe County		1 hr.std.N.A.[2]		
Montgomery County		1 hr.std.N.A.[2]		
Muhlenberg County		1 hr.std.N.A.[2]		
Nelson County		1 hr.std.N.A.[2]		
Nicholas County		1 hr.std.N.A.[2]		
Ohio County		1 hr.std.N.A.[2]		
Oldham County (part):				
Remainder of County		1 hr.std.N.A.[2]		
Owen County		1 hr.std.N.A.[2]		
Owsley County		1 hr.std.N.A.[2]		
Pendleton County		1 hr.std.N.A.[2]		
Perry County		1 hr.std.N.A.[2]		
Pike County		1 hr.std.N.A.[2]		
Powell County		1 hr.std.N.A.[2]		
Pulaski County		1 hr.std.N.A.[2]		
Robertson County		1 hr.std.N.A.[2]		
Rockcastle County		1 hr.std.N.A.[2]		
Rowan County		1 hr.std.N.A.[2]		
Russell County		1 hr.std.N.A.[2]		
Scott County		1 hr.std.N.A.[2]		
Shelby County		1 hr.std.N.A.[2]		
Simpson County		1 hr.std.N.A.[2]		
Spencer County		1 hr.std.N.A.[2]		
Taylor County		1 hr.std.N.A.[2]		
Todd County		1 hr.std.N.A.[2]		
Trigg County		1 hr.std.N.A.[2]		
Trimble County		1 hr.std.N.A.[2]		
Union County		1 hr.std.N.A.[2]		
Warren County		1 hr.std.N.A.[2]		
Washington County		1 hr.std.N.A.[2]		
Wayne County		1 hr.std.N.A.[2]		
Webster County		1 hr.std.N.A.[2]		
Whitley County		1 hr.std.N.A.[2]		
Wolfe County		1 hr.std.N.A.[2]		
Woodford County		1 hr.std.N.A.[2]		

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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20. In § 81.319, the table entitled ''Louisiana-Ozone'' is revised to read as follows:

§ 81.319 Louisiana.

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LOUISIANA-OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Baton Rouge Area:				
Ascension Parish	11/15/90	Nonattainment	11/15/90	Serious.
East Baton Rouge Parish	11/15/90	Nonattainment	11/15/90	Serious.
Iberville Parish	11/15/90	Nonattainment	11/15/90	Serious.
Livingston Parish	11/15/90	Nonattainment	11/15/90	Serious.
West Baton Rouge Parish	11/15/90	Nonattainment	11/15/90	Serious.
Beauregard Parish Area:				
Beauregard Parish		1 hr.std.N.A. [2]		
Grant Parish Area:				

LOUISIANA-OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Grant Parish		1 hr.std.N.A. [2]		
Lafayette Area:				
Lafayette Parish		1 hr.std.N.A. [2]		
Lafourche Parish Area:				
Lafourche Parish	1/05/98	Nonattainment	1/05/98	Incomplete Data.
Lake Charles Area:				
Calcasieu Parish		1 hr.std.N.A. [2]		
New Orleans Area:				
Jefferson Parish		1 hr.std.N.A. [2]		
Orleans Parish		1 hr.std.N.A. [2]		
St. Bernard Parish		1 hr.std.N.A. [2]		
St. Charles Parish		1 hr.std.N.A. [2]		
Pointe Coupee Area:				
Pointe Coupee Parish		1 hr.std.N.A. [2]		
St. James Parish Area:				
St. James Parish		1 hr.std.N.A. [2]		
St. Mary Parish Area:				
St. Mary Parish		1 hr.std.N.A. [2]		
AQCR 019 Monroe-El Dorado Interstate		1 hr.std.N.A. [2]		
Caldwell Parish				
Catahoula Parish				
Concordia Parish				
East Carroll Parish				
Franklin Parish				
La Salle Parish				
Madison Parish				
Morehouse Parish				
Ouachita Parish				
Richland Parish				
Tensas Parish				
Union Parish				
West Carroll Parish				
AQCR 022 Shreveport-Texarkana-Tyler Inters.		1 hr.std.N.A. [2]		
Bienville Parish				
Bossier Parish				
Caddo Parish				
Claiborne Parish				
De Soto Parish				
Jackson Parish				
Lincoln Parish				
Natchitoches Parish				
Red River Parish				
Sabine Parish				
Webster Parish				
Winn Parish				
AQCR 106 S. Louisiana-S.E. Texas Interstate		1 hr.std.N.A. [2]		
St. John The Baptist Parish.				
AQCR 106 S. Louisiana-S.E. Texas Interstate		1 hr.std.N.A. [2]		
Acadia Parish				
Allen Parish				
Assumption Parish				
Avoyelles Parish				
Cameron Parish				
East Feliciana Parish				
Evangeline Parish				
Iberia Parish				
Jefferson Davis Parish				
Plaquemines Parish				
Rapides Parish				
St. Helena Parish				
St. Landry Parish				
St. Martin Parish				
St. Tammany Parish				
Tangipahoa Parish				
Terrebonne Parish				
Vermilion Parish				
Vernon Parish				
Washington Parish				
West Feliciana Parish				

[1] This date is June 5, 1998, unless otherwise noted.

[2] 1 hour standard Not Applicable.

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21. In § 81.320, the table entitled ''Maine-Ozone'' is revised to read as follows:

§ 81.320 Maine.

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MAINE-OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Franklin County Area:				
Franklin County (part)		1 hr.std.N.A. [3]		
Hancock County and Waldo County Area:				
Hancock County		1 hr.std.N.A. [3]		
Waldo County		1 hr.std.N.A. [3]		
Knox County and Lincoln County Area:				
Knox County		1 hr.std.N.A.		
Lincoln County		1 hr.std.N.A. [3]		
Lewiston-Auburn Area:				
Androscoggin County		1 hr.std.N.A.. [3]		
Kennebec County		1 hr.std.N.A. [3]		
Oxford County Area:				
Oxford County (part)		1 hr.std.N.A. [3]		
Portland Area:				
Cumberland County	11/15/90	Nonattainment	11/15/90	Moderate. [2]
Sagadahoc County	11/15/90	Nonattainment	11/15/90	Moderate. [2]
York County	11/15/90	Nonattainment	11/15/90	Moderate. [2]
Somerset County Area:				
Somerset County (part)		1 hr.std.N.A. [3]		
AQCR 108 Aroostook Intrastate		1 hr.std.N.A. [3]		
Aroostook County (part) see 40 CFR 81.179				
AQCR 109 Down East Intrastate		1 hr.std.N.A. [3]		
Penobscot County (part), as described under 40 CFR 81.181.				
Piscataquis County (part) see 40 CFR 81.181				
Washington County				
AQCR 111 Northwest Maine Intrastate		1 hr.std.N.A. [3]		
(Remainder of) see 40 CFR 81.182				
Aroostook County				
Franklin County (part)				
Oxford County (part)				
Penobscot County (part)				
Piscataquis County (part)				
Somerset County (part)				

[1] This date is June 5, 1998, unless otherwise noted.
[2] Attainment date extended to November 15, 1997.
[3] 1 hour standard Not Applicable.

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22. In § 81.321, the table entitled ''Maryland-Ozone'' is revised to read as follows:

§ 81.321 Maryland.

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MARYLAND—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Baltimore Area:				
Anne Arundel County	11/15/90	Nonattainment	11/15/90	Severe-15.
City of Baltimore	11/15/90	Nonattainment	11/15/90	Severe-15.
Baltimore County	11/15/90	Nonattainment	11/15/90	Severe-15.
Carroll County	11/15/90	Nonattainment	11/15/90	Severe-15.
Harford County	11/15/90	Nonattainment	11/15/90	Severe-15.
Howard County	11/15/90	Nonattainment	11/15/90	Severe-15.
Kent County and Queen Anne's County Area:				
Kent County	1/6/92	Nonattainment	1/6/92	Marginal.
Queen Anne's County	1/6/92	Nonattainment	1/6/92	Marginal.
Philadelphia-Wilmington-Trenton Area:				
Cecil County	11/15/90	Nonattainment	11/15/90	Severe-15.

MARYLAND—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Washington, DC Area:				
Calvert County	11/15/90	Nonattainment	11/15/90	Serious.
Charles County	11/15/90	Nonattainment	11/15/90	Serious.
Frederick County	11/15/90	Nonattainment	11/15/90	Serious.
Montgomery County	11/15/90	Nonattainment	11/15/90	Serious.
Prince George's County	11/15/90	Nonattainment	11/15/90	Serious.
AQCR 113 Cumberland-Keyser Interstate		1 hr.std.N.A. [2]		
Allegany County				
Garrett County				
Washington County				
AQCR 114 Eastern Shore Interstate (Remainder of)		1 hr.std.N.A. [2]		
Caroline County				
Dorchester County				
Somerset County				
Talbot County				
Wicomico County				
Worcester County				
AQCR 116 Southern Maryland Intrastate (Remainder of)		1 hr.std.N.A. [2]		
St. Mary's County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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23. In § 81.322, the table entitled ''Massachusetts—Ozone'' is revised to read as follows:

§ 81.322 Massachusetts.

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MASSACHUSETTS—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Boston-Lawrence-Worcester (E. Mass) Area:				
Barnstable County	11/15/90	Nonattainment	11/15/90	Serious.
Bristol County	11/15/90	Nonattainment	11/15/90	Serious.
Dukes County	11/15/90	Nonattainment	11/15/90	Serious.
Essex County	11/15/90	Nonattainment	11/15/90	Serious.
Middlesex County	11/15/90	Nonattainment	11/15/90	Serious.
Nantucket County	11/15/90	Nonattainment	11/15/90	Serious.
Norfolk County	11/15/90	Nonattainment	11/15/90	Serious.
Plymouth County	11/15/90	Nonattainment	11/15/90	Serious.
Suffolk County	11/15/90	Nonattainment	11/15/90	Serious.
Worcester County	11/15/90	Nonattainment	11/15/90	Serious.
Springfield (W. Mass) Area:				
Berkshire County	11/15/90	Nonattainment	11/15/90	Serious.
Franklin County	11/15/90	Nonattainment	11/15/90	Serious.
Hampden County	11/15/90	Nonattainment	11/15/90	Serious.
Hampshire County	11/15/90	Nonattainment	11/15/90	Serious.

[1] This date is June 5, 1998, unless otherwise noted.

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24. In § 81.323, the table entitled ''Michigan—Ozone'' is revised to read as follows:

§ 81.323 Michigan.

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MICHIGAN—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Allegan County Area:				
Allegan County	11/15/90	Nonattainment	11/15/90	Incomplete Data.
Barry County Area:				
Barry County		1 hr.std.N.A. [2]		
Battle Creek Area:				

MICHIGAN—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Calhoun County		1 hr.std.N.A. [2]		
Benton Harbor Area:				
Berrien County		1 hr.std.N.A. [2]		
Branch County Area:				
Branch County		1 hr.std.N.A. [2]		
Cass County Area:				
Cass County		1 hr.std.N.A. [2]		
Detroit-Ann Arbor Area:				
Livingston County	4/6/95	Attainment.		
Macomb County	4/6/95	Attainment.		
Monroe County	4/6/95	Attainment.		
Oakland County	4/6/95	Attainment.		
St. Clair County	4/6/95	Attainment.		
Washtenaw County	4/6/95	Attainment.		
Wayne County	4/6/95	Attainment.		
Flint Area:				
Genesee County		1 hr.std.N.A. [2]		
Grand Rapids Area:				
Kent County	6/21/96	Attainment..		
Ottawa County	6/21/96	Attainment..		
Gratiot County Area:				
Gratiot County		1 hr.std.N.A. [2]		
Hillsdale County Area:				
Hillsdale County		1 hr.std.N.A. [2]		
Huron County Area:				
Huron County		1 hr.std.N.A. [2]		
Ionia County Area:				
Ionia County		1 hr.std.N.A. [2]		
Jackson Area:				
Jackson County		1 hr.std.N.A. [2]		
Kalamazoo Area:				
Kalamazoo County		1 hr.std.N.A. [2]		
Lansing-East Lansing Area:				
Clinton County		1 hr.std.N.A. [2]		
Eaton County		1 hr.std.N.A. [2]		
Ingham County		1 hr.std.N.A. [2]		
Lapeer County Area:				
Lapeer County		1 hr.std.N.A. [2]		
Lenawee County Area:				
Lenawee County		1 hr.std.N.A. [2]		
Mason County Area:				
Mason County	11/15/90	Unclassifiable/Attainment	11/15/90	
Montcalm Area:				
Montcalm County		1 hr.std.N.A. [2]		
Muskegon Area:				
Muskegon County	11/15/90	Nonattainment	11/15/90	Moderate.
Oceana County Area:				
Oceana County	11/15/90	Unclassifiable/Attainment	11/15/90	
Saginaw-Bay City-Midland Area:				
Bay County		1 hr.std.N.A. [2]		
Midland County		1 hr.std.N.A. [2]		
Saginaw County		1 hr.std.N.A. [2]		
Sanilac County Area:				
Sanilac County		1 hr.std.N.A. [2]		
Shiawassee County Area:				
Shiawassee County		1 hr.std.N.A. [2]		
St. Joseph County Area:				
St. Joseph County		1 hr.std.N.A. [2]		
Tuscola County Area:				
Tuscola County		1 hr.std.N.A. [2]		
Van Buren County Area:				
Van Buren County		1 hr.std.N.A. [2]		
AQCR 122 Central Michigan Intrastate (Remainder of)		1 hr.std.N.A. [2]		
Arenac County				
Clare County				
Gladwin County				
Iosco County				
Isabella County				
Lake County				
Mecosta County				

MICHIGAN—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Newaygo County				
Ogemaw County				
Osceola County				
Roscommon County				
AQCR 126 Upper Michigan Intrastate (part)				
Marquette County	.....	1 hr.std.N.A. [2]		
AQCR 126 Upper Michigan Intrastate (Remainder of)	.....	1 hr.std.N.A. [2]		
Alcona County				
Alger County				
Alpena County				
Antrim County				
Baraga County				
Benzie County				
Charlevoix County				
Cheboygan County				
Chippewa County				
Crawford County				
Delta County				
Dickinson County				
Emmet County				
Gogebic County				
Grand Traverse County				
Houghton County				
Iron County				
Kalkaska County				
Keweenaw County				
Leelanau County				
Luce County				
Mackinac County				
Manistee County				
Menominee County				
Missaukee County				
Montmorency County				
Ontonagon County				
Oscoda County				
Otsego County				
Presque Isle County				
Schoolcraft County				
Wexford County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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25. In § 81.324, the table entitled ''Minnesota—Ozone'' is revised to read as follows:

§ 81.324 Minnesota.

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MINNESOTA—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Minneapolis-Saint Paul Area:				
Anoka County	.....	1 hr.std.N.A.[2]		
Carver County	.....	1 hr.std.N.A.[2]		
Dakota County	.....	1 hr.std.N.A.[2]		
Hennepin County	.....	1 hr.std.N.A.[2]		
Ramsey County	.....	1 hr.std.N.A.[2]		
Scott County	.....	1 hr.std.N.A.[2]		
Washington County	.....	1 hr.std.N.A.[2]		
Aitkin County	.....	1 hr.std.N.A.[2]		
Becker County	.....	1 hr.std.N.A.[2]		
Beltrami County	.....	1 hr.std.N.A.[2]		
Benton County	.....	1 hr.std.N.A.[2]		
Big Stone County	.....	1 hr.std.N.A.[2]		
Blue Earth County	.....	1 hr.std.N.A.[2]		
Brown County	.....	1 hr.std.N.A.[2]		

MINNESOTA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Carlton County		1 hr.std.N.A.[2]		
Cass County		1 hr.std.N.A.[2]		
Chippewa County		1 hr.std.N.A.[2]		
Chisago County		1 hr.std.N.A.[2]		
Clay County		1 hr.std.N.A.[2]		
Clearwater County		1 hr.std.N.A.[2]		
Cook County		1 hr.std.N.A.[2]		
Cottonwood County		1 hr.std.N.A.[2]		
Crow Wing County		1 hr.std.N.A.[2]		
Dodge County		1 hr.std.N.A.[2]		
Douglas County		1 hr.std.N.A.[2]		
Faribault County		1 hr.std.N.A.[2]		
Fillmore County		1 hr.std.N.A.[2]		
Freeborn County		1 hr.std.N.A.[2]		
Goodhue County		1 hr.std.N.A.[2]		
Grant County		1 hr.std.N.A.[2]		
Houston County		1 hr.std.N.A.[2]		
Hubbard County		1 hr.std.N.A.[2]		
Isanti County		1 hr.std.N.A.[2]		
Itasca County		1 hr.std.N.A.[2]		
Jackson County		1 hr.std.N.A.[2]		
Kanabec County		1 hr.std.N.A.[2]		
Kandiyohi County		1 hr.std.N.A.[2]		
Kittson County		1 hr.std.N.A.[2]		
Koochiching County		1 hr.std.N.A.[2]		
Lac qui Parle County		1 hr.std.N.A.[2]		
Lake County		1 hr.std.N.A.[2]		
Lake of the Woods County		1 hr.std.N.A.[2]		
Le Sueur County		1 hr.std.N.A.[2]		
Lincoln County		1 hr.std.N.A.[2]		
Lyon County		1 hr.std.N.A.[2]		
Mahnomen County		1 hr.std.N.A.[2]		
Marshall County		1 hr.std.N.A.[2]		
Martin County		1 hr.std.N.A.[2]		
McLeod County		1 hr.std.N.A.[2]		
Meeker County		1 hr.std.N.A.[2]		
Mille Lacs County		1 hr.std.N.A.[2]		
Morrison County		1 hr.std.N.A.[2]		
Mower County		1 hr.std.N.A.[2]		
Murray County		1 hr.std.N.A.[2]		
Nicollet County		1 hr.std.N.A.[2]		
Nobles County		1 hr.std.N.A.[2]		
Norman County		1 hr.std.N.A.[2]		
Olmsted County		1 hr.std.N.A.[2]		
Otter Tail County		1 hr.std.N.A.[2]		
Pennington County		1 hr.std.N.A.[2]		
Pine County		1 hr.std.N.A.[2]		
Pipestone County		1 hr.std.N.A.[2]		
Polk County		1 hr.std.N.A.[2]		
Pope County		1 hr.std.N.A.[2]		
Red Lake County		1 hr.std.N.A.[2]		
Redwood County		1 hr.std.N.A.[2]		
Renville County		1 hr.std.N.A.[2]		
Rice County		1 hr.std.N.A.[2]		
Rock County		1 hr.std.N.A.[2]		
Roseau County		1 hr.std.N.A.[2]		
Saint Louis County		1 hr.std.N.A.[2]		
Sherburne County		1 hr.std.N.A.[2]		
Sibley County		1 hr.std.N.A.[2]		
Stearns County		1 hr.std.N.A.[2]		
Steele County		1 hr.std.N.A.[2]		
Stevens County		1 hr.std.N.A.[2]		
Swift County		1 hr.std.N.A.[2]		
Todd County		1 hr.std.N.A.[2]		
Traverse County		1 hr.std.N.A.[2]		
Wabasha County		1 hr.std.N.A.[2]		
Wadena County		1 hr.std.N.A.[2]		
Waseca County		1 hr.std.N.A.[2]		
Watonwan County		1 hr.std.N.A.[2]		
Wilkin County		1 hr.std.N.A.[2]		

MINNESOTA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Winona County		1 hr.std.N.A.[2]		
Wright County		1 hr.std.N.A.[2]		
Yellow Medicine County		1 hr.std.N.A.[2]		

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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26. In § 81.325, the table entitled ''Mississippi—Ozone'' is revised to read as follows:

§ 81.325 Mississippi.

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MISSISSIPPI—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Memphis:				
De Soto County	11/15/90	Unclassifiable /Attainment.	11/15/90	
Rest of State		1 hr.std.N.A.[2].		
Adams County				
Alcorn County				
Amite County				
Attala County				
Benton County				
Bolivar County				
Calhoun County				
Carroll County				
Chickasaw County				
Choctaw County				
Claiborne County				
Clarke County				
Clay County				
Coahoma County				
Copiah County				
Covington County				
Forrest County				
Franklin County				
George County				
Greene County				
Grenada County				
Hancock County				
Harrison County				
Hinds County				
Holmes County				
Humphreys County				
Issaquena County				
Itawamba County				
Jackson County				
Jasper County				
Jefferson County				
Jefferson Davis County				
Jones County				
Kemper County				
Lafayette County				
Lamar County				
Lauderdale County				
Lawrence County				
Leake County				
Lee County				
Leflore County				
Lincoln County				
Lowndes County				
Madison County				
Marion County				
Marshall County				
Monroe County				
Montgomery County				

MISSISSIPPI—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Neshoba County				
Newton County				
Noxubee County				
Oktibbeha County				
Panola County				
Pearl River County				
Perry County				
Pike County				
Pontotoc County				
Prentiss County				
Quitman County				
Rankin County				
Scott County				
Sharkey County				
Simpson County				
Smith County				
Stone County				
Sunflower County				
Tallahatchie County				
Tate County				
Tippah County				
Tishomingo County				
Tunica County				
Union County				
Walthall County				
Warren County				
Washington County				
Wayne County				
Wilkinson County				
Winston County				
Yalobusha County				
Yazoo County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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27. In § 81.326, the table entitled ''Missouri-Ozone'' is revised to read as follows:

§ 81.326 Missouri.

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MISSOURI—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Kansas City Area:				
Clay County	7/23/92	Attainment.		
Jackson County	7/23/92	Attainment.		
Platte County	7/23/92	Attainment.		
St Louis Area:				
Franklin County	11/15/90	Nonattainment	11/15/90	Moderate.
Jefferson County	11/15/90	Nonattainment	11/15/90	Moderate.
St Charles County	11/15/90	Nonattainment	11/15/90	Moderate.
St Louis	11/15/90	Nonattainment	11/15/90	Moderate.
St Louis County	11/15/90	Nonattainment	11/15/90	Moderate.
AQCR 094 Metro Kansas City Interstate (Remainder of)		1 hr.std.N.A.[2]		
Buchanan County				
Cass County				
Ray County				
AQCR 137 N. Missouri Intrastate (part) Pike County		1 hr.std.N.A.[2]		
Ralls County		1 hr.std.N.A.[2]		
AQCR 137 N. Missouri Intrastate (Remainder of)		1 hr.std.N.A.[2]		
Adair County				
Andrew County				
Atchison County				
Audrain County				
Boone County				
Caldwell County				

MISSOURI—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Callaway County				
Carroll County				
Chariton County				
Clark County				
Clinton County				
Cole County				
Cooper County				
Daviess County				
De Kalb County				
Gentry County				
Grundy County				
Harrison County				
Holt County				
Howard County				
Knox County				
Lewis County				
Lincoln County				
Linn County				
Livingston County				
Macon County				
Marion County				
Mercer County				
Moniteau County				
Monroe County				
Montgomery County				
Nodaway County				
Osage County				
Putnam County				
Randolph County				
Saline County				
Schuyler County				
Scotland County				
Shelby County				
Sullivan County				
Warren County				
Worth County				
Rest of State	.....	1 hr.std.N.A. [2]		
Barry County				
Barton County				
Bates County				
Benton County				
Bollinger County				
Butler County				
Camden County				
Cape Girardeau County				
Carter County				
Cedar County				
Christian County				
Crawford County				
Dade County				
Dallas County				
Dent County				
Douglas County				
Dunklin County				
Gasconade County				
Greene County				
Henry County				
Hickory County				
Howell County				
Iron County				
Jasper County				
Johnson County				
Laclede County				
Lafayette County				
Lawrence County				
Madison County				
Maries County				
McDonald County				
Miller County				
Mississippi County				

MISSOURI—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Morgan County				
New Madrid County				
Newton County				
Oregon County				
Ozark County				
Pemiscot County				
Perry County				
Pettis County				
Phelps County				
Polk County				
Pulaski County				
Reynolds County				
Ripley County				
Scott County				
Shannon County				
St. Clair County				
St. Francois County				
Ste. Genevieve County				
Stoddard County				
Stone County				
Taney County				
Texas County				
Vernon County				
Washington County				
Wayne County				
Webster County				
Wright County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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28. In § 81.327, the table entitled ''Montana-Ozone'' is revised to read as follows:

§ 81.327 Montana.

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MONTANA—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Beaverhead County		1 hr.std.N.A.[2]		
Big Horn County (part) excluding Crow, Northern Cheyenne Indian Reservations		1 hr.std.N.A.[2]		
Blaine County (part) excluding Fort Belknap Indian Reservation		1 hr.std.N.A.[2]		
Broadwater County		1 hr.std.N.A.[2]		
Carbon County		1 hr.std.N.A.[2]		
Carter County		1 hr.std.N.A.[2]		
Cascade County		1 hr.std.N.A.[2]		
Chouteau County (part) excluding Rocky Boy Indian Reservation		1 hr.std.N.A.[2]		
Custer County		1 hr.std.N.A.[2]		
Daniels County (part) excluding Fort Peck Indian Reservation		1 hr.std.N.A.[2]		
Dawson County		1 hr.std.N.A.[2]		
Deer Lodge County		1 hr.std.N.A.[2]		
Fallon County		1 hr.std.N.A.[2]		
Fergus County		1 hr.std.N.A.[2]		
Flathead County (part) excluding Flathead Indian Resevation		1 hr.std.N.A.[2]		
Gallatin County		1 hr.std.N.A.[2]		
Garfield County		1 hr.std.N.A.[2]		
Glacier County (part) excluding Blackfeet Indian Reservation		1 hr.std.N.A.[2]		
Golden Valley County		1 hr.std.N.A.[2]		
Granite County		1 hr.std.N.A.[2]		
Hill County (part)		1 hr.std.N.A.[2]		

MONTANA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
excluding Rocky Boy Indian Reservation				
Jefferson County		1 hr.std.N.A.[2]		
Judith Basin County		1 hr.std.N.A.[2]		
Lake County (part)		1 hr.std.N.A.[2]		
excluding Flathead Indian Reservation				
Lewis and Clark County		1 hr.std.N.A.[2]		
Liberty County		1 hr.std.N.A.[2]		
Lincoln County		1 hr.std.N.A.[2]		
Madison County		1 hr.std.N.A.[2]		
McCone County		1 hr.std.N.A.[2]		
Meagher County		1 hr.std.N.A.[2]		
Mineral County		1 hr.std.N.A.[2]		
Missoula County (part)		1 hr.std.N.A.[2]		
excluding Flathead Indian Reservation				
Musselshell County		1 hr.std.N.A.[2]		
Park County		1 hr.std.N.A.[2]		
Petroleum County		1 hr.std.N.A.[2]		
Phillips County (part)		1 hr.std.N.A.[2]		
excluding Fort Belknap Indian Reservation				
Pondera County (part)		1 hr.std.N.A.[2]		
excluding Blackfeet Indian Reservation				
Powder River County		1 hr.std.N.A.[2]		
Powell County		1 hr.std.N.A.[2]		
Prairie County		1 hr.std.N.A.[2]		
Ravalli County		1 hr.std.N.A.[2]		
Richland County		1 hr.std.N.A.[2]		
Roosevelt County (part)		1 hr.std.N.A.[2]		
excluding Fort Peck Indian Reservation				
Rosebud County (part)		1 hr.std.N.A.[2]		
excluding Northern Cheyenne Indian Reservation				
Sanders County (part)		1 hr.std.N.A.[2]		
excluding Flathead Indian Reservation				
Sheridan County (part)		1 hr.std.N.A.[2]		
excluding Fort Peck Indian Reservation				
Silver Bow County		1 hr.std.N.A.[2]		
Stillwater County		1 hr.std.N.A.[2]		
Sweet Grass County		1 hr.std.N.A.[2]		
Teton County		1 hr.std.N.A.[2]		
Toole County		1 hr.std.N.A.[2]		
Treasure County		1 hr.std.N.A.[2]		
Valley County (part)		1 hr.std.N.A.[2]		
excluding Fort Peck Indian Reservation				
Wheatland County		1 hr.std.N.A.[2]		
Wibaux County		1 hr.std.N.A.[2]		
Yellowstone County (part)		1 hr.std.N.A.[2]		
excluding Crow Indian Reservation				
Yellowstone Natl Park		1 hr.std.N.A.[2]		
Blackfeet Indian Reservation		1 hr.std.N.A.[2]		
Glacier County (part)				
area inside Blackfeet Reservation				
Pondera County (part)				
area inside Blackfeet Reservation				
Crow Indian Reservation		1 hr.std.N.A.[2]		
Bighorn County (part)				
area inside Crow Reservation				
Yellowstone (part)				
area inside Crow Reservation				
Flathead Indian Reservation		1 hr.std.N.A.[2]		
Flathead County (part)				
area inside Flathead Reservation				
Lake County (part)				
area inside Flathead Reservation				
Missoula County (part)				
area inside Flathead Reservation				
Sanders County (part)				
area inside Flathead Reservation				
Fort Belknap Indian Reservation		1 hr.std.N.A.[2]		
Blaine County (part)				
area inside Fort Belknap Reservation				
Phillips County (part)				

MONTANA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
area inside Fort Belknap Reservation				
Fort Peck Indian Reservation		1 hr.std.N.A.[2]		
Daniels County (part)				
area inside Fort Peck Reservation				
Roosevelt County (part)				
area inside Fort Peck Reservation				
Sheridan County (part)				
area inside Fort Peck Reservation				
Valley County (part)				
area inside Fort Peck Reservation				
Northern Cheyenne Indian Reservation		1 hr.std.N.A.[2]		
Bighorn County (part)				
area inside Northern Cheyenne Reservation				
Rosebud County (part)				
area inside Northern Cheyenne Reservation				
Rocky Boy Indian Reservation		1 hr.std.N.A.[2]		
Chouteau County (part)				
area inside Rocky Boy Reservation				
Hill County (part)				
area inside Rocky Boy Reservation				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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29. In § 81.328, the table entitled ''Nebraska-Ozone'' is revised to read as follows:

§ 81.328 Nebraska.

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NEBRASKA—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [2]	Type
Statewide		1 hr.std.N.A.[2]		
Adams County				
Antelope County				
Arthur County				
Banner County				
Blaine County				
Boone County				
Box Butte County				
Boyd County				
Brown County				
Buffalo County				
Burt County				
Butler County				
Cass County				
Cedar County				
Chase County				
Cherry County				
Cheyenne County				
Clay County				
Colfax County				
Cuming County				
Custer County				
Dakota County				
Dawes County				
Dawson County				
Deuel County				
Dixon County				
Dodge County				
Douglas County				
Dundy County				
Fillmore County				
Franklin County				
Frontier County				
Furnas County				
Gage County				

NEBRASKA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [2]	Type
Garden County				
Garfield County				
Gosper County				
Grant County				
Greeley County				
Hall County				
Hamilton County				
Harlan County				
Hayes County				
Hitchcock County				
Holt County				
Hooker County				
Howard County				
Jefferson County				
Johnson County				
Kearney County				
Keith County				
Keya Paha County				
Kimball County				
Knox County				
Lancaster County				
Lincoln County				
Logan County				
Loup County				
Madison County				
McPherson County				
Merrick County				
Morrill County				
Nance County				
Nemaha County				
Nuckolls County				
Otoe County				
Pawnee County				
Perkins County				
Phelps County				
Pierce County				
Platte County				
Polk County				
Red Willow County				
Richardson County				
Rock County				
Saline County				
Sarpy County				
Saunders County				
Scotts Bluff County				
Seward County				
Sheridan County				
Sherman County				
Sioux County				
Stanton County				
Thayer County				
Thomas County				
Thurston County				
Valley County				
Washington County				
Wayne County				
Webster County				
Wheeler County				
York County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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30. In § 81.329, the table entitled ''Nevada—Ozone'' is revised to read as follows:

§ 81.329 Nevada.

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NEVADA—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Reno Area		1 hr.std.N.A.[2]		
Washoe County				
Rest of State		1 hr.std.N.A.[2]		
Carson City				
Churchill County				
Clark County				
Douglas County				
Elko County				
Esmeralda County				
Eureka County				
Humboldt County				
Lander County				
Lincoln County				
Lyon County				
Mineral County				
Nye County				
Pershing County				
Storey County				
White Pine County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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31. In § 81.330, the table entitled ''New Hampshire-Ozone'' is revised to read as follows:

§ 81.330 New Hampshire.

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NEW HAMPSHIRE—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Belknap County Area:				
Belknap County		1 hr.std. N.A.[2]		
Boston-Lawrence-Worcester Area:				
Hillsborough County (part)	11/15/90	Nonattainment	11/15/90	Serious.
Pelham Town, Amherst Town, Brookline Town, Hollis Town, Hudson Town, Litchfield Town, Merrimack Town, Milford Town, Mont Vernon Town, Nashua City, Wilton Town.				
Rockingham County (part)	11/15/90	Nonattainment	11/15/90	Serious.
Atkinson Town, Brentwood Town, Danville Town, Derry Town, E Kingston Town, Hampstead Town, Hampton Falls Town, Kensington Town, Kingston Town, Londonderry Town, Newton Town, Plaistow Town, Salem Town, Sandown Town, Seabrook Town, South Hampton Town, Windham Town.				
Cheshire County Area:				
Cheshire County		1 hr.std. N.A.[2]		
Manchester Area:				
Hillsborough County (part)		1 hr.std. N.A.[2]		
Antrim Town, Bedford Town, Bennington Town, Deering Town, Francestown Town, Goffstown Town, Greenfield Town, Greenville Town, Hancock Town, Hillsborough Town, Lyndeborough Town, Manchester city, Mason Town, New Boston Town, New Ipswich Town, Petersborough Town, Sharon Town, Temple town, Weare Town, Windsor Town.				
Merrimack County		1 hr.std. N.A.[2]		
Rockingham County (part)		1 hr.std. N.A.[2]		
Auburn Town, Candia Town, Chester Town, Deerfield Town, Epping Town, Fremont Town, Northwood Town, Nottingham Town, Raymond Town.				
Portsmouth-Dover-Rochester Area:				
Rockingham County (part)	11/15/90	Nonattainment	11/15/90	Serious.

NEW HAMPSHIRE—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Exeter Town, Greenland Town, Hampton Town, New Castle Town, Newfields Town, Newington Town, Newmarket Town, North Hampton Town, Portsmouth city, Rye Town, Stratham Town.				
Strafford County	11/15/90	Nonattainment	11/15/90	Serious.
Sullivan County Area:				
Sullivan County		1 hr.std. N.A.[2]		
AQCR 107 Androscoggin Valley Interstate:				
Coos County		1 hr.std. N.A.[2]		
AQCR 149 Central New Hampshire Interstate:				
Carroll County		1 hr.std. N.A.[2]		
Grafton County		1 hr.std. N.A.[2]		

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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32 In § 81.331, the table entitled ''New Jersey-Ozone'' is revised to read as follows:

§ 81.331 New Jersey.

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NEW JERSEY—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Allentown-Bethlehem Easton Area:				
Warren County		1 hr.std. N.A.[2]		
Atlantic City Area:				
Atlantic County		1 hr.std. N.A.[2]		
Cape May County		1 hr.std. N.A.[2]		
New York-N. New Jersey-Long Island Area:				
Bergen County	11/15/90	Nonatainment	11/15/90	Severe-17.
Essex County	11/15/90	Nonatainment	11/15/90	Severe-17.
Hudson County	11/15/90	Nonatainment	11/15/90	Severe-17.
Hunterdon County	11/15/90	Nonatainment	11/15/90	Severe-17.
Middlesex County	11/15/90	Nonatainment	11/15/90	Severe-17.
Monmouth County	11/15/90	Nonatainment	11/15/90	Severe-17.
Morris County	11/15/90	Nonatainment	11/15/90	Severe-17.
Ocean County	11/15/90	Nonatainment	11/15/90	Severe-17.
Passaic County	11/15/90	Nonatainment	11/15/90	Severe-17.
Somerset County	11/15/90	Nonatainment	11/15/90	Severe-17.
Sussex County	11/15/90	Nonatainment	11/15/90	Severe-17.
Union County	11/15/90	Nonatainment	11/15/90	Severe-17.
Philadelphia-Wilmington-Trenton Area:				
Burlington County	11/15/90	Nonatainment	11/15/90	Severe-15.
Camden County	11/15/90	Nonatainment	11/15/90	Severe-15.
Cumberland County	11/15/90	Nonatainment	11/15/90	Severe-15.
Gloucester County	11/15/90	Nonatainment	11/15/90	Severe-15.
Mercer County	11/15/90	Nonatainment	11/15/90	Severe-15.
Salem County	11/15/90	Nonatainment	11/15/90	Severe-15.

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1-hour standard Not Applicable.

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33. In § 81.332, the table entitled ''New Mexico-Ozone'' is revised to read as follows:

§ 81.332 New Mexico.

* * * * *

NEW MEXICO—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
AQCR 012 New Mexico-Southern Border Intrastate		1 hr.std.N.A.[2]		

NEW MEXICO—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Grant County				
Hidalgo County				
Luna County				
AQCR 014 Four Corners Interstate		1 hr.std.N.A.[2]		
see 40 CFR 81.121				
McKinley County (part)				
Rio Arriba County (part)				
San Juan County				
Sandoval County (part)				
Valencia County (part)				
AQCR 152 Albuquerque-Mid Rio Grande Intrastate		1 hr.std.N.A.[2]		
Bernalillo County (part)				
AQCR 152 Albuquerque-Mid Rio Grande		1 hr.std.N.A.[2]		
Sandoval County (part)				
see 40 CFR 81.83				
Valencia County				
see 40 CFR 81.83				
AQCR 153 El Paso-Las Cruces-Alamogordo	7/12/95	Nonattainment	7/12/95	Marginal
Dona Ana County (part)-(Sunland Park Area)				
The area bounded by the New Mexico-Texas				
State line on the east, the New Mexico-Mexico internationalline on the south, Range 3E-Range 2E, line on the west, and the N3200 latitude line on the north.				
Dona Ana County (remainder of)		1 hr.std.N.A.[2]		
Lincoln County		1 hr.std.N.A.[2]		
Otero County		1 hr.std.N.A.[2]		
Sierra County		1 hr.std.N.A.[2]		
AQCR 154 Northeastern Plains Intrastate		1 hr.std.N.A.[2]		
Colfax County				
Guadalupe County				
Harding County				
Mora County				
San Miguel County				
Torrance County				
Union County				
AQCR 155 Pecos-Permian Basin Intrastate		1 hr.std.N.A.[2]		
Chaves County				
Curry County				
De Baca County				
Eddy County				
Lea County				
Quay County				
Roosevelt County				
AQCR 156 SW Mountains-Augustine Plains		1 hr.std.N.A.[2]		
Catron County				
Cibola County				
McKinley County (part)				
see 40 CFR 81.241				
Socorro County				
Valencia County (part)				
see 40 CFR 81.241				
AQCR 157 Upper Rio Grande Valley Intrastate		1 hr.std.N.A.[2]		
Los Alamos County				
Rio Arriba County (part)				
see 40 CFR 81.239				
Santa Fe County				
Taos County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

* * * * *

34. In § 81.333, the table entitled ''New York-Ozone'' is revised to read as follows:

§ 81.333 New York.

* * * * *

NEW YORK—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date[1]	Type	Date[2]	Type
Albany-Schenectady-Troy Area:				
Albany County		1 hr. std. N.A.[3]		
Greene County		1 hr. std. N.A.[3]		
Montgomery County		1 hr. std. N.A.[3]		
Rensselaer County		1 hr. std. N.A.[3]		
Saratoga County		1 hr. std. N.A.[3]		
Schenectady County		1 hr. std. N.A.[3]		
Buffalo-Niagara Falls Area:				
Erie County		1 hr. std. N.A.[3]		
Niagara County		1 hr. std. N.A.[3]		
Essex County Area:				
Essex County (part)		1 hr. std. N.A.[3]		
The portion of Whiteface Mountain above 4500 feet in elevation in Essex County				
Jefferson County Area:				
Jefferson County		1 hr. std. N.A.[3]		
New York-Northern New Jersey-Long Island Area:				
Bronx County	11/15/90	Nonattainment	11/15/90	Severe-17.
Kings County	11/15/90	Nonattainment	11/15/90	Severe-17.
Nassau County	11/15/90	Nonattainment	11/15/90	Severe-17.
New York County	11/15/90	Nonattainment	11/15/90	Severe-17.
Orange County (part)	1/15/92	Nonattainment	1/15/92	Severe-17.
Blooming Grove, Chester, Highlands, Monroe, Tuxedo, Warwick, and Woodbury				
Queens County	11/15/90	Nonattainment	11/15/90	Severe-17.
Richmond County	11/15/90	Nonattainment	11/15/90	Severe-17.
Rockland County	11/15/90	Nonattainment	11/15/90	Severe-17.
Suffolk County	11/15/90	Nonattainment	11/15/90	Severe-17.
Westchester County	11/15/90	Nonattainment	11/15/90	Severe-17.
Poughkeepsie Area:				
Dutchess County	1/6/92	Nonattainment	11/7/94	Moderate.
Orange County (remainder)	4/21/94[2]	Nonattainment	11/7/94[2]	Moderate.
Putnam County	1/15/92	Nonattainment	11/7/94	Moderate.
AQCR 158 Central New York Intrastate (Remainder of)		1 hr. std. N.A.[3]		
Cayuga County				
Cortland County				
Herkimer County				
Lewis County				
Madison County				
Oneida County				
Onondaga County				
Oswego County				
AQCR 159 Champlain Valley Interstate (Remainder of)		1 hr. std. N.A.[3]		
Clinton County				
Essex County				
Franklin County				
Hamilton County				
St. Lawrence County				
Warren County				
Washington County				
AQCR 160 Genessee-Finger Lakes Intrastate		1 hr. std. N.A.[3]		
Genesee County				
Livingston County				
Monroe County				
Ontario County				
Orleans County				
Seneca County				
Wayne County				
Wyoming County				
Yates County				
AQCR 161 Hudson Valley Intrastate (Remainder of)		1 hr. std. N.A.[3]		
Columbia County				
Fulton County				
Schoharie County				
Ulster County				
AQCR 163 Southern Tier East Intrastate		1 hr. std. N.A.[3]		
Broome County				
Chenango County				
Delaware County				
Otsego County				

NEW YORK—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date[1]	Type	Date[2]	Type
Sullivan County				
Tioga County				
AQCR 164 Southern Tier West Intrastate		1 hr. std. N.A.[3]		
Allegany County				
Cattaraugus County				
Chautauqua County				
Chemung County				
Schuyler County				
Steuben County				
Tompkins County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] However, the effective date is November 15, 1990, for purposes of determining the scope of a ''covered area'' under section 211 (k)(10)(D), opt-in under section 211 (k)(6), and the baseline determination of the 15% reduction in volatile organic compounds under section 182 (b)(1).
[3] 1 hour standard Not Applicable.

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35. In § 81.334, the table entitled ''North Carolina-Ozone'' is revised to read as follows:

§ 81.334 North Carolina

* * * * *

NORTH CAROLINA—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Statewide		1 hr.std.N.A.[2]		
Alamance County				
Alexander County				
Alleghany County				
Anson County				
Ashe County				
Avery County				
Beaufort County				
Bertie County				
Bladen County				
Brunswick County				
Buncombe County				
Burke County				
Cabarrus County				
Caldwell County				
Camden County				
Carteret County				
Caswell County				
Catawba County				
Chatham County				
Cherokee County				
Chowan County				
Clay County				
Cleveland County				
Columbus County				
Craven County				
Cumberland County				
Currituck County				
Dare County				
Davidson County				
Davie County				
Durham County				
Duplin County				
Edgecombe County				
Forsyth County				
Franklin County				
Gaston County				
Gates County				
Graham County				
Granville County				
Greene County				
Guilford County				
Halifax County				

NORTH CAROLINA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Harnett County				
Haywood County				
Henderson County				
Hertford County				
Hoke County				
Hyde County				
Iredell County				
Jackson County				
Johnston County				
Jones County				
Lee County				
Lenoir County				
Lincoln County				
McDowell County				
Macon County				
Madison County				
Martin County				
Mecklenburg County				
Mitchell County				
Montgomery County				
Moore County				
Nash County				
New Hanover County				
Northhampton County				
Onslow County				
Orange County				
Pamlico County				
Pasquotank County				
Pender County				
Perquimans County				
Person County				
Pitt County				
Polk County				
Randolph County				
Richmond County				
Robeson County				
Rockingham County				
Rowan County				
Rutherford County				
Sampson County				
Scotland County				
Stanly County				
Stokes County				
Surry County				
Swain County				
Transylvania County				
Tyrrell County				
Union County				
Vance County				
Wake County				
Warren County				
Washington County				
Watauga County				
Wayne County				
Wilkes County				
Wilson County				
Yadkin County				
Yancey County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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36. In § 81.335, the table entitled ''North Dakota—Ozone'' is revised to read as follows:

§ 81.335 North Dakota.

* * * * *

NORTH DAKOTA—OZONE (1-HOUR STANDARD)

Designated Area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
AQCR 130 Metropolitan Fargo-Moorhead Interstate		1 hr.std.N.A.[2]		
Cass County				
Rest of State, AQCR 172		1 hr.std.N.A.[2]		
Adams County				
Barnes County				
Benson County				
Billings County				
Bottineau County				
Bowman County				
Burke County				
Burleigh County				
Cavalier County				
Dickey County				
Divide County				
Dunn County				
Eddy County				
Emmons County				
Foster County				
Golden Valley County				
Grand Forks County				
Grant County				
Griggs County				
Hettinger County				
Kidder County				
La Moure County				
Logan County				
McHenry County				
McIntosh County				
McKenzie County				
McLean County				
Mercer County				
Morton County				
Mountrail County				
Nelson County				
Oliver County				
Pembina County				
Pierce County				
Ramsey County				
Ransom County				
Renville County				
Richland County				
Rolette County				
Sargent County				
Sheridan County				
Sioux County				
Slope County				
Stark County				
Steele County				
Stutsman County				
Towner County				
Traill County				
Walsh County				
Ward County				
Wells County				
Williams County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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37. In § 81.336, the table entitled ''Ohio-Ozone'' is revised to read as follows:

§ 81.336 Ohio.

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OHIO—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Canton Are:				
Stark County		1 hr.std.N.A.[2]		
Cincinnati-Hamilton Area:				
Butler County	11/15/90	Nonattainment	11/15/90	Moderate.
Clermont County	11/15/90	Nonattainment	11/15/90	Moderate.
Hamilton County	11/15/90	Nonattainment	11/15/90	Moderate.
Warren County	11/15/90	Nonattainment	11/15/90	Moderate.
Cleveland-Akron-Lorain Area:				
Ashtabula County		1 hr.std.N.A.[2]		
Cuyahoga County		1 hr.std.N.A.[2]		
Geauga County		1 hr.std.N.A.[2]		
Lake County		1 hr.std.N.A.[2]		
Lorain County		1 hr.std.N.A.[2]		
Medina County		1 hr.std.N.A.[2]		
Portage County		1 hr.std.N.A.[2]		
Summit County		1 hr.std.N.A.[2]		
Clinton County Area:				
Clinton County		1 hr.std.N.A.[2]		
Columbiana County Area:				
Columbiana County		1 hr.std.N.A.[2]		
Columbus Area:				
Delaware County		1 hr.std.N.A.[2]		
Franklin County		1 hr.std.N.A.[2]		
Licking County		1 hr.std.N.A.[2]		
Dayton-Springfield Area:				
Clark County	7/5/95	Attainment		
Greene County	7/5/95	Attainment		
Miami County	7/5/95	Attainment		
Montgomery County	7/5/95	Attainment		
Preble County Area:				
Preble County		1 hr.std.N.A.[2]		
Steubenville Area:				
Jefferson County		1 hr.std.N.A.[2]		
Toledo Area:				
Lucas County		1 hr.std.N.A.[2]		
Wood County		1 hr.std.N.A.[2]		
Youngstown-Warren-Sharon Area:				
Mahoning County		1 hr.std.N.A.[2]		
Trumbull County		1 hr.std.N.A.[2]		
Adams County		1 hr.std.N.A.[2]		
Allen County		1 hr.std.N.A.[2]		
Ashland County		1 hr.std.N.A.[2]		
Athens County		1 hr.std.N.A.[2]		
Auglaize County		1 hr.std.N.A.[2]		
Belmont County		1 hr.std.N.A.[2]		
Brown County		1 hr.std.N.A.[2]		
Carroll County		1 hr.std.N.A.[2]		
Champaign County		1 hr.std.N.A.[2]		
Coshocton County		1 hr.std.N.A.[2]		
Crawford County		1 hr.std.N.A.[2]		
Darke County		1 hr.std.N.A.[2]		
Defiance County		1 hr.std.N.A.[2]		
Erie County		1 hr.std.N.A.[2]		
Fairfield County		1 hr.std.N.A.[2]		
Fayette County		1 hr.std.N.A.[2]		
Fulton County		1 hr.std.N.A.[2]		
Gallia County		1 hr.std.N.A.[2]		
Guernsey County		1 hr.std.N.A.[2]		
Hancock County		1 hr.std.N.A.[2]		
Hardin County		1 hr.std.N.A.[2]		
Harrison County		1 hr.std.N.A.[2]		
Henry County		1 hr.std.N.A.[2]		
Highland County		1 hr.std.N.A.[2]		
Hocking County		1 hr.std.N.A.[2]		
Holmes County		1 hr.std.N.A.[2]		
Huron County		1 hr.std.N.A.[2]		
Jackson County		1 hr.std.N.A.[2]		
Knox County		1 hr.std.N.A.[2]		
Lawrence County		1 hr.std.N.A.[2]		
Logan County		1 hr.std.N.A.[2]		

OHIO—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Madison County		1 hr.std.N.A.[2]		
Marion County		1 hr.std.N.A.[2]		
Meigs County		1 hr.std.N.A.[2]		
Mercer County		1 hr.std.N.A.[2]		
Monroe County		1 hr.std.N.A.[2]		
Morgan County		1 hr.std.N.A.[2]		
Morrow County		1 hr.std.N.A.[2]		
Muskingum County		1 hr.std.N.A.[2]		
Noble County		1 hr.std.N.A.[2]		
Ottawa County		1 hr.std.N.A.[2]		
Paulding County		1 hr.std.N.A.[2]		
Perry County		1 hr.std.N.A.[2]		
Pickaway County		1 hr.std.N.A.[2]		
Pike County		1 hr.std.N.A.[2]		
Putnam County		1 hr.std.N.A.[2]		
Richland County		1 hr.std.N.A.[2]		
Ross County		1 hr.std.N.A.[2]		
Sandusky County		1 hr.std.N.A.[2]		
Scioto County		1 hr.std.N.A.[2]		
Seneca County		1 hr.std.N.A.[2]		
Shelby County		1 hr.std.N.A.[2]		
Tuscarawas County		1 hr.std.N.A.[2]		
Union County		1 hr.std.N.A.[2]		
Van Wert County		1 hr.std.N.A.[2]		
Vinton County		1 hr.std.N.A.[2]		
Washington County		1 hr.std.N.A.[2]		
Wayne County		1 hr.std.N.A.[2]		
Williams County		1 hr.std.N.A.[2]		
Wyandot County		1 hr.std.N.A.[2]		

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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38. In § 81.337, the table entitled ''Oklahoma-Ozone'' is revised to read as follows:

§ 81.337 Oklahoma.

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OKLAHOMA—OZONE (1-HOUR STANDARD)

Designation area	Designated		Classification	
	Date[1]	Type	Date[1]	Type
AQCR 017 Metropolitan Fort Smith Intrastate		1 hr.std.N.A.[2]		
Adair County				
Cherokee County				
Le Flore County				
Sequoyah County				
AQCR 022 Shreveport-Texarkana-Tyler Intrastate		1 hr.std.N.A.[2]		
McCurtain County				
AQCR 184 Central Oklahoma Intrastate (part)		1 hr.std.N.A.[2]		
Cleveland County				
Oklahoma County				
AQCR 184 Central Oklahoma Intrastate (Remainder of)		1 hr.std.N.A.[2]		
Canadian County				
Grady County				
Kingfisher County				
Lincoln County				
Logan County				
McClain County				
Pottawatomie County				
AQCR 185 North Central Oklahoma Intrastate		1 hr.std.N.A.[2]		
Garfield County				
Grant County				
Kay County				
Noble County				
Payne County				
AQCR 186 Northeastern Oklahoma Intrastate		1 hr.std.N.A.[2]		
Craig County				

OKLAHOMA—OZONE (1-HOUR STANDARD)—Continued

Designation area	Designated		Classification	
	Date [1]	Type	Date [1]	Type
Creek County				
Delaware County				
Mayes County				
Muskogee County				
Nowata County				
Okmulgee County				
Osage County				
Ottawa County				
Pawnee County				
Rogers County				
Tulsa County				
Wagoner County				
Washington County				
AQCR 187 Northwestern Oklahoma Intrastate		1 hr.std.N.A. [2]		
Alfalfa County				
Beaver County				
Blaine County				
Cimarron County				
Custer County				
Dewey County				
Ellis County				
Harper County				
Major County				
Roger Mills County				
Texas County				
Woods County				
Woodward County				
AQCR 188 Southeastern Oklahoma Intrastate		1 hr.std.N.A. [2]		
Atoka County				
Bryan County				
Carter County				
Choctaw County				
Coal County				
Garvin County				
Haskell County				
Hughes County				
Johnston County				
Latimer County				
Love County				
Marshall County				
McIntosh County				
Murray County				
Okfuskee County				
Pittsburg County				
Pontotoc County				
Pushmataha County				
Seminole County				
AQCR 189 Southwestern Oklahoma Intrastate		1 hr.std.N.A. [2]		
Beckham County				
Caddo County				
Comanche County				
Cotton County				
Greer County				
Harmon County				
Jackson County				
Jefferson County				
Kiowa County				
Stephens County				
Tillman County				
Washita County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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39. In § 81.338, the table entitled ''Oregon—Ozone'' is revised to read as follows:

§ 81.338 Oregon.

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OREGON-OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Portland-Vancouver AQMA Area:				
Air Quality Maintenance Area				
Clackamas County (part)		1 hr.std.N.A. [2]		
Multnomah County (part)		1 hr.std.N.A. [2]		
Washington County (part)		1 hr.std.N.A. [2]		
Salem Area:				
Salem Area Transportation Study				
Marion County (part)		1 hr.std.N.A. [2]		
Polk County (part)		1 hr.std.N.A. [2]		
AQCR 190 Central Oregon Intrastate (Remainder of)		1 hr.std.N.A. [2]		
Crook County				
Deschutes County				
Hood River County				
Jefferson County				
Klamath County				
Lake County				
Sherman County				
Wasco County				
AQCR 191 Eastern Oregon Intrastate		1 hr.std.N.A. [2]		
Baker County				
Gilliam County				
Grant County				
Harney County				
Malheur County				
Morrow County				
Umatilla County				
Union County				
Wallowa County				
Wheeler County				
AQCR 192 Northwest Oregon Intrastate		1 hr.std.N.A. [2]		
Clatsop County				
Lincoln County				
Tillamook County				
AQCR 193 Portland Interstate (part)		1 hr.std.N.A. [2]		
Lane County (part)				
Eugene Springfield Air Quality Maintenance Area				
AQCR 193 Portland Interstate (Remainder of)		1 hr.std.N.A. [2]		
Benton County				
Clackamas County (part)				
Remainder of county				
Columbia County				
Lane County (part)				
Remainder of county				
Linn County				
Marion County (part)				
area outside the Salem Area Transportation Study.				
Multnomah County (part)				
Remainder of county				
Polk County (part)				
area outside the Salem Area Transportation Study				
Washington County (part)				
Remainder of county				
Yamhill County				
AQCR 194 Southwest Oregon Intrastate (part)				
Jackson County (part)				
Medford-Ashland Air Quality Maintenance Area		1 hr.std.N.A. [2]		
AQCR 194 Southwest Oregon Intrastate (Remainder of)		1 hr.std.N.A. [2]		
Coos County				
Curry County				
Douglas County				
Jackson County (part)				
Remainder of county				
Josephine County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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40. In § 81.339, the table entitled ''Pennsylvania-Ozone'' is revised to read as follows:

§ 81.339 Pennsylvania.

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PENNSYLVANIA—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Allentown-Bethlehem-Easton Area:				
Carbon County		1 hr.std.N.A.[3]		
Lehigh County		1 hr.std.N.A.[3]		
Northampton County		1 hr.std.N.A.[3]		
Altoona Area:				
Blair County		1 hr.std.N.A.[3]		
Crawford County Area:				
Crawford County		1 hr.std.N.A.[3]		
Erie Area:.				
Erie County		1 hr.std.N.A.[3]		
Franklin County Area:				
Franklin County		1 hr.std.N.A.[3]		
Greene County Area:				
Greene County		1 hr.std.N.A.[3]		
Harrisburg-Lebanon-Carlisle Area:				
Cumberland County		1 hr.std.N.A.[3]		
Dauphin County		1 hr.std.N.A.[3]		
Lebanon County		1 hr.std.N.A.[3]		
Perry County		1 hr.std.N.A.[3]		
Johnstown Area:				
Cambria County		1 hr.std.N.A.[3]		
Somerset County		1 hr.std.N.A.[3]		
Juniata County Area:				
Juniata County		1 hr.std.N.A.[3]		
Lancaster Area:				
Lancaster County	11/15/90	Nonattainment	11/15/90	Marginal.
Lawrence County Area:.				
Lawrence County		1 hr.std.N.A.[3]		
Northumberland County Area:				
Northumberland County		1 hr.std.N.A.[3]		
Philadelphia-Wilmington-Trenton Area:				
Bucks County	11/15/90	Nonattainment	11/15/90	Severe-15.
Chester County	11/15/90	Nonattainment	11/15/90	Severe-15.
Delaware County	11/15/90	Nonattainment	11/15/90	Severe-15.
Montgomery County	11/15/90	Nonattainment	11/15/90	Severe-15.
Philadelphia County	11/15/90	Nonattainment	11/15/90	Severe-15.
Pike County Area:				
Pike County		1 hr.std.N.A.[3]		
Pittsburgh-Beaver Valley Area:				
Allegheny County	11/15/90	Nonattainment	11/15/90	Moderate [2]
Armstrong County	11/15/90	Nonattainment	11/15/90	Moderate [2]
Beaver County	11/15/90	Nonattainment	11/15/90	Moderate [2]
Butler County	11/15/90	Nonattainment	11/15/90	Moderate [2]
Fayette County	11/15/90	Nonattainment	11/15/90	Moderate [2]
Washington County	11/15/90	Nonattainment	11/15/90	Moderate [2]
Westmoreland County	11/15/90	Nonattainment	11/15/90	Moderate [2]
Reading Area:				
Berks County		1 hr.std.N.A.[3]		
Schuylkill County Area:				
Schuylkill County		1 hr.std.N.A.[3]		
Scranton-Wilkes-Barre Area:				
Columbia County		1 hr.std.N.A.[3]		
Lackawanna County		1 hr.std.N.A.[3]		
Luzerne County		1 hr.std.N.A.[3]		
Monroe County		1 hr.std.N.A.[3]		
Wyoming County		1 hr.std.N.A.[3]		
Snyder County Area:				
Snyder County		1 hr.std.N.A.[3]		
Susquehanna County Area:				
Susquehanna County		1 hr.std.N.A.[3]		
Warren County Area:				
Warren County		1 hr.std.N.A.[3]		
Wayne County Area:				
Wayne County		1 hr.std.N.A.[3]		
York Area:				

PENNSYLVANIA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Adams County		1 hr.std.N.A.[3]		
York County		1 hr.std.N.A.[3]		
Youngstown-Warren-Sharon Area:				
Mercer County		1 hr.std.N.A.[3]		
AQCR 151 NE Pennsylvania Intrastate (Remainder of):				
Bradford County		1 hr.std.N.A.[3]		
Sullivan County		1 hr.std.N.A.[3]		
Tioga County		1 hr.std.N.A.[3]		
AQCR 178 NW Pennsylvania Interstate (Remainder of):				
Cameron County		1 hr.std.N.A.[3]		
Clarion County		1 hr.std.N.A.[3]		
Clearfield County		1 hr.std.N.A.[3]		
Elk County		1 hr.std.N.A.[3]		
Forest County		1 hr.std.N.A.[3]		
Jefferson County		1 hr.std.N.A.[3]		
McKean County		1 hr.std.N.A.[3]		
Potter County		1 hr.std.N.A.[3]		
Venango County		1 hr.std.N.A.[3]		
AQCR 195 Central Pennsylvania Intrastate (Remainder of):				
Bedford County		1 hr.std.N.A.[3]		
Centre County		1 hr.std.N.A.[3]		
Clinton County		1 hr.std.N.A.[3]		
Fulton County		1 hr.std.N.A.[3]		
Huntingdon County		1 hr.std.N.A.[3]		
Lycoming County		1 hr.std.N.A.[3]		
Mifflin County		1 hr.std.N.A.[3]		
Montour County		1 hr.std.N.A.[3]		
Union County		1 hr.std.N.A.[3]		
AQCR 197 SW Pennsylvania Intrastate (Remainder of):				
Indiana County		1 hr.std.N.A.[3]		

[1] This date is June 5, 1998, unless otherwise noted.
[2] Attainment date extended to 11/15/97.
[3] 1 hour standard Not Applicable.

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41. In § 81.340, the table entitled ''Rhode Island-Ozone'' is revised to read as follows:

§ 81.340 Rhode Island.

* * * * *

RHODE ISLAND—OZONE (1-HOUR STANDARD)

Designated Area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Providence (all of RI) Area:				
Bristol County	11/15/90	Nonattainment	11/15/90	Serious.
Kent County	11/15/90	Nonattainment	11/15/90	Serious.
Newport County	11/15/90	Nonattainment	11/15/90	Serious.
Providence County	11/15/90	Nonattainment	11/15/90	Serious.
Washington County	11/15/90	Nonattainment	11/15/90	Serious.

[1] This date is June 5, 1998, unless otherwise noted.

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42. In § 81.341, the table entitled ''South Carolina—Ozone (Q_3)'' is revised to read as follows:

§ 81.341 South Carolina.

* * * * *

SOUTH CAROLINA-OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Statewide		1 hr.std.N.A.[2]		
Abbeville County				
Aiken County				

SOUTH CAROLINA-OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Allendale County				
Anderson County				
Bamberg County				
Barnwell County				
Beaufort County				
Berkeley County				
Calhoun County				
Charleston County				
Cherokee County				
Chester County				
Chesterfield County				
Clarendon County				
Colleton County				
Darlington County				
Dillon County				
Dorchester County				
Edgefield County				
Fairfield County				
Florence County				
Georgetown County				
Greenville County				
Greenwood County				
Hampton County				
Horry County				
Jasper County				
Kershaw County				
Lancaster County				
Laurens County				
Lee County				
Lexington County				
Marion County				
Marlboro County				
McCormick County				
Newberry County				
Oconee County				
Orangeburg County				
Pickens County				
Richland County				
Saluda County				
Spartanburg County				
Sumter County				
Union County				
Williamsburg County				
York County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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43. In § 81.342, the table entitled ''South Dakota-Ozone'' is revised to read as follows:

§ 81.342 South Dakota.

* * * * *

SOUTH DAKOTA—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Statewide	.....	1 hr.std.N.A.[2]		
Aurora County				
Beadle County				
Bennett County				
Bon Homme County				
Brookings County				
Brown County				
Brule County				
Buffalo County				
Butte County				
Campbell County				

SOUTH DAKOTA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Charles Mix County				
Clark County				
Clay County				
Codington County				
Corson County				
Custer County				
Davison County				
Day County				
Deuel County				
Dewey County				
Douglas County				
Edmunds County				
Fall River County				
Faulk County				
Grant County				
Gregory County				
Haakon County				
Hamlin County				
Hand County				
Hanson County				
Harding County				
Hughes County				
Hutchinson County				
Hyde County				
Jackson County				
Jerauld County				
Jones County				
Kingsbury County				
Lake County				
Lawrence County				
Lincoln County				
Lyman County				
Marshall County				
McCook County				
McPherson County				
Meade County				
Mellette County				
Miner County				
Minnehaha County				
Moody County				
Pennington County				
Perkins County				
Potter County				
Roberts County				
Sanborn County				
Shannon County				
Spink County				
Stanley County				
Sully County				
Todd County				
Tripp County				
Turner County				
Union County				
Walworth County				
Yankton County				
Ziebach County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

* * * * *

44. In § 81.343, the table entitled ''Tennessee-Ozone'' is revised to read as follows:

§ 81.343 Tennessee.

* * * * *

TENNESSEE—OZONE (1-HOUR STANDARD)

Designation area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Jefferson County Area:				
Jefferson County	11/15/90	Unclassifiable/Attainment	11/15/90	
Memphis Area:				
Shelby County	2/16/95	Attainment		
Rest of State	.....	1 hr.std.N.A.[2]		
Anderson County				
Bedford County				
Benton County				
Bledsoe County				
Blount County				
Bradley County				
Campbell County				
Cannon County				
Carroll County				
Carter County				
Cheatham County				
Chester County				
Claiborne County				
Clay County				
Cocke County				
Coffee County				
Crockett County				
Cumberland County				
Davidson County				
Decatur County				
DeKalb County				
Dickson County				
Dyer County				
Fayette County				
Fentress County				
Franklin County				
Gibson County				
Giles County				
Grainger County				
Greene County				
Grundy County				
Hamblen County				
Hamilton County				
Hancock County				
Hardeman County				
Hardin County				
Hawkins County				
Haywood County				
Henderson County				
Henry County				
Hickman County				
Houston County				
Humphreys County				
Jackson County				
Johnson County				
Knox County				
Lake County				
Lauderdale County				
Lawrence County				
Lewis County				
Lincoln County				
Loudon County				
Macon County				
Madison County				
Marion County				
Marshall County				
Maury County				
McMinn County				
McNairy County				
Meigs County				
Monroe County				
Montgomery County				
Moore County				
Morgan County				
Obion County				

TENNESSEE—OZONE (1-HOUR STANDARD)—Continued

Designation area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Overton County				
Perry County				
Pickett County				
Polk County				
Putnam County				
Rhea County				
Roane County				
Robertson County				
Rutherford County				
Scott County				
Sequatchie County				
Sevier County				
Smith County				
Stewart County				
Sullivan County				
Sumner County				
Tipton County				
Trousdale County				
Unicoi County				
Union County				
Van Buren County				
Warren County				
Washington County				
Wayne County				
Weakley County				
White County				
Williamson County				
Wilson County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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45. In § 81.344, the table entitled ''Texas-Ozone'' is revised to read as follows:

§ 81.344 Texas.

* * * * *

TEXAS—OZONE (1-HOUR STANDARD)

Designated Area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Beaumont/Port Arthur Area:				
Hardin County	11/15/90	Nonattainment	6/3/96	Moderate.
Jefferson County	11/15/90	Nonattainment	6/3/96	Moderate.
Orange County	11/15/90	Nonattainment	6/3/96	Moderate.
Dallas-Fort Worth Area:				
Collin County	11/15/90	Nonattainment	3/20/98	Serious.
Dallas County	11/15/90	Nonattainment	3/20/98	Serious.
Denton County	11/15/90	Nonattainment	3/20/98	Serious.
Tarrant County	11/15/90	Nonattainment	3/20/98	Serious.
El Paso Area:				
El Paso County	11/15/90	Nonattainment	11/15/90	Serious.
Houston-Galveston-Brazoria Area:				
Brazoria County	11/15/90	Nonattainment	11/15/90	Severe-17.
Chambers County	11/15/90	Nonattainment	11/15/90	Severe-17.
Fort Bend County	11/15/90	Nonattainment	11/15/90	Severe-17.
Galveston County	11/15/90	Nonattainment	11/15/90	Severe-17.
Harris County	11/15/90	Nonattainment	11/15/90	Severe-17.
Liberty County	11/15/90	Nonattainment	11/15/90	Severe-17.
Montgomery County	11/15/90	Nonattainment	11/15/90	Severe-17.
Waller County	11/15/90	Nonattainment	11/15/90	Severe-17.
Longview Area:				
Gregg County	11/15/90	Unclassifiable/Attainment	11/15/90	
Victoria Area:				
Victoria County	.....	1 hr.std.N.A.[2]		
AQCR 022 Shreveport-Texarkana-Tyler	.....	1 hr.std.N.A.[2]		
Anderson County				
Bowie County				

TEXAS—OZONE (1-HOUR STANDARD)—Continued

Designated Area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Camp County				
Cass County				
Cherokee County				
Delta County				
Franklin County				
Harrison County				
Henderson County				
Hopkins County				
Lamar County				
Marion County				
Morris County				
Panola County				
Rains County				
Red River County				
Rusk County				
Smith County				
Titus County				
Upshur County				
Van Zandt County				
Wood County				
AQCR 106 S Louisiana-SE Texas Interstate (Remainder of)	.....	1 hr.std.N.A.[2]		
Angelina County				
Houston County				
Jasper County				
Nacogdoches County				
Newton County				
Polk County				
Sabine County				
San Augustine County				
San Jacinto County				
Shelby County				
Trinity County				
Tyler County				
Walker County				
AQCR 153 El Paso-Las Cruces-Alamogordo	.....	1 hr.std.N.A.[2]		
Brewster County				
Culberson County				
Hudspeth County				
Jeff Davis County				
Presidio County				
AQCR 210 Abilene-Wichita Falls Intrastate	.....	1 hr.std.N.A.[2]		
Archer County				
Baylor County				
Brown County				
Callahan County				
Childress County				
Clay County				
Coke County				
Coleman County				
Comanche County				
Concho County				
Cottle County				
Eastland County				
Fisher County				
Foard County				
Hardeman County				
Haskell County				
Jack County				
Jones County				
Kent County				
Knox County				
McCulloch County				
Menard County				
Mitchell County				
Montague County				
Nolan County				
Runnels County				
Scurry County				
Shackelford County				
Stephens County				

TEXAS—OZONE (1-HOUR STANDARD)—Continued

Designated Area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Stonewall County				
Taylor County				
Throckmorton County				
Wichita County				
Wilbarger County				
Young County				
AQCR 211 Amarillo-Lubbock Intrastate		1 hr.std.N.A.[2]		
Armstrong County				
Bailey County				
Briscoe County				
Carson County				
Castro County				
Cochran County				
Collingsworth County				
Crosby County				
Dallam County				
Deaf Smith County				
Dickens County				
Donley County				
Floyd County				
Garza County				
Gray County				
Hale County				
Hall County				
Hansford County				
Hartley County				
Hemphill County				
Hockley County				
Hutchinson County				
King County				
Lamb County				
Lipscomb County				
Lubbock County				
Lynn County				
Moore County				
Motley County				
Ochiltree County				
Oldham County				
Parmer County				
Potter County				
Randall County				
Roberts County				
Sherman County				
Swisher County				
Terry County				
Wheeler County				
Yoakum County				
AQCR 212 Austin-Waco Intrastate		1 hr.std.N.A.[2]		
Bastrop County				
Bell County				
Blanco County				
Bosque County				
Brazos County				
Burleson County				
Burnet County				
Caldwell County				
Coryell County				
Falls County				
Fayette County				
Freestone County				
Grimes County				
Hamilton County				
Hays County				
Hill County				
Lampasas County				
Lee County				
Leon County				
Limestone County				
Llano County				
Madison County				

TEXAS—OZONE (1-HOUR STANDARD)—Continued

Designated Area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
McLennan County				
Milam County				
Mills County				
Robertson County				
San Saba County				
Travis County				
Washington County				
Williamson County				
AQCR 213 Brownsville-Laredo Intrastate		1 hr.std.N.A.[2]		
Cameron County				
Hidalgo County				
Jim Hogg County				
Starr County				
Webb County				
Willacy County				
Zapata County				
AQCR 214 Corpus Christi-Victoria Intrastate (Remainder of)		1 hr.std.N.A.[2]		
Jackson County				
Jim Wells County				
Kenedy County				
Kleberg County				
Lavaca County				
Live Oak County				
McMullen County				
Refugio County				
San Patricio County				
Aransas County				
Bee County				
Brooks County				
Calhoun County				
De Witt County				
Duval County				
Goliad County				
AQCR 214 Corpus Christi-Victoria Intrastate (part)		1 hr.std.N.A.[2]		
Nueces County				
AQCR 215 Metro Dallas-Fort Worth Intrastate (Remainder of).		1 hr.std.N.A.[2]		
Cooke County				
Ellis County				
Erath County				
Fannin County				
Grayson County				
Hood County				
Hunt County				
Johnson County				
Kaufman County				
Navarro County				
Palo Pinto County				
Parker County				
Rockwall County				
Somervell County				
Wise County				
AQCR 216 Metro Houston-Galveston Intrastate (Remainder of).		1 hr.std.N.A.[2]		
Austin County				
Colorado County				
Matagorda County				
Wharton County				
AQCR 217 Metro San Antonio Intrastate (part)		1 hr.std.N.A.[2]		
Bexar County				
AQCR 217 Metro San Antonio Intrastate (Remainder of)		1 hr.std.N.A.[2]		
Atascosa County				
Bandera County				
Comal County				
Dimmit County				
Edwards County				
Frio County				
Gillespie County				
Gonzales County				
Guadalupe County				

TEXAS—OZONE (1-HOUR STANDARD)—Continued

Designated Area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Karnes County				
Kendall County				
Kerr County				
Kimble County				
Kinney County				
La Salle County				
Mason County				
Maverick County				
Medina County				
Real County				
Uvalde County				
Val Verde County				
Wilson County				
Zavala County				
AQCR 218 Midland-Odessa-San Angelo Intrastate (part)	.....	1 hr.std.N.A.[2]		
Ector County				
AQCR 218 Midland-Odessa-San Angelo Intrastate (Remainder of).	.....	1 hr.std.N.A.[2]		
Andrews County				
Borden County				
Crane County				
Crockett County				
Dawson County				
Gaines County				
Glasscock County				
Howard County				
Irion County				
Loving County				
Martin County				
Midland County				
Pecos County				
Reagan County				
Reeves County				
Schleicher County				
Sterling County				
Sutton County				
Terrell County				
Tom Green County				
Upton County				
Ward County				
Winkler County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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46. In § 81.345, the table entitled ''Utah—Ozone'' is revised to read as follows:

§ 81.345 Utah.

* * * * *

UTAH—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date[1]	Type	Date[1]	Type
Salt Lake City Area:				
Davis County	.....	1 hr.std.N.A.[2]		
Salt Lake County	.....	1 hr.std.N.A.[2]		
Rest of State	.....	1 hr.std.N.A.[2]		
Beaver County				
Box Elder County				
Cache County				
Carbon County				
Daggett County				
Duchesne County				
Emergy County				
Garfield County				
Iron County				
Juab County				

UTAH—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Kane County				
Millard County				
Morgan County				
Piute County				
Rich County				
San Juan County				
Sanpete County				
Sevier County				
Summit County				
Tooele County				
Uintah County				
Utah County				
Wasatch County				
Washington County				
Wayne County				
Weber County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

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47. In § 81.346, the table entitled ''Vermont—Ozone'' is revised to read as follows:

§ 81.346 Vermont.

* * * * *

VERMONT—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
AQCR 159 Champlain Calley Interstate (part)		1 hr.std.N.A.[2]		
Addison County				
Chittenden County				
AQCR 159 Champlain Calley Interstate Remainder of)		1 hr.std.N.A.[2]		
Franklin County				
Grand Isle County				
Rutland County				
AQCR 221 Vermont Intrastate (part)		1 hr. std. N.A.[2]		
Windsor County				
AQCR 221 Vermont Intrastate (Remainder of) County		1 hr. std. N.A.[2]		
Bennington County				
Caledonia County				
Essex County				
Lamoille County				
Orange County				
Orleans County				
Washington County				
Windham County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

* * * * *

48. In § 81.347, the table entitled ''Virginia—Ozone'' is revised to read as follows:

§ 81.347 Virginia.

* * * * *

VIRGINIA—OZONE (1-HOUR STANDARD)

Designated Area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Norfolk-Virginia Beach-Newport News (Hampton Roads) Area:.				
Chesapeake		1 hr.std.N.A.[2]		
Hampton		1 hr.std.N.A.[2]		
James City County		1 hr.std.N.A.[2]		

VIRGINIA—OZONE (1-HOUR STANDARD)—Continued

Designated Area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Newport News		1 hr.std.N.A.[2]		
Norfolk		1 hr.std.N.A.[2]		
Poquoson		1 hr.std.N.A.[2]		
Portsmouth		1 hr.std.N.A.[2]		
Suffolk		1 hr.std.N.A.[2]		
Virginia Beach		1 hr.std.N.A.[2]		
Williamsburg		1 hr.std.N.A.[2]		
York County		1 hr.std.N.A.[2]		
Richmond Area:				
Charles City County (part)		1 hr.std.N.A.[2]		
Beginning at the intersection of State Route 156 and the Henrico/Charles City County Line, proceeding south along State Route 5/156 to the intersection with State Route 106/156, proceeding south along Route 106/156 to the intersection with the Prince George/Charles City County line, proceeding west along the Prince George/Charles City County line to the intersection with the Chesterfield/Charles City County line, proceeding north along the Chesterfield/Charles City County line to the intersection with the Henrico/Charles City County line, proceeding north along the Henrico/Charles City County line to State Route 156.				
Chesterfield County		1 hr.std.N.A.[2]		
Colonial Heights		1 hr.std.N.A.[2]		
Hanover County		1 hr.std.N.A.[2]		
Henrico County		1 hr.std.N.A.[2]		
Hopewell		1 hr.std.N.A.[2]		
Richmond		1 hr.std.N.A.[2]		
Smyth County Area:				
Smyth County (part)		1 hr.std.N.A.[2]		
The portion of White Top Mountain above the 4,500 foot elevation in Smyth County Washington Area:				
Alexandria	11/15/90	Nonattainment	11/15/90	Serious.
Arlington County	11/15/90	Nonattainment	11/15/90	Serious.
Fairfax	11/15/90	Nonattainment	11/15/90	Serious.
Fairfax County	11/15/90	Nonattainment	11/15/90	Serious.
Falls Church	11/15/90	Nonattainment	11/15/90	Serious.
Loudoun County	11/15/90	Nonattainment	11/15/90	Serious.
Manassas	11/15/90	Nonattainment	11/15/90	Serious.
Manassas Park	11/15/90	Nonattainment	11/15/90	Serious.
Prince William County	11/15/90	Nonattainment	11/15/90	Serious.
Stafford County	11/15/90	Nonattainment	11/15/90	Serious.
AQCR 207 Eastern Tennessee—SW Virginia Interstate (Remainder of).		1 hr.std.N.A.[2]		
Bland County				
Bristol				
Buchanan County				
Carroll County				
Dickenson County				
Galax				
Grayson County				
Lee County				
Norton				
Russell County				
Scott County				
Smyth County (part)				
Remainder of county				
Tazewell County				
Washington County				
Wise County				
Wythe County				
AQCR 222 Central Virginia Intrastate		1 hr.std.N.A.[2]		
Amelia County				
Amherst County				
Appomattox County				
Bedford				
Bedford County				
Brunswick County				
Buckingham County				

VIRGINIA—OZONE (1-HOUR STANDARD)—Continued

Designated Area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Campbell County				
Charlotte County				
Cumberland County				
Danville				
Franklin County				
Halifax County				
Henry County				
Lunenburg County				
Lynchburg				
Martinsville				
Mecklenburg County				
Nottoway County				
Patrick County				
Pittsylvania County				
Prince Edward County				
South Boston				
AQCR 223 Hampton Roads Intrastate (Remainder of)	.....	1 hr.std.N.A.[2]		
Franklin				
Isle Of Wight County				
Southampton County				
AQCR 224 NE Virginia Intrastate (Remainder of)	.....	1 hr.std.N.A.[2]		
Accomack County				
Albemarle County				
Caroline County				
Charlottesville				
Culpeper County				
Essex County				
Fauquier County				
Fluvanna County				
Fredericksburg				
Gloucester County				
Greene County				
King and Queen County				
King George County				
King William County				
Lancaster County				
Louisa County				
Madison County				
Mathews County				
Middlesex County				
Nelson County				
Northampton County				
Northumberland County				
Orange County				
Rappahannock County				
Richmond County				
Spotsylvania County				
Westmoreland County				
AQCR 225 State Capital Intrastate (Remainder of)	.....	1 hr.std.N.A.[2]		
Charles City County (part)				
Remainder of county				
Dinwiddie County				
Emporia				
Goochland County				
Greensville County				
New Kent County				
Petersburg				
Powhatan County				
Prince George County				
Surry County				
Sussex County				
AQCR 226 Valley of Virginia Intrastate	.....	1 hr.std.N.A.[2]		
Alleghany County				
Augusta County				
Bath County				
Botetourt County				
Buena Vista				
Clarke County				
Clifton Forge				
Covington				

VIRGINIA—OZONE (1-HOUR STANDARD)—Continued

Designated Area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Craig County				
Floyd County				
Frederick County				
Giles County				
Harrisonburg				
Highland County				
Lexington				
Montgomery County				
Page County				
Pulaski County				
Radford				
Roanoke				
Roanoke County				
Rockbridge County				
Rockingham County				
Salem				
Shenandoah County				
Staunton				
Warren County				
Waynesboro				
Winchester				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

* * * * *

49. In § 81.348, the table entitled ''Washington-Ozone'' is revised to read as follows:

§ 81.348 Washington.

* * * * *

WASHINGTON-OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Portland—Vancouver AQMA Area				
Clark County (part)	.....	.....	.....	
Air Quality Maintenance Area	.....	1 hr.std.N.A.[2]		
Seattle-Tacoma Area				

WASHINGTON-OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
The following boundary includes all of Pierce County, and all of King County except a small portion on the north-east corner and the western portion of Snohomish County: Starting at the mouth of the Nisqually river extend northwesterly along the Pierce County line to the southernmost point of the west couty line of King County; thence northerly along the county line to the southermost point of the west county ling of Snohomish County; thence ortherly along the county line to the intersection with SR 532; thence easterly along the north line of SR 532 to the intersection of I–5, continuing east along the same road now identified as Henning Rd., to the intersection with SR 9 at Bryant; thence continuing easterly on Bryant East Rd. and Rock Creek Rd., also identified as Grandview Rd., approximately 3 miles to the point at which it is crossed by the existing BPA electrical transmission line; thence southeasterly along the BPA transmission line approximately 8 miles to point of the crossing of the south fork of the Stillaguamish River; thence continuing in a southeasterly direction in a meander line following the bed of the River to Jordan Road; southerly along Jordan Road to the north city limits of Granite Falls; thence following the north and east city limits to 92nd St. N.E. and Menzel Lake Rd.; thence south-southeasterly along the Menzel Lake Rd. and the Lake Roesiger Rd. a distance of approximately 6 miles to the northernmost point of Lake Roesiger; thence southerly along a meander line following the middle of the Lake and Roesiger Creek to Woods Creek; thence southerly along a meader line following the bed of the Creek approximately 6 miles to the point the Creek is crossed by the existing BPA electrical transmission line; thence easterly along the BPA transmission line approximately 0.2 miles; thence southerly along the BPA Chief Joseph-Covington electrical transmission line approximately 3 miles to the north line of SR 2; thence southeasterly along SR 2 to the intersection with the east county line of King County; thence south along the county line to the northernmost point of the east county line of Pierce County; thence along the county line to the point of beginning at the mouth of the Nisqually River.	.....	1 hr.std.N.A.[2]		
AQCR 062 E Washington-N Idaho Interstate (part)	.....	1 hr.std.N.A.[2]		
Spokane County				
AQCR 062 E Washington-N Idaho Interstate (Remainder of)	.....	1 hr.std.N.A.[2]		
Adams County				
Asotin County				
Columbia County				
Garfield County				
Grant County				
Lincoln County				
Whitman County				
AQCR 193 Portland Interstate (Remainder of)	.....	1 hr.std.N.A.[2]		
Clark County (part)				
Remainder of County				
Cowlitz County				
Lewis County				
Skamania County				
Wahkiakum County				
AQCR 227 Northern Washington Intrastate	.....	1 hr.std.N.A.[2]		
Chelan County				
Douglas County				
Ferry County				
Okanogan County				
Pend Oreille County				
Stevens County				
AQCR 228 Olympic,-Northwest Washington Intrastate	.....	1 hr.std.N.A.[2]		
Clallam County				
Grays Harbor County				

WASHINGTON-OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Island County				
Jefferson County				
Mason County				
Pacific County				
San Juan County				
Skagit County				
Thurston County				
Whatcom County				
AQCR 229 Puget Sound Intrastate (Remainder of)		1 hr.std.N.A.[2]		
King County (Part)				
Remainder of County				
Kitsap County				
Snohomish County (Part)				
Remainer of County				
AQCR 230 South Central Washington Intrastate		1 hr.std.N.A.[2]		
Benton County				
Franklin County				
Kittitas County				
Klickitat County				
Walla Walla County				
Yakima County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

* * * * *

50. In § 81.349, the table entitled ''West Virginia-Ozone'' is revised to read as follows:

§ 81.349 West Virginia.

* * * * *

WEST VIRGINIA—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Charleston Area:				
Kanawha County		1 hr. std. N.A.[2]		
Putnam County		1 hr. std. N.A.[2]		
Greenbrier Area:				
Greenbrier County		1 hr. std. N.A.[2]		
Huntington-Ashland Area:				
Cabell County		1 hr. std. N.A.[2]		
Wayne County		1 hr. std. N.A.[2]		
Parkersburg-Marietta Area:				
Wood County		1 hr. std. N.A.[2]		
Rest of State		1 hr. std. N.A.[2]		
Barbour County				
Berkeley County				
Boone County				
Braxton County				
Brooke County				
Calhoun County				
Clay County				
Doddridge County				
Fayette County				
Gilmer County				
Grant County				
Hampshire County				
Hancock County				
Hardy County				
Harrison County				
Jackson County				
Jefferson County				
Lewis County				
Lincoln County				
Logan County				
Marion County				
Marshall County				
Mason County				

WEST VIRGINIA—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
McDowell County				
Mercer County				
Mineral County				
Mingo County				
Monongalia County				
Monroe County				
Morgan County				
Nicholas County				
Ohio County				
Pendleton County				
Pleasants County				
Pocahontas County				
Preston County				
Raleigh County				
Randolph County				
Ritchie County				
Roane County				
Summers County				
Taylor County				
Tucker County				
Tyler County				
Upshur County				
Webster County				
Wetzel County				
Wirt County				
Wyoming County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

* * * * *

51. In § 81.350, the table entitled ''Wisconsin—Ozone'' is revised to read as follows:

§ 81.350 Wisconsin.

* * * * *

WISCONSIN—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Door County Area:				
Door County	1/6/92	Nonattainment	1/6/92	Rural Transport (Marginal).
Kewaunee County Area:				
Kewaunee County		1 hr.std.N.A.[2]		
Manitowoc County Area:				
Manitowoc County	1/6/92	Nonattainment	1/6/92	Moderate.
Milwaukee-Racine Area:				
Kenosha County	11/15/90	Nonattainment	11/15/90	Severe-17.
Milwaukee County	11/15/90	Nonattainment	11/15/90	Severe-17.
Ozaukee County	11/15/90	Nonattainment	11/15/90	Severe-17.
Racine County	11/15/90	Nonattainment	11/15/90	Severe-17.
Washington County	11/15/90	Nonattainment	11/15/90	Severe-17.
Waukesha County	11/15/90	Nonattainment	11/15/90	Severe-17.
Sheboygan County Area:				
Sheboygan County		1 hr.std.N.A.[2]		
Walworth County Area:				
Walworth County		1 hr.std.N.A.[2]		
Adams County		1 hr.std.N.A.[2]		
Ashland County		1 hr.std.N.A.[2]		
Barron County		1 hr.std.N.A.[2]		
Bayfield County		1 hr.std.N.A.[2]		
Brown County		1 hr.std.N.A.[2]		
Buffalo County		1 hr.std.N.A.2		
Burnett County		1 hr.std.N.A.[2]		
Calumet County		1 hr.std.N.A.[2]		
Chippewa County		1 hr.std.N.A.[2]		
Clark County		1 hr.std.N.A.[2]		
Columbia County		1 hr.std.N.A.[2]		

WISCONSIN—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Crawford County		1 hr.std.N.A.[2]		
Dane County		1 hr.std.N.A.[2]		
Dodge County		1 hr.std.N.A.[2]		
Douglas County		1 hr.std.N.A.[2]		
Dunn County		1 hr.std.N.A.[2]		
Eau Claire County		1 hr.std.N.A.[2]		
Florence County		1 hr.std.N.A.[2]		
Fond du Lac County		1 hr.std.N.A.[2]		
Forest County		1 hr.std.N.A.[2]		
Grant County		1 hr.std.N.A.[2]		
Green County		1 hr.std.N.A.[2]		
Green Lake County		1 hr.std.N.A.[2]		
Iowa County		1 hr.std.N.A.[2]		
Iron County		1 hr.std.N.A.[2]		
Jackson County		1 hr.std.N.A.[2]		
Jefferson County		1 hr.std.N.A.[2]		
Juneau County		1 hr.std.N.A.[2]		
La Crosse County		1 hr.std.N.A.[2]		
Lafayette County		1 hr.std.N.A.[2]		
Langlade County		1 hr.std.N.A.[2]		
Lincoln County		1 hr.std.N.A.[2]		
Marathon County		1 hr.std.N.A.[2]		
Marinette County		1 hr.std.N.A.[2]		
Marquette County		1 hr.std.N.A.[2]		
Menominee County		1 hr.std.N.A.[2]		
Monroe County		1 hr.std.N.A.[2]		
Oconto County		1 hr.std.N.A.[2]		
Oneida County		1 hr.std.N.A.[2]		
Outagamie County		1 hr.std.N.A.[2]		
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Pierce County		1 hr.std.N.A.[2]		
Polk County		1 hr.std.N.A.[2]		
Portage County		1 hr.std.N.A.[2]		
Price County		1 hr.std.N.A.[2]		
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Rock County		1 hr.std.N.A.[2]		
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Sawyer County		1 hr.std.N.A.[2]		
Shawano County		1 hr.std.N.A.[2]		
Taylor County		1 hr.std.N.A.[2]		
Trempealeau County		1 hr.std.N.A.[2]		
Vernon County		1 hr.std.N.A.[2]		
Vilas County		1 hr.std.N.A.[2]		
Washburn County		1 hr.std.N.A.[2]		
Waupaca County		1 hr.std.N.A.[2]		
Waushara County		1 hr.std.N.A.[2]		
Winnebago County		1 hr.std.N.A.[2]		
Wood County		1 hr.std.N.A.[2]		

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

* * * * *

52. In § 81.351, the table entitled ''Wyoming—Ozone'' is revised to read as follows:

§ 81.351 Wyoming.

* * * * *

WYOMING—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Statewide		1 hr.std.N.A.[2]		
Albany County				
Big Horn County				
Campbell County				
Carbon County				

WYOMING—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Converse County				
Crook County				
Fremont County				
Goshen County				
Hot Springs County				
Johnson County				
Laramie County				
Lincoln County				
Natrona County				
Niobrara County				
Park County				
Platte County				
Sheridan County				
Sublette County				
Sweetwater County				
Teton County				
Uinta County				
Washakie County				
Weston County				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

* * * * *

53. In § 81.352, the table entitled ''American Samoa—Ozone'' is revised to read as follows:

§ 81.352 American Samoa.

* * * * *

AMERICAN SAMOA—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Statewide	.....	1 hr.std.N.A.[2]		

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

* * * * *

54. In § 81.353, the table entitled ''Guam-Ozone'' is revised to read as follows:

§ 81.353 Guam.

* * * * *

GUAM—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Statewide	.....	1 hr.std.N.A.[2]		

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

* * * * *

55. In § 81.354, the table entitled ''Northern Mariana Islands-Ozone'' is revised to read as follows:

§ 81.354 Northern Mariana Islands.

* * * * *

NORTHERN MARIANA ISLANDS—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Whole State	.....	1 hr.std.N.A.[2]		

[1] This date is June 5, 1998, unless otherwise noted.

[2] 1 hour standard Not Applicable.

* * * * *

56. In § 81.355, the table entitled ''Puerto Rico-Ozone'' is revised to read as follows:

§ 81.355 Puerto Rico.

* * * * *

PUERTO RICO—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Statewide		1 hr.std.N.A.[2]		
Adjuntas Municipio				
Aguada Municipio				
Aguadilla Municipio				
Aguas Buenas Municipio				
Aibonito Municipio				
Anasco Municipio				
Arecibo Municipio				
Arroyo Municipio				
Barceloneta Municipio				
Barranquitas Munic.				
Bayamon County				
Cabo Rojo Municipio				
Caguas Municipio				
Camuy Municipio				
Canovanas Municipio				
Carolina Municipio				
Catano County				
Cayey Municipio				
Ceiba Municipio				
Ciales Municipio				
Cidra Municipio				
Coamo Municipio				
Comerio Municipio				
Corozal Municipio				
Culebra Municipio				
Dorado Municipio				
Fajardo Municipio				
Florida Municipio				
Guanica Municipio				
Guayama Municipio				
Guayanilla Municipio				
Guaynabo County				
Gurabo Municipio				
Hatillo Municipio				
Hormigueros Municipio				
Humacao Municipio				
Isabela Municipio				
Jayuya Municipio				
Juana Diaz Municipio				
Juncos Municipio				
Lajas Municipio				
Lares Municipio				
Las Marias Municipio				
Las Piedras Municipio				
Loiza Municipio				
Luquillo Municipio				
Manati Municipio				
Maricao Municipio				
Maunabo Municipio				
Mayaguez Municipio				
Moca Municipio				
Morovis Municipio				
Naguabo Municipio				
Naranjito Municipio				
Orocovis Municipio				
Patillas Minicipio				
Penuelas Municipio				
Ponce Municipio				
Quebradillas Municipio				
Rincon Municipio				
Rio Grande Municipio				

PUERTO RICO—OZONE (1-HOUR STANDARD)—Continued

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Sabana Grande Municipio				
Salinas Municipio				
San German Municipio				
San Juan Municipio				
San Lorenzo Municipio				
San Sebastian Municipio				
Santa Isabel Municipio				
Toa Alta Municipio				
Toa Baja County				
Trujillo Alto Municipio				
Utuado Municipio				
Vega Alta Municipio				
Vega Baja Municipio				
Vieques Municipio				
Villalba Municipio				
Yabucoa Municipio				
Yauco Municipio				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

* * * * *

57. In § 81.356, the table entitled ''Virgin Islands-Ozone'' is revised to read as follows:

§ 81.356 Virgin Islands.

* * * * *

VIRGIN ISLANDS—OZONE (1-HOUR STANDARD)

Designated area	Designation		Classification	
	Date [1]	Type	Date [1]	Type
Statewide	.....	1 hr.std.N.A.[2]		
St. Croix				
St. John				
St. Thomas				

[1] This date is June 5, 1998, unless otherwise noted.
[2] 1 hour standard Not Applicable.

* * * * *

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The items in this list were editorially compiled as an aid to Federal Register users. Inclusion or exclusion from this list has no legal significance.

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The text of laws is not published in the **Federal Register** but may be ordered in ''slip law'' (individual pamphlet) form from the Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402 (phone, 202–512–1808). The text will also be made available on the Internet from GPO Access at http://www.access.gpo.gov/su_docs/. Some laws may not yet be available.

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