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NATIONAL CREDIT UNION ADMINISTRATION

12 CFR Part 703

RIN 3133–AB73

Investment and Deposit Activities

AGENCY: National Credit Union Administration (NCUA).

ACTION: Final rule.

SUMMARY: The final regulation clarifies a number of areas, adds restrictions on some securities which have been determined to be inappropriate for credit unions, broadens authority in certain areas, and requires that a credit union's staff and board of directors meet certain safety and soundness standards with respect to the potential risks of the credit union's investment options.

DATES: This rule is effective January 1, 1998. However, early participation in the pilot program in § 703.140 may begin on or after July 18, 1997.

ADDRESSES: National Credit Union Administration, 1775 Duke Street, Alexandria, Virginia 22314–3428.

FOR FURTHER INFORMATION CONTACT: David M. Marquis, Director, Office of Examination and Insurance, (703) 518–6360, or Daniel Gordon, Senior Investment Officer, Office of Investment Services, (703) 518–6620, or at the above address.

SUPPLEMENTARY INFORMATION:

A. Background

In recent years there have been significant advances in modeling and measuring the risk factors of debt instruments. During this same period, financial market innovations severed any necessary link between the cash flows of an instrument and its underlying collateral. Based on these developments, which deal directly with safety and soundness issues, NCUA has shifted the focus of Part 703 from emphasis on specific instruments to the characteristics that affect risk management of investment activities.

Proposed Rule

On November 16, 1995, the NCUA Board issued a proposed rule to significantly revise Part 703. 60 FR 61219 (November 29, 1995). The proposal (i) emphasized credit union board and staff understanding of the potential risks associated with a credit union's investment activities and (ii) established new procedures to value and monitor instruments in the investment portfolio. The comment period was to have expired on March 28, 1996, but was extended three times. 61 FR 8499 (March 5, 1996); 61 FR 29697 (June 12, 1996); 61 FR 41750 (August 12, 1996). The comment period expired on November 18, 1996.

Comments

Federal credit unions, state-chartered credit unions, corporate credit unions, trade organizations, securities broker-dealers, investment advisors, state credit union regulators, law firms, banks, and individuals delivered a total of 596 comments to NCUA on the proposed rule. A majority of the commenters supported the general approach of the proposed rule but suggested specific changes. A sizable minority of the commenters disagreed with substantial portions of the proposed rule. NCUA thoroughly evaluated the comments and incorporated many of the suggested changes into this final rule.

CMO Study

The preamble to the proposed rule noted an NCUA study of approximately 300 credit unions with investments in collateralized mortgage obligations (CMOs) and Real Estate Mortgage Investment Conduits (REMICs) in excess of capital (CMO Study). The CMO Study revealed that in 39 percent of the credit unions, credit union managers did not fully understand and appreciate the interest rate risk of CMOs/REMICs, 24 percent of credit unions were taking unacceptable risks, and 47 percent did not have acceptable asset-liability management policies. A number of commenters stated that the CMO Study, by itself, did not justify all of the proposed changes to Part 703.

NCUA notes that while the CMO Study provided important information regarding the management and understanding of some individual investments, it was not the primary impetus for the proposed changes. The safety and soundness concerns raised by the prospect of continuous innovation in the financial marketplace and increasing interest rate risk to credit union balance sheets, together with technical innovations that aid the analysis of risk, motivated NCUA to amend the rule to place greater emphasis on risk management.

Final Rule

This final rule establishes parameters for risk assessment and permits credit unions to operate flexibly within those parameters. At the same time, it minimizes the regulatory burden on those credit unions that choose to maintain a simple portfolio of investments.

A credit union's balance sheet risk only partially arises from its investment activities. In fact, on average, investments constitute approximately one-third of all credit union assets. Comprehensive risk management should include an ongoing risk evaluation of the entire balance sheet and appropriate asset-liability management (ALM) policies and procedures. NCUA has decided not to develop an ALM rule at this time because of the diversity of approaches that could be appropriate for credit unions. Instead NCUA will evaluate a credit union's ALM through the examination process.

An underlying premise of the regulation is that a credit union must establish its own risk limits and measure, monitor, and control the risks it decides to undertake. Credit unions that have the capacity for minimal risk management will necessarily set conservative risk parameters in order to meet the requirements of the rule. On the other hand, credit unions that have the capacity to measure, monitor, and control greater risks may set broader parameters.

Many credit unions will, as part of their standard business practice, establish policies and procedures which properly go beyond the minimum requirements of this rule. In fact, one of the primary conclusions of the six focus groups conducted in the early stages of development of the rule was that the rule reflected sound business principles and would impose little additional burden on most credit unions.

Format

Although the proposed rule was written in the traditional regulatory format, this final rule uses plain language drafting techniques that have been promoted by the Vice President's Regulatory Reinvention Initiative. The goal of plain language drafting is to decrease confusion, inadvertent errors, the need to seek clarification in correspondence and phone calls, and the amount of staff time credit unions must devote to understanding the regulations. Plain language drafting emphasizes the use of informative headings (often written as a question), lists and charts where appropriate, sections and paragraphs, non-technical language (including the use of ''you''), and sentences in the active voice. This final rule is written as a series of questions and answers, asked by a federal credit union and answered by NCUA. The words ''I'' in a question and ''you'' in an answer refer to a federal credit union. Occasionally, the regulation refers to ''you'' performing some action in relation to ''your'' board of directors. This should be read as a credit union's staff and/or management performing the action in relation to the credit union's board.

One plain language drafting technique is to move definitions away from the beginning of a regulation, to avoid bombarding the reader with terms for which there is no context. In this final rule, a number of definitions have been moved to the end of the part, and others to where the term is used.

Although commenters did not have the opportunity to express opinions on the plain language format prior to its use in this final rule, NCUA believes that the benefits of using the format justify this omission. NCUA welcomes comments on the format, however, and suggestions on how to improve it. NCUA is committed to converting more of its regulations to the plain language format in order to reduce regulatory burden and notes that the recently issued proposed rules governing credit union service organizations, 62 FR 11779 (March 13, 1997), and production of nonpublic records and testimony of NCUA employees in legal proceedings, 62 FR 19941 (April 24, 1997), and an upcoming proposed rule governing member business loans use plain language drafting.

B. Section-by-Section Analysis

Section 703.10 What Does Part 703 Cover?

The proposed rule deleted some sentences in the scope section as unnecessary, and added the provision that Part 703 does not apply to corporate credit unions. Investment activities of corporate credit unions are governed by Part 704. The proposed rule, however, did not change the format of the section. To improve readability, this final rule divides the section in two, with Section 703.10 addressing what Part 703 *does* cover and Section 703.20 addressing what it does *not* cover. The language in Section 703.10 is a slight rewording of the first two sentences in the scope section of the proposed rule to provide further clarification, with no change in meaning intended.

Section 703.20 What Does Part 703 Not Cover?

In the scope section of the proposed rule, the clauses addressing the activities and entities not covered by Part 703 follow one another as part of one dense paragraph. To improve readability, Section 703.20 of this final rule sets out each activity or entity separately.

As noted above, the proposed rule added the provision that Part 703 does not apply to corporate credit unions. The preamble explained that the investment activities of corporate credit unions are governed by Part 704 of NCUA's regulations. There was no objection to this proposal, and it has been retained in the final rule.

One commenter suggested that the rule should expressly state that Part 703 does not apply to state-chartered credit unions. NCUA agrees and has added paragraph (f) to Section 703.20. That paragraph states that Part 703 does not apply to state-chartered credit unions, except as provided in Section 741.3(a)(3) of NCUA's regulations. Under Section 741.3(a)(3), a state-chartered credit union must establish a separate reserve if it invests in instruments not permitted for federal credit unions by Part 703 or the Federal Credit Union (FCU) Act. In a limited sense, therefore, Section 703.110, which sets forth activities that are prohibited for federal credit unions, ''applies'' to state-chartered credit unions. Paragraph (f) clarifies, however, that the other requirements of Part 703 do not apply to state-chartered credit unions.

Section 703.30 What Are the Responsibilities of My (a Federal Credit Union's) Board of Directors?

Section 703.3(a) of the proposed rule expanded on the current rule's requirements regarding investment policies. Section 703.3(b) of the proposed rule established a new list of required investment practices. This final rule divides policies and practices into two sections; Section 703.30 addresses policies and Section 703.40 addresses practices. In addition, the final rule modifies many of the specific policies and practices that were proposed. Of the commenters who addressed this section generally, most agreed with the need to have investment policies.

Purposes and Objectives of Investment Activities

Proposed Section 703.3(a)(1) required that the board of directors state in the credit union's policies the purposes and objectives of the credit union's investment activities. The intent was that the policy provide a clear statement of the credit union's investment goals. For example, a credit union's primary goals may be to minimize risk, provide liquidity, and generate a reasonable rate of return. The emphasis placed on each goal will vary based on individual credit union constraints or needs. NCUA received no comments on this provision and has retained it in Section 703.30(a) of the final rule.

Characteristics of Authorized Investments

Proposed Section 703.3(a)(2) required that a credit union's investment policy set out the investments that the credit union may make, by issuer and characteristics. The definitions section of the proposed rule defined an investment characteristic as a feature of an investment such as its maturity, index, cap, floor, coupon rate, coupon formula, call provision, or average life. The preamble stated that a policy could, for example, authorize investments issued or guaranteed by the U.S. Treasury, the Federal Home Loan Mortgage Corporation, and the Federal National Mortgage Association, or could limit investments to instruments with a maximum maturity of 5 years, or those with a fixed coupon, or those tied to a particular index. A few commenters expressed concern that the requirement was too restrictive and would not allow management sufficient flexibility in making investment decisions.

NCUA did not intend for boards to specify the parameters of each approved investment. The intent was for boards to establish guidelines for investment characteristics. NCUA believes that it is imperative for a board, which sets the overall ALM strategy for the credit union, to set investment guidelines and risk parameters that are consistent with that strategy. Further, for the guidelines to be meaningful, they must be fairly specific. Therefore, the requirement has been retained in the final rule, at Section 703.30(b). The language has been modified, however, to clarify that

the issuer is another type of characteristic.

The following additional examples may prove helpful in illustrating the types of policy statements that NCUA might see boards establish: 3-year bullets (securities that make one principal payment at maturity) with a fixed coupon; variable rate securities linked to the 3-month Treasury bill yield or U.S. dollar-denominated LIBOR that, at the time of purchase, are at least 300 basis points below their cap; and fixed rate federally insured deposits of one year or less. With respect to the last, NCUA would not view as necessary that the policy go on to list specific authorized depository institutions.

As an alternative to the type of limits discussed above, or in addition to such limits, a board could specify acceptable interest rate risk for individual investments. For example, a policy could restrict the credit union to purchasing instruments that are predicted to experience a price change of less than a certain percentage for an immediate and sustained parallel shift in the yield curve of a certain amount. A credit union choosing this approach must be confident it has the methodology to assess this potential risk.

Interest Rate Risk

Section 703.3(a)(3) of the proposed rule required credit unions to develop policies on interest rate risk management. One commenter noted that the rule did not define ''interest rate risk.'' Stated in the broad context of ALM, interest rate risk is the exposure of a credit union's current and future earnings and capital arising from adverse movements in interest rates. Changes in interest rates affect a credit union's earnings by changing its net interest income and the level of other interest-sensitive income and operating expenses. Changes in interest rates also affect the underlying economic value of the credit union's assets, liabilities, and off-balance sheet items. These changes occur because the present value of future cash flows, and in many cases the cash flows themselves, change when interest rates change. The combined effects of the changes in these present values reflect the change in the credit union's underlying economic value as well as provide an indicator of the expected change in the credit union's future earnings arising from the change in interest rates. While interest rate risk is inherent in the role of credit unions as financial intermediaries, a credit union that has a high level of risk can face diminished earnings, impaired liquidity and capital positions, and, ultimately, greater risk of insolvency.[1]

Since this rule is limited to investment activity, it only addresses interest rate risk in the investment portfolio. Several commenters observed that a credit union should manage interest rate risk through its ALM policies and procedures, which additionally take into account its loan portfolio and liabilities. NCUA recognizes that interest rate risk can be more fully evaluated this way but, for reasons discussed in the background section of this preamble, has decided to limit the rule to investments. A credit union with an ALM policy that addresses interest rate risk across the balance sheet, however, need not establish a separate policy addressing interest rate risk in the investment portfolio.

No commenters objected to the requirement that a credit union develop a policy on how it will manage interest rate risk in its investment portfolio, and the requirement has been retained in Section 703.30(c) of the final rule. Based on the comments and further NCUA discussion, a sentence has been added requiring that a credit union's interest rate risk management policy establish the amount of risk that the credit union can take with its investments in relation to its net capital and earnings.

A credit union's interest rate risk policy must be commensurate with the scope, size, and complexity of the risks the credit union assumes. The policy of a credit union with a simple portfolio and conservative risk parameters might specify that net capital, earnings, or investment income, may not vary by more than a certain percentage for a parallel shift in interest rates. The policy of a credit union with a complex portfolio, however, might also set limits that reflect changes in the shape of the yield curve, credit spreads, prepayment patterns, and volatility.

Liquidity Risk

Section 703.3(a)(6) of the proposed rule required credit unions to develop policies on liquidity risk management. Liquidity risk is the risk that a credit union will have insufficient liquid assets to meet immediate cash demands. A liquid asset is one that can be converted quickly into cash with minimal loss. The intent was that the board assess the potential for cash demands, document how it arrived at this assessment, and establish a liquidity policy that will enable it to meet the demands. Only one commenter opposed the requirement, and it has been retained in the final rule, in Section 703.30(d).

In assessing the potential for immediate cash demands, credit unions may use a simple estimate, based upon the history of prior cash flows. Credit unions also may use a more elaborate approach. Two commenters suggested that the occasional, temporary use of alternative balance sheet funding sources (short-term borrowing) is a reasonable part of liquidity management. NCUA does not disagree but emphasizes that borrowing should be part of a well thought-out liquidity plan.

Credit Risk

Section 703.3(a)(7) of the proposed rule required credit unions to develop policies on the management of credit risk, including approved issuers, or criteria for issuers, and limits on the amounts that may be invested with each issuer. As noted in the preamble to the proposed rule, a credit union may rely on credit ratings to manage credit risk. However, boards should be aware that ratings may fail to timely reflect a creditor's deteriorating ability to repay its obligations and is only one source of credit information. A credit union without the ability to evaluate credit risk may choose to limit its investments to those that are fully guaranteed or insured. The provision is located at Section 703.30(e) of the final rule.

Concentration Risk

Section 703.3(a)(4) of the proposed rule required credit unions to set concentration limits in their investment policies. The preamble stated that the board must develop concentration limits for, among other things, shares and deposits in corporate credit unions. The commenters generally supported the requirement to establish concentration limits, but a number asked whether NCUA would continue its policy of not taking exception to credit unions placing 100 percent of their investments in corporate credit unions. Examiners will not automatically object to 100 percent concentration in a corporate credit union, but will require all but the smallest credit unions investing more than the insured amount in a corporate to perform an appropriate credit analysis. The scope of credit analysis for investments in corporates and other institutions and issuers is addressed in the discussion of credit analysis under Section 703.40(e).

[1] This discussion of interest rate risk comes from a joint agency policy statement on interest rate risk issued by the Office of the Comptroller of the Currency, the Board of Governors of the Federal Reserve System, and the Federal Deposit Insurance Corporation in May 1996. *See* 61 FR 33166, 33167 (June 26, 1996).

Concentrations can increase a credit union's vulnerability to unforeseen market, credit, and liquidity risks. Each credit union must evaluate concentration risk in relation to its financial condition and its ability to analyze the risks of all investments. The provision is located at Section 703.30(f) of the final rule.

CMO/REMIC Prepayment Models

Section 703.3(a)(5) of the proposed rule directed credit unions to identify in their investment policies the specific CMO/REMIC prepayment models they would use when performing the tests required to purchase or hold CMOs/REMICs. This was to control the practice of selecting the prepayment model that would allow a particular CMO/REMIC to pass the tests. The preamble noted that each credit union had the flexibility to choose the prepayment models it believed were the best measures of potential risk, as long as they were reasonable and supportable.

One commenter stated that NCUA should specify which models are permissible and accept the fact that models are imperfect and will sometimes give different results.

Since the forecasting of prepayments is an evolving science, NCUA prefers to leave to each credit union the decision as to which models it will use. For consistency, it is essential that a credit union use the same models for testing all CMOs/REMICs.

This final rule moves some material that was in the CMO/REMIC testing section to the policy section. It clarifies that a credit union board's first policy decision will be whether the credit union will use a median prepayment estimate or individual, proprietary estimates. Once that determination is made, the credit union may use only that method. If the choice is to use a median estimate, the board then must determine the source of that estimate, whether it be Bloomberg or another similar source. If the choice is to use individual estimates, the board then must determine the sources of those estimates. In response to a comment, the final rule uses the less confusing term ''prepayment estimate'' rather than ''prepayment model.'' Finally, in response to a comment, the final rule clarifies that a board must set policies for prepayment sources for CMO/REMIC testing only where it has authorized the purchase of CMOs/REMICs. The provision is located at Section 703.30(g) of the final rule.

Investment Authority

Section 703.3(a)(8) of the proposed rule required a credit union to state in its investment policy the persons in the credit union to whom investment authority was delegated, the knowledge and experience required of such persons, and the extent of their authority. The provision also stated that this requirement could be met by the board's approval of position descriptions that address the same criteria. In addition to this policy requirement, Section 703.3(b)(2)(i) of the proposed rule required that a credit union follow certain practices regarding investment authority. It stated that any official or employee of a credit union who had discretionary investment authority had to ''demonstrate'' an understanding of the risk characteristics of investments and investment transactions under that authority. It provided that only a credit union's officials, employees, and members could be voting members of its investment and/or asset-liability management committees. Finally, it explicitly affirmed that the ultimate responsibility for supervising a credit union's investment activities rested with the board of directors.

There was some confusion regarding the burden that would be imposed on directors with respect to understanding the risk of authorized investments. It was never NCUA's intention to require volunteers to understand all of the factors that affect the risks of each instrument. This appropriately remains the responsibility of the individuals to whom investment authority has been delegated. It is the responsibility of the board, however, to set policy limits, approve procedures, understand the overall risks associated with the investments, and receive reports assessing whether the portfolio has remained within established limits.

The final rule combines proposed Sections 703.3(a)(8) and 703.3(b)(2)(i) into a policy requirement at Section 703.30(h). That provision requires the investment policy to specify who, of the credit union's officials and employees, has investment authority and the extent of that authority. The final rule does not explicitly provide that the requirement may be met by approving appropriate position descriptions. NCUA omitted the provision because it was unnecessarily detailed and might suggest that there was no other way to meet the requirement. It remains a permissible way to meet the requirement.

Section 703.30(h) also states that individuals given investment authority must be professionally qualified, by education and/or experience, to exercise that authority in a prudent manner and to fully comprehend and assess the risk characteristics of investments and investment transactions under that authority. Rather than requiring that persons with investment authority ''demonstrate'' an understanding of the risk characteristics of the investments under that authority, the final rule simply requires that they be qualified to exercise that authority. It is the responsibility of the board to ensure such qualification.

Section 703.30(h) states that only a credit union's officials and employees may be voting members of a credit union's ''investment-related committee.'' Credit unions use a variety of terms for the committee that is primarily concerned with investments. The proposed rule used ''investment committee,'' ''asset-liability management committee,'' or a combination of the two. To avoid inadvertently excluding a committee with a different name, the final rule uses the term ''investment-related committee'' throughout.

The final rule also does not include ''member'' in the list of individuals who can be voting members of that committee. The proposed rule intended to allow credit union members who serve on such committees to be able to vote. To lessen confusion, however, the final rule redefines ''official'' to include a member of a credit union's investment-related committee.

Finally, Section 703.30(h) does not contain the statement that the ultimate responsibility for supervising a credit union's investment activities rests with the board. It is not necessary to make the statement in the regulation, as Section 113(6) of the FCU Act, 12 U.S.C. 1761b(6), provides that a federal credit union's board of directors shall have charge of investments.

Broker-Dealers

Section 703.3(a)(9) of the proposed rule required that a credit union's investment policy list approved broker-dealers and limits on the amounts and types of transactions for each. The preamble noted that although the proposal did not require approval of more than one broker-dealer, reliance on a single individual or firm could be disadvantageous to the credit union. A credit union might choose to approve one broker-dealer for the full range of its investment activities and another for only certain of the investments authorized by policy. For example, the credit union may permit one broker, with more limited knowledge, to sell to

the credit union only Treasury securities with less than 1 year maturity, while permitting another, with more knowledge and ability, to sell longer term securities or securities with embedded options issued by U.S. government agencies, as well as Treasury securities. The preamble stated that details for these authorizations should be established by policy.

In response to comments, NCUA has deleted the language regarding establishing limits on the amounts and types of transactions. In addition, Section 703.30(i) of the final rule clarifies that the requirement to list approved broker-dealers applies only if the credit union uses third parties to purchase or sell investments. A credit union could purchase an investment without using a third party by, for example, obtaining a certificate of deposit (CD) directly from a bank or a Treasury security through the Treasury Direct program. The final rule defines any such third party as a ''broker-dealer,'' even if that third party only buys and sells investments that do not meet the formal definition of ''security,'' such as CDs. Section 703.30(i) also requires that the credit union maintain the documentation the board used to approve a broker-dealer as long as the broker-dealer is approved and until the documentation has been both audited and examined. That requirement was located at Section 703.3(b)(10) of the proposed rule.

Safekeeping

Section 703.3(a)(10) of the proposed rule required that a credit union's investment policy list approved safekeeping entities and limits on the amounts and types of investments that could be safekept with each entity. In response to comments, NCUA has deleted the language regarding amounts and types of investments and the requirement to maintain documentation used to approve a safekeeper. Section 703.30(j) of the final rule clarifies that the requirement to list approved safekeepers applies only if a credit union uses such entities. Also in response to comments, NCUA wishes to make clear that corporate credit unions may serve as safekeepers.

''Failed'' Investments

Section 703.4(b)(3) of the proposed rule required that management notify the board by the next board meeting of any investment that, because of changing market conditions, falls outside of board policy after purchase. The proposed rule also created an entire section, Section 703.7, which established divestiture requirements for a credit union holding an investment that, because of a credit downgrade or failure to meet an interest rate shock test, no longer meets regulatory mandates. Many commenters stated that the proposed requirements, particularly those regarding ''failed'' investments, preempted the board's right to establish its own policies in those areas.

NCUA has determined to retain only a few simple requirements for investments that fail board policy or part 703. They are contained in Section 703.40(f) of the final rule. Other than these, Section 703.30(k) requires that the board establish its own policies for such investments.

Trading

Section 703.3(a)(11) of the proposed rule required that a credit union establish trading policies, if it engages in trading. The provision listed a number of items that the policies should address. In 1987 NCUA issued Letter to Credit Unions No. 89, which discussed trading activities. This Letter is still effective. No significant comments having been received on this provision, it is retained in the final rule, at Section 703.30(l).

Section 703.40 What General Practices and Procedures Must I Follow in Conducting Investment Transactions?

As noted earlier, Section 703.3(b) of the proposed rule established a list of required investment practices. Those practices, many of which have been modified, are found in Section 703.40 of this final rule.

Classification of Securities

Section 703.3(b)(1) of the proposed rule required that a credit union classify securities in accordance with generally accepted accounting principles (GAAP). The applicable principle is Statement of Financial Accounting Standard (SFAS) 115. The preamble stated that deposits and shares in depository institutions are not securities and are not subject to SFAS 115. In response to comments, NCUA notes that the Financial Accounting Standards Board has stated that jumbo CDs may meet the definition of security and may be subject to SFAS 115. A credit union should review the relevant disclosure documents to determine whether a CD meets the definition of security. The classification provision has been retained in the final rule, at Section 703.40(a).

Delegation of Discretionary Investment Authority

Section 703.3(b)(2)(ii) of the proposed rule established a general prohibition against delegating discretionary control of investment authority to a person other than an official or employee of the credit union. However, proposed Section 703.3(b)(2)(iii) permitted a credit union to delegate such control to an investment adviser who is registered with the Securities and Exchange Commission (SEC) under the Investment Advisers Act of 1940. Proposed Section 703.3(b)(2)(iii) limited the total of a credit union's delegation of discretionary investment control and investment in mutual funds to 100 percent of capital.

The commenters strongly opposed the limitation on delegation of discretionary investment control, particularly the inclusion of investments in mutual funds in that limitation. Some of the concern stemmed from confusion over the concept of ''delegation of control.'' Although Section 703.3(b)(2)(ii) stated that control was not considered delegated if the credit union authorized each purchase and sale, several commenters thought that a traditional relationship with a broker-dealer was included in the concept. A credit union has not delegated discretionary investment control where its broker-dealer recommends purchases and sales but does not act until it has received the credit union's approval for the specific transaction. Likewise, if a credit union is receiving investment advice from an investment adviser but is still approving each purchase and sale, it has not delegated discretionary investment control.

For example, if a broker proposed that a credit union purchase a specific security, and the credit union authorized the purchase, the credit union has not delegated discretionary control. On the other hand, if a broker informed a credit union that CMOs/REMICs with 2-year weighted average lives looked like good investments, and the credit union responded that the broker should purchase one that ''looks good,'' the credit union has delegated discretionary control.

NCUA has determined to retain the general prohibition against delegation of discretionary investment control, except under certain conditions. Section 703.40(b) establishes the prohibition, and Section 703.40(c) establishes the conditions under which delegation is permitted. No commenters objected to the proposed requirement that delegations of discretionary control be limited to investment advisers registered with the SEC, and it has been retained in paragraph (c)(1). Paragraph (c)(2) makes explicit what is a part of normal business practices; that is, analyzing a potential investment adviser's background.

Section 703.3(b)(2)(iii) of the proposed rule restricted how an investment adviser could be compensated, to keep his or her interest allied with that of the credit union. Several commenters suggested that the provision be modified to make it clear that there are no restrictions on compensating a registered investment adviser who does not have discretionary investment control. NCUA agrees and has made the change. The provision is located at paragraph (c)(3) of Section 703.40.

Proposed Section 703.3(b)(2)(v) required that investments under the discretionary control of an investment adviser be classified as either available-for-sale or trading. One commenter was opposed to this provision, but NCUA continues to believe it is necessary and has retained it, at paragraph (c)(4) of Section 703.40. Paragraph (c)(5) codifies what should be a part of normal business practices, that is receiving a monthly statement from an adviser.

Finally, as noted above, proposed Section 703.3(b)(2)(iii) limited the total of a credit union's delegation of discretionary investment control and investment in mutual funds to 100 percent of capital. In response to the commenters' concerns, NCUA has determined not to include investments in mutual funds in the limitation. Also in response to the comments, NCUA has clarified that the limitation is the aggregate of a credit union's delegation of discretionary control, that is, regardless of the number of investment advisers a credit union uses, it may delegate discretionary control over the portion of its investment portfolio that represents 100 percent of its capital. This provision is located at paragraph (c)(6) of Section 703.40. NCUA notes that whenever a credit union uses any third party, such as investment adviser, broker-dealer, or safekeeper, to carry out investment transactions on its behalf, it must ensure that the third party complies with the restrictions of Part 703 and the FCU Act. This could be accomplished through written agreement with the third party.

Credit Analysis

Section 703.3(b)(6) of the proposed rule required credit unions to perform credit analyses of issuing entities unless the investment is issued or guaranteed by the U.S. government or is covered by share or deposit insurance. Recognizing that it often is difficult for credit unions to perform detailed credit analyses, the proposed rule established a minimum rating of B/C for financial institutions that are rated. The preamble noted that credit unions should perform credit analyses for uninsured investments in nonrated financial institutions, including corporate credit unions.

A number of commenters expressed concern regarding the proposed requirements, particularly credit analyses of corporate credit unions. They argued that credit analyses were too burdensome and that credit unions should be permitted to rely entirely on ratings. Many wondered how credit analyses of corporate credit unions could be conducted, while others believed it was not necessary, since corporate credit unions are examined by NCUA.

NCUA recognizes that a small credit union may be unable to perform a detailed credit analysis. For a small credit union, investing funds in corporate credit unions is an appropriate risk management alternative to investing in securities. NCUA will not take exception to a small credit union investing all of its surplus funds in a corporate credit union.

NCUA expects a larger credit union, however, to perform a credit analysis whenever there is credit risk. The uninsured portion of an investment in a corporate credit union presents such risk. NCUA supervises corporate credit unions and is primarily concerned with their safe and sound operations and adherence to applicable laws, rules, and regulations. This supervision does not serve as a guarantee of the investment products a corporate credit union may offer, nor as assurance against potential loss.

A credit union's membership relationship with its corporate should assist it in evaluating the corporate's operations and financial condition. A credit union should review the corporate credit union's earnings performance, capital level, and investment portfolio. A credit union also should be aware of the corporate's operating level under Part 704 and its exposure to a 300 basis point shift in interest rates.

In addition to uninsured investments in corporate credit unions, investments with credit risk include uninsured CDs, federal funds, bank notes, municipal securities, and repurchase transactions. As with investments in corporate credit unions, a credit union must conduct a credit analysis of these other investments that is commensurate with the risk of the exposure. The analysis should include a review of capital, ratings, financial trends, earnings, and loan losses. While the proposed rule required that this analysis be updated semiannually, the final rule requires only an annual update. The final rule, located at Section 703.40(d), also does not establish a minimum financial institution rating. The commenters noted that the ratings from the various rating agencies are not consistent and that too many institutions are unrated.

''Failed'' Investments

As noted above in the discussion of Section 703.30(k), the proposed rule required board notification of investments that fall outside of board policy after purchase and also established divestiture requirements for investments that fail the regulation. In response to comments, NCUA determined to retain the board notification requirement for investments failing board policy and to eliminate all of the requirements for investments failing the regulation except board and NCUA notification. These requirements are located at Section 703.40(e) of the final rule. To the extent that Section 703.40(e) conflicts with Letter to Credit Unions No. 169, governing CMOs/REMICs that fail the stress test, the Letter is superseded. Credit unions should not interpret the removal of specific divestiture requirements from the final rule as NCUA's tacit approval to hold a failed investment indefinitely. On the contrary, NCUA will continue to review the safety and soundness of failed investments to determine whether divestiture is necessary. As always, instruments that were impermissible when purchased may be subject to immediate divestiture.

Documentation

Proposed Section 703.3(b)(10) required that documentation be maintained through the examination and audit cycles. The preamble noted that there had been instances where credit unions failed to maintain enough documentation for the examiner and auditor to properly analyze the security or determine the relationship of the investment decisions to the credit union's policies. There were few comments on this section, and it has been retained in the final rule, at Section 703.30(f). A credit union must maintain sufficient information to demonstrate that it has exercised prudent judgment in making investment decisions.

Section 703.50 What Rules Govern My Dealings With Entities I Use To Purchase and Sell Investments (''Broker-Dealers'')?

Section 703.3(b)(7) of the proposed rule required that any broker-dealer used by a credit union be either a federally regulated depository institution or registered with the Securities and Exchange Commission

(SEC). The proposed rule also required that credit unions conduct an analysis of the financial condition and reputation of the broker-dealer and sales representative. The comments on this section were mixed, with some in favor of the proposed requirements and others objecting that they were too burdensome. NCUA continues to believe that credit unions should do business only with broker-dealers that meet a certain minimum standard of conduct and has retained the requirement. This means that even when purchasing a CD through a broker who only sells CDs, the broker must be either registered with the SEC or a federally regulated depository institution.

NCUA also believes that credit unions should exercise due diligence in determining whether to transact business with a broker-dealer and/or sales representative. As an additional control, a credit union should consider prohibiting any official or employee with discretionary investment authority from maintaining a personal account with the same sales representative that the credit union uses. If the broker-dealer acts as a credit union's counterparty in transactions, introducing credit risk, the credit union must increase its level of due diligence.

Section 703.60 What Rules Govern My Safekeeping of Investments?

Section 703.3(b)(8) of the proposed rule established new safekeeping requirements for credit unions. It required that a credit union maintain its securities independently of its broker-dealer and that it receive a safekeeping receipt for each investment held in safekeeping. It permitted an investment to be held in street name as long as the credit union and/or safekeeper maintain documentation establishing that the credit union is the beneficial owner of the investment. It required a credit union to review the financial condition of approved safekeepers at least annually and that purchases and sales be ''delivery versus payment,'' where payment for an investment occurs simultaneously with its delivery.

In response to comments, NCUA has eliminated the requirement to obtain safekeeping receipts, the requirement to review the financial condition of approved safekeepers, and the language regarding street name. A credit union may permit investments to be held in the name of a broker or nominee and should maintain documentation showing that it is the true owner of the investments. The credit union should be listed as owner on the individual confirmation statements and monthly safekeeping statements required by the final rule.

The proposed requirement for investments to be held by a safekeeper under a written custodial agreement has been retained in the final rule. In response to comments, however, NCUA wishes to clarify that the provision does not require that the agreement be between the credit union and the custodian. The agreement may be between the broker and the custodian, although in that case, the credit union should obtain a copy.

Section 703.70 What Must I Do to Monitor My Non-Security Investments in Banks, Credit Unions, and Other Depository Institutions?

One of the challenges of this rule was establishing criteria to ensure that credit unions with portfolios of securities know the risks of those instruments, while permitting credit unions that restrict their investments to CDs and corporate credit union deposits to do so without undue burden, even though those instruments can present some credit and interest rate risk. Sections 703.3 (b)(4) and (b)(5) of the proposed rule required credit unions to perform certain actions to value and monitor their securities. The GAAP definition of ''security'' includes marketable instruments such as Treasuries, agencies, mortgage backed instruments, and as previously discussed, certain jumbo CDs. The only monitoring provision that addressed investments that were not securities, such as ordinary CDs and corporate deposits, was at proposed Section 703.3(b)(4)(ii)(A), which required credit unions to prepare monthly reports listing the characteristics of each investment held.

Some commenters expressed concern that the requirements for securities also applied to ordinary CDs and corporate deposits. This final rule maintains the proposed rule's distinction between ''securities'' and ''investments,'' but to make it clearer that a credit union that chooses to invest only in ordinary shares and deposits need not worry about the requirements for securities, this final rule establishes a separate section for investments in depository institutions that do not constitute securities. Further, the regulatory burden itself has been reduced. Section 703.70 requires a credit union to list, quarterly rather than monthly, the dollar value of only those non-security shares or deposits that have embedded options, remaining maturities greater than 3 years, or coupon formulas related to more than one index or inversely related to, or multiples of, an index. A credit union's board should be aware of the potential risk of shares or deposits with these characteristics.

Section 703.80 What Must I Do to Value My Securities?

Proposed Section 703.3(b)(5)(i) required that before purchasing or selling a security, a credit union obtain a price quotation from a second broker or from an industry-recognized information provider. The preamble noted that credit unions have been known to pay or receive prices that were significantly different from market prices because their brokers knew they were not verifying prices with other sources.

A number of commenters objected to the requirement to obtain a second price, arguing that it was burdensome and unrealistic. NCUA continues to believe that it is imperative for credit unions to ensure that they know the market prices of the securities they buy and sell, and has retained the requirement, at Section 703.80(a). Again, to minimize burden, the rule allows a credit union to obtain a second price from an industry-recognized information provider. This may be an electronic service that provides market information (Bloomberg, Reuters, etc.) or a newspaper of general and regular circulation (Wall Street Journal, New York Times, etc.). NCUA recognizes that prices from information providers are indicative only, but they should show whether a broker's price is reasonable. To further reduce burden, and in response to comments, an exception has been added for new issues purchased at par.

The rule does not require that the credit union use the broker with the best price. NCUA understands that a credit union can receive ancillary services from a broker that are not reflected in fees, and a credit union may choose to compensate the broker by occasionally accepting a poorer price than that available from another broker. However, credit unions should be aware of the implicit cost of these services. Therefore, as discussed earlier, Section 703.40(g) requires that a credit union document the prices it pays or receives for securities. NCUA understands that prices received from broker-dealers generally will not be in writing; however, the credit union should document who was called, the date and time of the call, and the quoted price or spread to the relevant security. A phone note with the identified information would meet this requirement.

Proposed Section 703.3(b)(5)(ii) required a monthly review of the fair value of each security in a credit union's

portfolio. The preamble noted that this information generally is provided by broker-dealers or safekeepers. There was virtually no opposition to this requirement, and it has been retained in the final rule, at Section 703.90(b).

To ensure some independent verification of a broker's or safekeeper's prices, proposed Section 703.3(b)(5)(iii) required credit unions to obtain semi-annual prices on their securities from another broker or an industry-recognized information provider. In response to comments, Section 703.80(c) of the final rule simply requires a credit union's supervisory committee to comply with existing auditing standards and annually assess the reliability of prices received from a broker or safekeeper. Credit unions or their auditors should refer to the practices and procedures discussed in the investments chapter of the American Institute of Certified Public Accountants guide Audits of Credit Unions.

Proposed Section 703.3(b)(5) provided, throughout, that where a credit union could not obtain the price of a particular security, it could obtain the price of one with substantially similar characteristics. Rather than repeating this each time a price is required, Section 703.80(d) of the final rule states it generally.

Section 703.90 What Must I Do to Monitor the Risk of My Securities?

Monthly Report

Proposed Section 703.3(b)(4)(ii) (A) and (B) required a federal credit union to prepare a monthly report showing the characteristics of each investment in the portfolio and the change in the fair value or total return of each security since the date of purchase and for the last month. In response to comments, NCUA has eliminated the requirement to list the characteristics of each investment each month. In addition, since several commenters were confused about the total return concept, NCUA has deleted all references to total return from the rule, although credit unions may choose to calculate it in addition to fair value.

A number of commenters questioned the need to calculate the fair value of securities classified as hold-to-maturity. NCUA has determined to retain the requirement for a credit union to report the fair value and dollar change since the prior month-end of all its securities, since those changes can affect future earnings. For example, in a rising interest rate environment, with rate-sensitive members, a credit union may be compelled to increase its share rates. A credit union with fixed coupon investments experiences no equivalent increase in interest income. The resulting decline in earnings occurs regardless of whether the securities are classified as hold-to-maturity or available-for-sale. Therefore, it is important for the investment-related committee and board to know what has happened to the value of all those securities. The requirement is located at Section 703.90(a) of the final rule. A credit union that chooses to keep all of its investments in CDs and corporate credit union shares and deposits is not required to price its investments and therefore is not subject to the requirement.

Quarterly Report

Proposed Section 703.3(b)(4)(ii)(C) required a credit union to calculate, quarterly, the value of securities that NCUA determined represented greater potential interest rate risk. They were: (1) Securities that amortize; (2) securities with embedded options; (3) securities with maturities greater than 3 years; and (4) securities where contract rates are related to more than one index or are inversely related to, or multiples of, an index.

In response to comments, NCUA has removed amortizing securities from the list, located at Section 703.90(b) of the final rule. Most amortizing securities that represent greater potential interest rate risk will be included because they contain embedded options. NCUA includes all securities with embedded options because even put provisions and interest rate floors can affect the price of a security independent of actual changes in interest rates. To be consistent with market terminology, NCUA also has changed the term ''contract rate'' to ''coupon formula.''

A number of commenters urged that the maturity threshold be extended to 5 years, to be consistent with the definition of risk asset in Section 700.1(i) of the NCUA Rules and Regulations. NCUA notes that the proposed requirement and the risk asset regulation have different purposes and effects. The classification of a security as a risk asset under Section 700.1(i), results in a credit union having to transfer additional income to reserves under Section 116 of the FCU Act. In contrast, the only result of classifying a security as representing greater potential risk under Part 703 is that a credit union might have to test its securities to gain important information about the interest rate risk on its balance sheet. NCUA believes that significant risk would be missed by failing to include securities with maturities from 3 to 5 years in the category that could trigger testing requirements and has determined to leave the threshold at 3 years. NCUA has clarified, however, that maturity means remaining maturity.

Several commenters suggested excluding U.S. Treasury and agency securities from the group that represents greater potential risk. This comment reflects a misunderstanding of the risk being evaluated. The securities at issue are those that represent greater potential interest rate risk, not credit risk. Although Treasury and agency securities do not present credit risk, they can have considerable interest rate risk depending on their characteristics. To some extent, this risk can be estimated by subjecting these securities to interest rate shock tests.

Shock Test

Under Section 703.3(b)(4)(iii) of the proposed rule, if the total value of securities determined to represent greater potential risk was greater than a credit union's capital, the credit union was required to calculate the potential impact, on the fair value and/or total return of each security in the portfolio and the portfolio as a whole, of parallel shifts of plus and minus 300 basis points. The purpose of the analysis was to determine the impact of potential shifts in interest rates on the credit union's future capital position.

NCUA recognized this was a naive test and that substantial risks could be missed by credit unions holding potentially more risky securities in a total amount less than capital. NCUA believed, however, that the requirement represented a reasonable compromise between imperfect risk assessment and the burden that would result if every credit union had to test every security.

As limited as the testing was, a number of commenters argued that it would be too burdensome, suggesting that the threshold of 100% of capital be raised to 150% or 200%. To determine the impact of the requirement on federal credit unions, NCUA analyzed data from December 1995 call reports. NCUA used assumptions about the characteristics of Treasury and agency securities that probably caused more of such securities to be included than would actually be the case. The results of the analysis are described in the following table:

Asset size (in millions)	A	B	C
<$2	18	2,173	0.8%
$2–$10	90	2,507	3.6%
$10–$50	351	1,769	19.8%
>$50	462	795	58.1%

Asset size (in millions)	A	B	C
Total ..	921	7,244	12.7%

A—Number of federal credit unions that would be required to complete the 300 basis point stress test.

B—Total number of federal credit unions in the respective asset ranges.

C—Percentage of A to B (A÷B=C).

The analysis shows that, at most, only 921, or 12.7 percent, of all federal credit unions would be required to subject their portfolios to the test. The vast majority of these have assets greater than $10 million. NCUA believes that the test would not be a significant burden to these credit unions and that it is imperative for these credit unions to monitor their potential interest rate risk. Therefore, it has retained the test, at Section 703.90(c). Credit unions that are either unwilling or unable to monitor their risk through the test should rethink their investment strategy. In response to comments, however, NCUA has reduced their frequency of the test from monthly to quarterly. Further, as discussed earlier, to avoid confusion, there is no longer any reference to total return.

NCUA understands that credit unions with deteriorating securities in the hold-to-maturity portfolio may have less and less likelihood of meeting the shock test ''hurdle'' due to the use of fair value versus amortized cost in the calculation. Since securities classified as hold-to-maturity are not adjusted to fair value, when their value goes down, there is no corresponding decrease in net capital. As a result, the ratio of potentially more risky securities to net capital declines. This may lead to the anomalous situation of a decreasing requirement to test, because the threshold is less likely to be triggered when hold-to-maturity values are declining substantially. However, the purpose of the test is to show potential problems with the portfolio, and securities rapidly losing value will already be reported under Section 703.90(a).

Some commenters suggested that a test that applies to securities but not deposits could induce some credit unions to purchase deposit instruments that have the same risk characteristics as the securities that trigger the test. If the test is not triggered, the credit unions will be ignorant of the interest rate risk of their investments. NCUA was aware of this trade-off, and chose not to impose the test on credit unions with minimal investments in securities. However, Section 703.70 requires credit unions to list shares and deposits with the relevant risk characteristics. This information should make credit union boards aware of the possibility of interest rate risk. In addition, NCUA intends to collect the information through the call report.

Section 703.100 What Investments and Investment Activities Are Permissible for Me?

Contracting for Securities

Current Section 703.4(a) permits a credit union to contract for the purchase or sale of a security provided that the delivery of the security is to be made within 30 days from the trade date. This accommodates the settlement of U.S. government and agency securities. Section 703.4(b) permits a credit union to enter into a cash forward agreement to purchase or sell a security provided that the period from the trade date to the settlement date does not exceed 120 days. This was designed to accommodate the settlement of mortgage-backed securities. Section 703.4(a) of the proposed rule deleted these specific time frames, and the authority to enter into cash forward agreements, and simply provided for a credit union to contract for the purchase or sale of a security provided that delivery of the security was by ''regular-way'' settlement.

The current regulation had created some problems distinguishing between regular delivery and forward commitments. The proposed regulation was intended to permit a credit union to contract for the purchase of a security no matter when it settles, as long as the settlement date is within the normal time frame that the securities industry has established for that type of security. Regular-way settlement varies, depending on the type of security and whether it is being purchased or sold on the secondary market or is a new issuance.

Securities industry practices for regular-way settlement have become well-defined for most types of investments that are permissible for credit unions. The time frames arise from customary practice in the securities industry among brokers and dealers, guidelines established by the Public Securities Association, and requirements of the Securities and Exchange Commission and the Municipal Securities Rulemaking Board.

Regular-way settlement for the most common types of secondary market securities purchased or sold by credit unions is either one or three business days after the trade date. For securities that are just being issued, the time frame from trade date to settlement date can be considerably longer, depending on the period between the announcement of the offering and the issuance of the security. Although several commenters expressed concern about being bound by regular-way time frames, NCUA is not convinced that it is necessary to go beyond regular way. Therefore, it has retained the requirement, at Section 703.100(a).

Indexes

The current rule is silent as to the types of indexes to which variable rate instruments can be tied. Section 703.4(h) of the proposed rule limited permissible indexes to those tied to domestic interest rates only. These include, for example, constant maturity Treasury and U.S. dollar-denominated LIBOR rates, Prime, and the 11th District Cost of Funds. The preamble noted that this would prohibit a credit union from purchasing an investment linked to an equity index, either as a speculative investment or to match against a product offered to a member. NCUA continues to believe that it is not appropriate for a credit union to invest in an instrument that does not correlate to its cost of funds, and has retained the prohibition, at Section 703.100(b). The provision also prohibits a credit union from purchasing the new inflation-indexed Treasury bonds.

Corporate Credit Unions

Proposed Section 703.4(f) addressed credit union investments in corporate credit union capital shares and deposits. The proposed rule limited credit union investment in the capital shares of a corporate credit union to a total of one percent of the investing credit union's assets, due to the potential risk associated with such investments.

A number of commenters seemed confused by the provision, believing that NCUA was proposing a limit on all investments in corporate credit unions. That is not the case. The proposed limit does not apply to regular shares or deposits in corporate credit unions; it applies only to capital shares, which can come in two forms:

Membership capital and member paid-in capital. To clarify the scope of the limitation, the final rule expressly uses those terms. NCUA intends that a credit union be limited to investing a total of 1 percent of its assets, all in membership capital, all in member paid-in capital, or divided between them, in each corporate credit union in which it invests. A few commenters expressed concern that some credit unions might now have more than 1 percent of assets in capital shares in one corporate credit union. Any such investment will be grandfathered.

A credit union must fully understand the risks associated with paid-in and membership capital before making such investments. An investing credit union must be aware that its funds are at risk and that it may not have access to them for 20 years, in the case of paid-in capital, and 3 years, in the case of membership capital. Corporate credit unions are required to fully disclose the conditions of their capital instruments, and a credit union should review the disclosures carefully before deciding to invest.

Common Trust Funds, Mutual Funds, and Other Investment Companies

Section 703.4(j) of the current regulation provides that a federal credit union may invest in a mutual fund, provided that the investments and investment transactions of the fund are legally permissible for federal credit unions under the FCU Act and NCUA regulations. Proposed Section 703.4(d) broadened this authority by permitting investment in an investment company that was registered with the Securities and Exchange Commission under the Investment Company Act of 1940.

The proposal retained the requirement that the investments and investment transactions of the investment company be permissible for federal credit unions and clarified that this limitation be established by the company's prospectus and/or statement of additional information, changeable only by shareholder vote. One method of establishing that a fund was a permissible investment was for the prospectus to state that it was ''a legal investment for federal credit unions'' or ''legal under the FCU Act and NCUA Rules and Regulations.'' The proposed rule also limited the aggregate of a credit union's investment in investment companies and delegation of discretionary investment control to an investment adviser to 100 percent of capital.

In response to comments, NCUA has eliminated the shareholder approval requirement in Section 703.100(d) of the final rule. NCUA also has determined that Section 703.100(d) need not explicitly mention the statement of additional information, since it is generally incorporated by reference into the prospectus. In addition, NCUA has removed the limitation on how much a credit union may invest in an investment company.

NCUA also has deleted the sentence that described how a mutual fund can establish that it is a permissible investment for federal credit unions. Some commenters mistakenly concluded that it meant that for a mutual fund to be legal for federal credit unions, the prospectus was *required* to say that the fund complies with the FCU Act and NCUA Rules and Regulations. The sentence was intended to make it clear that NCUA was departing from the position taken in Letter to Credit Unions No. 155, which required that a prospectus detail every investment and transaction authorized for a fund, so that a credit union could determine whether the fund was a permissible investment. As noted in the preamble to the proposed rule, NCUA found it difficult to establish how much detail was necessary to determine that a fund engaged only in activities that were permissible for credit unions. The proposed sentence intended to convey that one way of meeting that requirement was for a prospectus to state that the fund was permissible. Federal securities laws require that a prospectus accurately represent the activities of the fund.

To avoid confusion, NCUA has deleted the sentence. The position remains the same, however. A credit union should review the prospectus of any mutual fund in which it is considering investing. If the prospectus lists the authorized investments and investment activities of the fund in sufficient detail for the credit union to determine that all of them are permissible, it may invest in the fund. If the prospectus lists the activities of the fund generally, and none of them are impermissible for federal credit unions, but also states that the fund is ''legal under the FCU Act and NCUA Rules and Regulations,'' or something to that effect, a credit union may invest in the fund. Regardless of whether a prospectus states that a fund is legal for federal credit unions, if it is clear that some of the activities are impermissible, a credit union may not invest in the fund.

A final change to this section was the addition of bank-managed collective investment funds, also known as common trust funds, as permissible investments. Such funds are subject to the same rules as are mutual funds regarding the underlying investments and content of the prospectus.

CMOs/REMICs

Section 704.4(e) of the proposed rule addressed the high risk securities test (HRST) for CMOs/REMICs. The most significant change was the application of the entire test to variable as well as fixed rate CMOs/REMICs. NCUA had determined that the price sensitivity portion of the HRST failed to reflect adequately the impact of basis and cap risk. Although a number of commenters objected to applying the average life and average life sensitivity tests to variable rate CMOs/REMICs, NCUA has concluded that the requirement should substantially reduce the risk exposure for these securities and has retained it at Section 703.100(e).

Municipal Securities

Section 703.4(g) of the proposed rule established minimum credit ratings for municipal bonds. Credit unions were limited to purchasing bonds rated in one of the two highest rating categories by at least one nationally recognized statistical rating organization (NRSRO). In response to comments, NCUA has expanded the category of permissible municipal bonds to those rated in one of the four highest rating categories, that is, those that are investment grade. NCUA also has added language to explain NRSROs. The provision is located at Section 703.100(f).

Depository Institutions

Section 703.4(c) of the proposed rule permitted a credit union to sell federal funds to a Section 107(8) institution, and Section 703.4(h) provided that a credit union could purchase yankee dollar deposits, eurodollar deposits, and banker's acceptances. NCUA received no comments on these sections and has retained them in Sections 703.100 (g) and (h), respectively, of the final rule. To clarify and standardize positions it has taken in opinion letters, NCUA also has added the authority to purchase deposit notes and certain bank notes.

Repurchase Transactions

Section 703.4(b) of the proposed rule simplified the language authorizing credit union investment in repurchase transactions. NCUA received no negative comments on the provision and has retained it at Section 703.100(i) of the final rule. The provision has been clarified to require daily assessment of the market value of the repurchase securities and explicitly includes the standard practice of entering into signed contracts with approved counterparties. Credit unions should review NCUA Interpretive Ruling and Policy Statement (IRPS) No. 85–2 for a detailed discussion of appropriate controls for repurchase transactions.

Reverse Repurchase Transactions and Securities Lending

Proposed Section 703.6 established a new section addressing the pledging of securities through reverse repurchase transactions, securities lending, and collateralized borrowing. In response to a comment, the final rule establishes separate sections for reverse repurchase

transactions and securities lending, Sections 703.100 (j) and (k), respectively. The final rule does not explicitly address collateralized borrowing. The new sections have been clarified to require daily pricing of any securities received in the transaction. The sections also include the standard practice of entering into signed contracts with approved counterparties and borrowers. IRPS 85–2, discussed above, provides guidance for reverse repurchase transactions and may also be consulted when lending securities.

Trading

The current regulation does not specifically address trading practices. Section 703.3(b)(9) of the proposed rule incorporated trading practices from Letter to Credit Unions No. 89. NCUA received no comments regarding the proposed trading practices but did receive several comments urging that when-issued trading and pair-off transactions be permitted in the trading account. NCUA agrees, and in addition to describing required trading practices, Section 703.100(l) of the final rule authorizes when-issued trading and pair-offs. NCUA notes that IRPS 92–1 states that federal credit unions engaging in when-issued trading must follow NCUA's regulation on cash forward agreements. When this rule becomes effective, that statement will no longer be accurate. Cash forward agreements will be impermissible, and when-issued trading will be permissible without restriction, except for being accounted for in accordance with GAAP. In general, when IRPS 92–1 conflicts with this rule, the IRPS is superseded.

Section 703.110 What Investments and Investment Activities Are Prohibited for Me?

Section 703.5 of the proposed rule added prohibitions against engaging in when-issued trading and pair-off transactions and purchasing or selling options, interest rate swaps, stripped mortgage-backed securities, CMO/REMIC residuals, commercial mortgage related securities, and small business related securities. It also prohibited credit unions from purchasing mortgage servicing rights directly. As noted above, NCUA has determined to permit credit unions to engage in when-issued trading and pair-offs, when conducted in the trading account. These activities have been deleted from the prohibitions section, located at Section 703.110 of the final rule.

Several commenters urged that credit unions be permitted to engage in financial derivatives. NCUA recognizes that in a dynamic financial environment it will be desirable for credit unions to consider a broader range of financial alternatives. The most likely extension will be into swaps, futures and options, which can be used to reduce interest rate exposure. NCUA has decided to consider allowing a limited number of individual credit unions to expand into these areas through the investment pilot program, described in Section 703.140.

Other than comments regarding financial derivatives, only a few commenters opposed the proposed prohibitions. NCUA continues to believe that the listed investments are inappropriate for federal credit unions, and has prohibited them in the final rule. NCUA notes, however, that a CMO/REMIC with the characteristics of a stripped mortgage-backed security is permissible if it meets the CMO/REMIC stress tests in this regulation. NCUA also notes that the prohibition against small business related securities does not prohibit credit unions from purchasing investments in securities issued or guaranteed by the Small Business Administration. Finally, NCUA notes that the prohibition against purchasing mortgage servicing rights directly does not affect a credit union's authority to retain servicing rights of loans that it sells, whether the loans have been made by the credit union or purchased to complete a pool for sale or pledge on the secondary market.

Section 703.120 May My Officials or Employees Accept Anything of Value in Connection With an Investment Transaction?

No commenters objected to Section 703.8 of the proposed rule, which addressed prohibited fees, and it has been retained at Section 703.120 of the final rule.

Section 703.130 May I Continue To Hold Investments Purchased Before January 1, 1998, That Will Be Impermissible After That Date?

To assist credit unions in determining what regulations govern investments purchased prior to January 1, 1998, the effective date of this final rule, Section 703.9 of the proposed rule set out various provisions that have governed certain investments since 1991. Minor corrections have been made to these provisions, and they have been retained at Section 703.130 of the final rule.

Section 703.140 What Is the Investment Pilot Program and How Can I Participate in It?

A number of commenters asked for authority to engage in certain investment activities that NCUA does not believe are appropriate for all federal credit unions at this time. However, certain activities that are permissible under the FCU Act but prohibited under this rule, such as financial derivatives, may be appropriate for some credit unions. As credit unions and NCUA gain experience with the activities, NCUA may determine that they are appropriate for all credit unions, are suitable only for some, or remain inappropriate for all credit unions. To assist credit unions and NCUA in gaining experience with these activities, NCUA has developed the investment pilot program.

Under the program, a credit union that wishes to engage in an otherwise prohibited activity must apply to NCUA for permission to engage in the activity. Section 703.140 sets out the requirements and procedures for the application. NCUA will assess the credit union to determine its ability to safely and soundly engage in the activity. NCUA will determine the scope of the activity to assess its impact on the credit union industry as a whole. If NCUA determines that a particular activity is appropriate for all credit unions, it will consider amending Part 703.

The pilot program also provides for NCUA to approve a third party's investment program. In such a case, a credit union would not be required to obtain individual approval to participate in the program, although NCUA might limit the number of credit unions to which the third party may market the program.

NCUA notes that the pilot program is not equivalent to a waiver process. That is, once there are enough credit unions engaging in an activity for NCUA to assess it, no more credit unions will be approved to engage in the activity. An important factor in the number of credit unions and activities that will be approved for the program is the availability of NCUA staff resources.

Although commenters did not have the opportunity to express opinions on the investment pilot program, NCUA notes that without adding it to the final rule, credit unions would have no ability to engage in these activities, which may benefit the credit union industry and NCUA. NCUA believes that the benefits of the program justify adding it at this late date. NCUA welcomes comments on the program, however, and suggestions on how to improve it.

Section 703.150 What Additional Definitions Apply to This Part?

NCUA proposed to add a number of new definitions, to clarify certain already-defined terms by re-definition,

and to delete several unnecessary definitions. In the final rule, some of the proposed terms are not used, some new terms have been added, and, based on comments, some definitions have been modified. In addition, NCUA has deleted definitions for some terms, believing them to be of such common usage as to no longer require definitions.

C. Derivation Table

Original provision	New provision	Comment
703.1	703.10 & 703.20	Modified.
703.2	703.150	Significantly Changed.
703.3(a) ..	703.30(a)	Modified.
703.3(b) ..	703.30(h)	Modified.
703.3(c) ..	703.30(f)	Modified.
703.3(d) ..	703.30(b)	Significantly Changed.
703.3(e) ..	703.30(c)	Modified.
703.3(f) ...	703.30(e)	Modified.
703.3(g) ..	703.30(i)	Modified.
703.3(h) ..	703.30(j)	Modified.
N/A	703.30 (d), (g), (k), & (l).	Added.
N/A	703.40 (a), (b), (c), (e), & (f).	Added.
N/A	703.70, 703.80, & 703.90.	Added.
703.4 (a) & (b).	703.100(a)	Significantly Changed.
703.4(c) ..	703.40(d) & 703.100(c).	Significantly Changed.
703.4(d) ..	703.100(i)	Significantly Changed.
703.4(e) ..	703.100(j)	Modified.
703.4(f) ...	703.100(g)	Modified.
703.4 (g), (h), & (i).	703.100(h) (1), (2), & (3).	No Change.
703.4(j) ...	703.100(d)	Modified.
N/A	703.100 (b), (f), (h) (4) & (5), (k), & (l).	Added.
703.5(a) ..	N/A	Removed.
703.5(b) ..	703.110(a)	No Change.
703.5 (c) & (d).	703.110(b)	No Change.
703.5(e) ..	703.100(c)	Modified.
703.5 (f) & (h).	703.110(c)	Modified.
703.5 (g) & (j).	703.100(e)	Modified.
703.5(i) ...	N/A	Removed.
703.5(k) ..	703.110(d)	No Change.
703.5 (l) & (m).	703.120	Modified.
N/A	703.130 & 703.140	Added.

D. Regulatory Procedures

Regulatory Flexibility Act

The Regulatory Flexibility Act requires NCUA to prepare an analysis to describe any significant economic impact any final regulation may have on a substantial number of small credit unions, defined as those having less than $1 million in assets. The NCUA Board has determined and certifies that the final rule will not have a significant economic impact on a substantial number of small credit unions. Approximately 1,300 federal credit unions, out of 7,200, have assets of $1 million or less. Of these 1,300, only 95 have investments in treasury or agency securities, which are the investments that are subject to the majority of the policy, reporting, and monitoring requirements of the final rule. Accordingly, the NCUA Board has determined that a regulatory flexibility analysis is not required.

Paperwork Reduction Act

The information collection requirements of the proposed rule were submitted to the Office of Management and Budget. Fifteen commenters addressed NCUA's estimates of the burden of those requirements, with all but one stating that the estimates were too low. Credit unions range in asset size from less than $100,000 to over $9 billion, however, and the estimates were based on averaging the time it would take both small and large credit unions to comply with the requirements. Although the estimates may be understated for larger credit unions, the reverse is true for smaller institutions.

The final rule has been modified from the proposed rule in ways that reduce the burden estimates. The requirement to prepare a monthly written report of investments was reduced by eliminating the obligation to list all characteristics. The frequency of the interest rate shock test was changed from monthly to quarterly. The requirement to semiannually verify the pricing of all securities held was changed to annually and only the amount necessary to satisfy generally accepted auditing standards. The credit analysis requirement was changed from semiannually to annually. Finally, the requirement to prepare and provide to the Regional Director a written divestiture plan was eliminated.

A revised Paperwork Reduction Act estimate will be sent to the Office of Management and Budget (OMB). The NCUA Board invites comment on: (1) Whether the collection of the information is necessary for the proper performance of the functions of NCUA, including whether the information will have practical utility; (2) the accuracy of NCUA's estimate of the burden of collecting the information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of collecting the information. Send comments to Attn: Alexander Hunt, OMB Reports Management Branch, New Executive Office Building, Rm. 10202, Washington, DC 20530, with copies to Betty May, Acting Paperwork Reduction Act Coordinator, NCUA, 1775 Duke St., Alexandria, VA 22314–3428.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The control number will be displayed in the table at 12 CFR Part 795.

Executive Order 12612

Executive Order 12612 requires NCUA to consider the effect of its actions on state interests. The final rule applies directly only to federal credit unions, with § 704.110 of the final rule applying indirectly to state-chartered credit unions, through the insurance provisions at 12 CFR Part 741. NCUA has determined that the final rule does not constitute a ''significant regulatory action'' for purposes of the Executive Order.

Small Business Regulatory Enforcement Fairness Act

The Small Business Regulatory Enforcement Fairness Act of 1996 (Public Law 104–121) provides generally for Congressional review of agency rules. The reporting requirement is triggered in instances where NCUA issues a final rule as defined by Section 551 of the Administrative Procedure Act, 5 U.S.C. 551.

OMB has determined that this final revision to Part 703 does not constitute a ''major'' rule as defined by the statute. A ''major'' rule is defined as being any final rule that the Administrator of the Office of Information and Regulatory Affairs of OMB finds has resulted in or is likely to result in: (1) An annual effect on the economy of $100 million or more; (2) A major increase in costs or prices for consumers, individual industries, Federal, State, or local government agencies, or geographic regions; or (3) Significant adverse effects on competition, employment, investment, productivity, innovation, or on the ability of United States based

enterprises to compete with foreign-based enterprises in domestic and export markets.

List of Subjects in 12 CFR Part 703

Credit unions, Investments, Reporting and recordkeeping requirements.

By the National Credit Union Administration Board on June 12, 1997.

Becky Baker,

Secretary of the Board.

For the reasons set forth in the preamble, NCUA revises 12 CFR part 703 to read as follows:

PART 703—INVESTMENT AND DEPOSIT ACTIVITIES

Authority: 12 U.S.C. 1757(7), 1757(8), 1757(15).

§ 703.10 What does this part 703 cover?

This part 703 interprets several of the provisions of Sections 107(7), 107(8), and 107(15) (B) and (C) of the Federal Credit Union Act (''Act''), 12 U.S.C. 1757(7), 1757(8), 1757(15) (B) and (C), which list those securities, deposits, and other obligations in which a federal credit union (''you'') may invest.

§ 703.20 What does this part 703 not cover?

This part 703 does not apply to:

(a) Investment in loans to members and related activities, which is governed by §§ 701.21, 701.22, and 701.23 of this chapter;

(b) The purchase of real estate-secured loans pursuant to Section 107(15)(A) of the Act, which is governed by § 701.23 of this chapter;

(c) Investment in credit union service organizations, which is governed by § 701.27 of this chapter;

(d) Investment in fixed assets, which is governed by § 701.36 of this chapter;

(e) Investment by corporate credit unions, which is governed by part 704 of this chapter; or

(f) Investment activity by state-chartered credit unions, except as provided in § 741.3(a)(3) of this chapter.

§ 703.30 What are the responsibilities of my (a federal credit union's) board of directors?

Your (a federal credit union's) board of directors must establish a written investment policy that is consistent with the Act, this part, and other applicable laws and regulations. The investment policy may be part of a broader, asset-liability management policy. Your board must review the policy at least annually. The policy must address the following items:

(a) The purposes and objectives of your investment activities.

(b) The characteristics of the investments you may make. The characteristics of an investment are such things as its issuer, maturity, index, cap, floor, coupon rate, coupon formula, call provision, average life, and interest rate risk.

(c) How you will manage your interest rate risk, including the amount of risk you can take with your investments in relation to your net capital and earnings.

(d) How you will manage your liquidity risk.

(e) How you will manage your credit risk. The policy must list specific institutions, issuers, and counterparties you may use, or criteria for their selection, and limits on the amounts you may invest with each. Counterparty means the party on the other side of a transaction.

(f) How you will manage your concentration risk, which can result from single or related issuers, lack of geographic distribution, holdings of obligations with similar characteristics, such as maturities and indexes, holdings of bonds having the same trustee, and holdings of securitized loans having the same originator, packager, or guarantor.

(g) If you purchase CMOs/REMICs, whether you will use a median prepayment estimate or individual prepayment estimates for the CMO/REMIC testing required in § 703.100(e). Once the board makes that determination, you may use only that method.

(1) If the policy states that you will use a median estimate, it must identify the industry-recognized information provider that will supply the estimate.

(2) If the policy states that you will use individual estimates, it must identify at least two specific sources for those estimates. One source may be the median estimate from an industry-recognized information provider.

(h) Who of your officials or employees has investment authority and the extent of that authority. The individuals given investment authority must be professionally qualified by education and/or experience to exercise that authority in a prudent manner and to fully comprehend and assess the risk characteristics of investments and investment transactions under that authority. Only your officials and employees may be voting members of any investment-related committee.

(i) If you use third-party entities to purchase or sell investments (''broker-dealers''), the specific broker-dealers you may use. You must maintain the documentation the board used to approve a broker-dealer as long as the broker-dealer is approved and until the documentation has been audited in accordance with § 701.12 of this chapter and examined by NCUA.

(j) If you use a third-party entity to safekeep your investments, the specific entities you may use.

(k) How you will handle an investment that either is outside board policy after purchase or fails a requirement of this part.

(l) If you engage in trading activities, how you will conduct those activities. The policy should address the following:

(1) The persons who have purchase and sale authority;

(2) Trading account size limitations;

(3) Allocation of cash flow to trading accounts;

(4) Stop loss or sale provisions;

(5) Dollar size limitations of specific types, quantity and maturity to be purchased;

(6) Limits on the length of time an investment may be inventoried in the trading account; and

(7) Internal controls, including appropriate segregation of duties.

§ 703.40 What general practices and procedures must I follow in conducting investment transactions?

(a) You (a federal credit union) must classify a security as hold-to-maturity, available-for-sale, or trading, in accordance with generally accepted

accounting principles and consistent with your documented intent and ability regarding the security.

(b) Except as provided in paragraph (c) of this section, you must retain discretionary control over the purchase and sale of investments. NCUA does not consider you to have delegated discretionary control when you are required to authorize a recommended purchase or sale transaction prior to its execution and you, in practice, review such recommendations and authorize such transactions.

(c)(1) You may delegate discretionary control over the purchase and sale of investments, within established parameters, to a person other than your official or employee, provided that the person is an investment adviser registered with the Securities and Exchange Commission under the Investment Advisers Act of 1940 (15 U.S.C. 80b).

(2) In determining whether to transact business with an investment adviser, you must analyze his or her background and information available from state or federal securities regulators, including any enforcement actions against the adviser or associated personnel.

(3) You may not compensate an investment adviser with discretionary control over the purchase and sale of investments on a per transaction basis or based on capital gains, capital appreciation, net income, performance relative to an index, or any other incentive basis.

(4) When you have delegated discretionary control over the purchase and sale of investments to a person other than your official or employee, you do not direct the holdings under that person's control. Therefore, you must classify those holdings as either available-for-sale or trading.

(5) You must obtain a report from your investment adviser, at least monthly, that details your investments under his or her control and how they are performing.

(6) Your aggregate delegation of discretionary control over the purchase and sale of investments under this paragraph (c) is limited to 100 percent of net capital at the time of delegation.

(d) Except for investments that are issued or fully guaranteed as to principal and interest by the U.S. government or its agencies, enterprises, or corporations or fully insured (including accumulated interest) by the National Credit Union Administration or the Federal Deposit Insurance Corporation, you must conduct and document a credit analysis of the issuing entity and/or investment before you purchase the investment. You must update the analysis at least annually as long as you hold the investment.

(e) You must notify your board of directors as soon as possible, but no later than the next regularly scheduled board meeting, of any investment that either is outside board policy after purchase or has failed a requirement of this part. You must document the board's action regarding the investment in the minutes of the board meeting, including a detailed explanation of any decision not to sell an investment that has failed a requirement of this part. Within 5 days after the board meeting, you must notify the appropriate regional director in writing of an investment that has failed a requirement of this part.

(f) You must maintain documentation regarding an investment transaction as long as you hold the investment and until the documentation has been both audited and examined. The documentation should include, where applicable, bids and prices at purchase and sale and for periodic updates, relevant disclosure documents or a description of the security from an industry-recognized information provider, financial data, and tests and reports required by your investment policy and this part.

§ 703.50 What rules govern my dealings with entities I use to purchase and sell investments (''broker-dealers'')?

(a) You (a federal credit union) may use a third-party entity to purchase and sell investments (a ''broker-dealer'') as long as the broker-dealer either is registered with the Securities and Exchange Commission under the Securities Exchange Act of 1934 (15 U.S.C. 78a et seq.) or is a depository institution whose broker-dealer activities are regulated by a federal regulatory agency.

(b) In determining whether to buy or sell investments through a broker-dealer, you must analyze and annually update the following factors:

(1) The background of any sales representative with whom you are doing business.

(2) Information available from state or federal securities regulators and securities industry self-regulatory organizations, such as the National Association of Securities Dealers and the North American State Administrators Association, about any enforcement actions against the broker-dealer, its affiliates, or associated personnel.

(3) If the broker-dealer is acting as your counterparty, the ability of the broker-dealer and its subsidiaries or affiliates to fulfill commitments, as evidenced by capital strength, liquidity, and operating results. You should consider current financial data, annual reports, reports of nationally recognized statistical rating agencies, relevant disclosure documents, and other sources of financial information.

§ 703.60 What rules govern my safekeeping of investments?

(a) Your (a federal credit union's) purchased investments and repurchase collateral must be in your possession, recorded as owned by you through the Federal Reserve Book-Entry System, or held by a board-approved safekeeper under a written custodial agreement. A custodial agreement is a contract in which a third party agrees to exercise ordinary care in protecting the securities held in safekeeping for its customers.

(b) You must obtain an individual confirmation statement for each investment purchased or sold.

(c) You may not allow the selling broker-dealer to safekeep purchased investments or repurchase collateral, except that where the broker-dealer is a bank or corporate credit union, you may allow a separately identifiable department or division of the bank or corporate credit union to safekeep investments or collateral.

(d) You must obtain and reconcile monthly a statement of purchased investments and repurchase collateral held in safekeeping.

(e) All purchases and sales of investments must be delivery versus payment (*i.e.*, payment for an investment must occur simultaneously with its delivery).

§ 703.70 What must I do to monitor my non-security investments in banks, credit unions, and other depository institutions?

(a) At least quarterly you (a federal credit union) must prepare a written report listing all of your shares and deposits in banks, credit unions, and other depository institutions, that have one or more of the following features:

(1) Embedded options;

(2) Remaining maturities greater than 3 years; or

(3) Coupon formulas that are related to more than one index or are inversely related to, or multiples of, an index.

(b) The requirement described in paragraph (a) of this section does not apply to your shares and deposits that are securities.

(c) Where you do not have an investment-related committee, each member of your board of directors must receive a copy of the report described in paragraph (a) of this section. Where you have an investment-related committee, each member of the committee must

receive a copy of the report, and each member of the board must receive a summary of the information in the report.

§ 703.80 What must I do to value my securities?

(a) Prior to purchasing or selling a security, except for new issues purchased at par, you (a federal credit union) must obtain, either:

(1) Price quotations on the security from at least two broker-dealers; or

(2) A price quotation on the security from an industry-recognized information provider.

(b) At least monthly, you must determine the fair value of each security you hold. You may determine fair value by obtaining a price quotation on the security from an industry-recognized information provider, a broker-dealer, or a safekeeper.

(c) At least annually, your supervisory committee (itself or through its external auditor) must independently assess the reliability of monthly price quotations you receive from a broker-dealer or safekeeper. Your supervisory committee (or external auditor) must follow Generally Accepted Auditing Standards, which require either recomputation or reference to market quotations.

(d) Where you are unable to obtain a price quotation required by this section for the precise security in question, you may obtain a quotation for a security with substantially similar characteristics.

§ 703.90 What must I do to monitor the risk of my securities?

(a) At least monthly, you (a federal credit union) must prepare a written report setting forth, for each security you hold, the fair value and dollar change since the prior month-end, with summary information for the entire portfolio.

(b) At least quarterly, you must prepare a written report setting forth the sum of the fair values of all fixed and variable rate securities you hold that have one or more of the following features:

(1) Embedded options;

(2) Remaining maturities greater than 3 years; or

(3) Coupon formulas that are related to more than one index or are inversely related to, or multiples of, an index.

(c) Where the amount calculated in paragraph (b) of this section is greater than your net capital, the report described in that paragraph must provide a reasonable and supportable estimate of the potential impact, in percentage and dollar terms, of an immediate and sustained parallel shift in market interest rates of plus and minus 300 basis points on:

(1) The fair value of each security in your portfolio;

(2) The fair value of your portfolio as a whole; and

(3) Your net capital.

(d) Where you do not have an investment-related committee, each member of your board of directors must receive a copy of the reports described in paragraphs (a) through (c) of this section. Where you have an investment-related committee, each member of the committee must receive copies of the reports, and each member of the board must receive a summary of the information in the reports.

§ 703.100 What investments and investment activities are permissible for me?

(a) You (a federal credit union) may contract for the purchase or sale of a security as long as the delivery of the security is by regular-way settlement. Regular-way settlement means delivery of a security from a seller to a buyer within the time frame that the securities industry has established for that type of security.

(b) You may invest in a variable rate investment, as long as the index is tied to domestic interest rates and not, for example, to foreign currencies, foreign interest rates, or domestic or foreign commodity prices, equity prices, or inflation rates. For purposes of this part, the U.S. dollar-denominated London Interbank Offered Rate (LIBOR) is a domestic interest rate.

(c) You may purchase shares or deposits in a corporate credit union, except where the NCUA Board has notified you that the corporate credit union is not operating in compliance with part 704 of this chapter. Your aggregate purchase of member paid-in capital and membership capital in one corporate credit union is limited to one percent of your assets. Member paid-in capital and membership capital are defined in part 704 of this chapter.

(d) You may invest in a registered investment company or collective investment fund, as long as the prospectus of the company or fund restricts the investment portfolio to investments and investment transactions that are permissible for federal credit unions. For the purposes of this part, the following definitions apply:

(1) A *registered investment company* is an investment company that is registered with the Securities and Exchange Commission under the Investment Company Act of 1940 (15 U.S.C. 80a). Examples of registered investment companies are mutual funds and unit investment trusts.

(2) A *collective investment fund* is a fund maintained by a national bank under 12 CFR part 9.

(e)(1) You may invest in a fixed or variable rate CMO/REMIC only if it meets all of the following tests:

(i) *Average Life Test.* The CMO/REMIC's estimated average life is 10 years or less.

(ii) *Average Life Sensitivity Test.* The CMO/REMIC's estimated average life extends by 4 years or less, assuming an immediate and sustained parallel shift in interest rates of up to and including plus 300 basis points, and shortens by 6 years or less, assuming an immediate and sustained parallel shift in interest rates of up to and including minus 300 basis points.

(iii) *Price Sensitivity Test.* The CMO/REMIC's estimated price change is 17 percent or less, as a result of an immediate and sustained parallel shift in interest rates of up to and including plus and minus 300 basis points.

(2) You must retest CMOs/REMICs at least quarterly, more frequently if market or business conditions dictate.

(3) If you use individual prepayment estimates for testing, you must obtain estimates from all of the prepayment sources listed in your investment policy. When you purchase a CMO/REMIC, it must pass the tests for each estimate. When you retest the CMO/REMIC, it must pass the tests for a majority of the estimates.

(4) If you use a median prepayment estimate, the median estimate when you purchase a CMO/REMIC must be based on at least five prepayment sources. When you retest the CMO/REMIC, the median estimate must be based on at least two prepayment sources.

(f) You may purchase and hold a municipal security only if a nationally recognized statistical rating organization (NRSRO) has rated it in one of the four highest rating categories. A municipal security is a security as defined in Section 107(7)(K) of the Act. An NRSRO is a rating organization that the Securities and Exchange Commission has recognized as an NRSRO.

(g) You may sell federal funds to Section 107(8) institutions and credit unions, as long as the interest or other consideration received from the financial institution is at the market rate for federal funds transactions.

(h) You may invest in the following instruments issued by a Section 107(8) institution or branch:

(1) Yankee dollar deposits;

(2) Eurodollar deposits;

(3) Banker's acceptances;

(4) Deposit notes; and

(5) Bank notes with original weighted average maturities of less than five years.

(i) A repurchase transaction is a transaction in which you agree to purchase a security from a counterparty and to resell the same or an identical security to that counterparty at a specified future date and at a specified price. You may enter into a repurchase transaction as long as:

(1) The repurchase securities are legal investments for federal credit unions;

(2) You receive a daily assessment of the market value of the repurchase securities, including accrued interest, and maintain adequate margin that reflects a risk assessment of the repurchase securities and the term of the transaction; and

(3) You have entered into signed contracts with all approved counterparties.

(j) A reverse repurchase transaction is a transaction in which you agree to sell a security to a counterparty and to repurchase the same or an identical security from that counterparty at a specified future date and at a specified price. You may enter into reverse repurchase and collateralized borrowing transactions as long as:

(1) Any securities you receive are permissible investments for federal credit unions, you receive a daily assessment of their market value, including accrued interest, and you maintain adequate margin that reflects a risk assessment of the securities and the term of the transaction;

(2) Any cash you receive is subject to the borrowing limit specified in Section 107(9) of the Act, and any investments you purchase with that cash are permissible for federal credit unions and mature no later than the maturity of the transaction; and

(3) You have entered into signed contracts with all approved counterparties.

(k) You may enter into a securities lending transaction as long as:

(1) You receive written confirmation of the loan;

(2) Any collateral you receive is a legal investment for federal credit unions, you obtain a perfected first priority interest in the collateral, you either take physical possession or control of the collateral or are recorded as owner of the collateral through the Federal Reserve Book-Entry Securities Transfer System; and you receive a daily assessment of the market value of the collateral, including accrued interest, and maintain adequate margin that reflects a risk assessment of the collateral and the term of the loan;

(3) Any cash you receive is subject to the borrowing limit specified in Section 107(9) of the Act, and any investments you purchase with that cash are permissible for federal credit unions and mature no later than the maturity of the transaction; and

(4) You have executed a written loan and security agreement with the borrower.

(l)(1) You may trade securities, including engaging in when-issued trading and pair-off transactions, as long as you can show that you have sufficient resources, knowledge, systems, and procedures to handle the risks.

(2) You must record any security you purchase or sell for trading purposes at fair value on the trade date. The trade date is the date you commit, orally or in writing, to purchase or sell a security.

(3) At least monthly, you must give your board of directors or investment-related committee a written report listing all purchase and sale transactions of trading securities and the resulting gain or loss on an individual basis.

§ 703.110 What investments and investment activities are prohibited for me?

(a) You (a federal credit union) may not purchase or sell financial derivatives, such as futures, options, interest rate swaps, or forward rate agreements, except as permitted under § 701.21(i) of this chapter.

(b) You may not engage in adjusted trading or short sales.

(c) You may not purchase stripped mortgage backed securities, residual interests in CMOs/REMICs, mortgage servicing rights, commercial mortgage related securities, or small business related securities.

(d) You may not purchase a zero coupon investment with a maturity date that is more than 10 years from the settlement date.

§ 703.120 May my officials or employees accept anything of value in connection with an investment transaction?

(a) Your (a federal credit union's) officials and senior management employees, and their immediate family members, may not receive anything of value in connection with your investment transactions. This prohibition also applies to any other employee, such as an investment officer, if the employee is directly involved in investments, unless your board of directors determines that the employee's involvement does not present a conflict of interest. This prohibition does not include compensation for employees.

(b) Your officials and employees must conduct all transactions with business associates or family members that are not specifically prohibited by paragraph (a) of this section at arm's length and in your best interest.

(c) Senior management employee means your chief executive officer (typically this individual holds the title of President or Treasurer/Manager), any assistant chief executive officers (e.g., Assistant President, Vice President, or Assistant Treasurer/Manager) and the chief financial officer (Comptroller).

(d) Immediate family member means a spouse or other family member living in the same household.

§ 703.130 May I continue to hold investments purchased before January 1, 1998, that will be impermissible after that date?

(a) Subject to safety and soundness considerations, your (a federal credit union's) authority to hold an investment is governed by the regulations in effect when you purchased the investment. Paragraphs (b) through (d) of this section describe past regulations governing certain investments.

(b) Subject to safety and soundness considerations, you may hold a CMO/REMIC purchased:

(1) Before December 2, 1991;

(2) On or after December 2, 1991, but before July 30, 1993, if its average life does not extend or shorten by more than 6 years if interest rates rise or fall 300 basis points;

(3) On or after December 2, 1991, but before January 1, 1998, if for the sole purpose of reducing interest rate risk and:

(i) You have a monitoring and reporting system in place that provides the documentation necessary to evaluate the expected and actual performance of the investment under different interest rate scenarios;

(ii) You use the monitoring and reporting system to conduct and document an analysis that shows, before purchase, that the proposed investment will reduce your interest rate risk;

(iii) After purchase, you evaluate the investment at least quarterly to determine whether or not it actually has reduced your interest rate risk; and

(iv) You classify the investment as either trading or available-for-sale.

(c) Subject to safety and soundness considerations, and notwithstanding paragraph (b) of this section, you may hold a variable-rate CMO/REMIC purchased:

(1) On or after December 2, 1991, but before July 30, 1993, if:

(i) The interest rate is reset at least annually;

(ii) The maximum allowable interest rate on the instrument is at least 300

basis points above the interest rate of the instrument at the time of purchase; and

(iii) The interest rate of the instrument varies directly (not inversely) with the index upon which it is based and is not reset as a multiple of the change in the related index; or

(2) On or after July 30, 1993, but before January 1, 1998, if:

(i) The interest rate of the instrument is reset at least annually;

(ii) The interest rate of the instrument, at the time of purchase or at a subsequent testing date, is below the contractual cap of the instrument;

(iii) The index upon which the interest rate is based is a conventional widely-used market interest rate such as the London Interbank Offered Rate (LIBOR);

(iv) The interest rate of the instrument varies directly (not inversely) with the index upon which it is based and is not reset as a multiple of the change in the related index; and

(v) The estimated change in the instrument's price is 17 percent or less, due to an immediate and sustained parallel shift in the yield curve of plus or minus 300 basis points.

(d) Subject to safety and soundness considerations, you may hold a CMO/REMIC residual, SMBS, or zero coupon security with a maturity greater than 10 years, if you purchased the investment:

(1) Before December 2, 1991; or

(2) On or after December 2, 1991, but before January 1, 1998, if for the purpose of reducing interest rate risk and you meet the requirements of paragraph (b)(3) of this section.

(e) All grandfathered investments are subject to the valuation and monitoring requirements of §§ 703.70, 703.80, and 703.90.

§ 703.140 What is the investment pilot program and how can I participate in it?

(a) Under the investment pilot program, NCUA will permit a limited number of federal credit unions to engage in investment activities prohibited by this part but permitted by statute.

(b) Except as provided in paragraph (c) of this section, before you (a federal credit union) may engage in additional activities, you must obtain written approval from

NCUA. To begin the approval process, you must submit a request to your regional director that addresses the following items:

(1) Board policies approving the activities and establishing limits on them.

(2) A complete description of the activities, with specific examples of how you will conduct them and how they will benefit you.

(3) A demonstration of how the activities will affect your financial performance, risk profile, and asset-liability management strategies.

(4) Examples of reports you will generate to monitor the activities.

(5) A projection of the associated costs of the activities, including personnel, computer, audit, etc.

(6) A description of the internal systems to measure, monitor, and report the activities, and the qualifications of the staff and/or official(s) responsible for implementing and overseeing the activities.

(7) The internal control procedures you will implement, including audit requirements.

(c) You need not obtain individual written approval to engage in investment activities prohibited by this part but permitted by statute where the activities are part of a third-party investment program that NCUA has approved under this paragraph (c). A third party seeking approval of such a program must submit a request to the Director of the Office of Examination and Insurance that addresses the following items:

(1) A complete description of the activities, with specific examples of how a credit union will conduct them and how they will benefit a credit union.

(2) A description of any risks to a credit union from participating in the program.

§ 703.150 What additional definitions apply to this part?

The following definitions apply to this part:

Adjusted trading means selling a security to a counterparty at a price above its current fair value and simultaneously purchasing or committing to purchase from the counterparty another security at a price above its current fair value.

Average life means the weighted average time to principal repayment with the amount of the principal paydowns (both scheduled and unscheduled) as the weights.

Bank note means a direct, unconditional, and unsecured general obligation of a bank that ranks equally with all other senior unsecured indebtedness of the bank, except deposit liabilities and other obligations that are subject to any priorities or preferences.

Banker's acceptance means a time draft that is drawn on and accepted by a bank and that represents an irrevocable obligation of the bank.

Commercial mortgage related security means a mortgage related security where the mortgages are secured by real estate upon which is located a commercial structure.

Deposit note means an obligation of a bank that is similar to a certificate of deposit but is rated.

Embedded option means a characteristic of an investment that gives the issuer or holder the right to alter the level and timing of the cash flows of the investment. Embedded options include call and put provisions and interest rate caps and floors. Since a prepayment option in a mortgage is a type of call provision, a mortgage-backed security composed of mortgages that may be prepaid is an example of an investment with an embedded option.

Eurodollar deposit means a U.S. dollar-denominated deposit in a foreign branch of a United States depository institution.

Fair value means the price at which a security can be bought or sold in a current, arms length transaction between willing parties, other than in a forced or liquidation sale.

Industry-recognized information provider means an organization that obtains compensation by providing information to investors and receives no compensation for the purchase or sale of investments.

Investment means any security, obligation, account, deposit, or other item authorized for purchase by a federal credit union under Sections 107(7), 107(8), or 107(15) (B) or (C) of the Federal Credit Union Act, or this part, other than loans to members.

Maturity means the date the last principal amount of a security is scheduled to come due and does not mean the call date or the average life of the security.

Mortgage related security means a security as defined in Section 3(a)(41) of the Securities Exchange Act of 1934 (15 U.S.C. 78c(a)(41)), i.e., a privately-issued security backed by mortgages secured by real estate upon which is located a dwelling, mixed residential and commercial structure, residential manufactured home, or commercial structure.

Mortgage servicing means performing tasks to protect a mortgage investment, including collecting the installment payments, managing the escrow accounts, monitoring and dealing with delinquencies, and overseeing foreclosures and payoffs.

Net capital means the total of all undivided earnings, regular reserves, other reserves (excluding the allowance for loan losses), net income, accumulated unrealized gains (losses)

on available-for-sale securities, and secondary capital as defined in § 701.34 of this chapter.

Official means any member of a federal credit union's board of directors, credit committee, supervisory committee, or investment-related committee.

Pair-off transaction means a security purchase transaction that is closed or sold at, or prior to, the settlement date. In a pair-off, an investor commits to purchase a security, but then pairs-off the purchase with a sale of the same security prior to or on the settlement date.

Prepayment estimate means a reasonable and supportable forecast of mortgage prepayments in alternative interest rate scenarios. Broker-dealers and industry-recognized information providers are sources for these estimates. Estimates are used in tests to forecast the weighted average life, change in weighted average life, and price sensitivity of CMOs/REMICs and mortgage-backed securities.

Residual interest means the remainder cash flows from a CMO/REMIC, or other mortgage-backed security transaction, after payments due bondholders and trust administrative expenses have been satisfied.

Section 107(8) institution means an institution in which Section 107(8) of the Act authorizes you to make deposits, i.e., an institution that is insured by the Federal Deposit Insurance Corporation or is a state bank, trust company or mutual savings bank operating in accordance with the laws of a state in which you maintain a facility. A facility is your home office or any suboffice, including, but not necessarily limited to, a credit union service center, wire service, telephonic station, or mechanical teller station.

Security means a share, participation, or other interest in property or in an enterprise of the issuer or an obligation of the issuer that: (1) Either is represented by an instrument issued in bearer or registered form or, if not represented by an instrument, is registered in books maintained to record transfers by or on behalf of the issuer;

(2) Is of a type commonly dealt in on securities exchanges or markets or, when represented by an instrument, is commonly recognized in any area in which it is issued or dealt in as a medium for investment; and

(3) Either is one of a class or series or by its terms is divisible into a class or series of shares, participations, interests, or obligations.

Settlement date means the date to which a purchaser and seller originally agree for settlement of the purchase or sale of a security.

Short sale means the sale of a security not owned by the seller.

Small business related security means a security as defined in Section 3(a)(53) of the Securities Exchange Act of 1934 (15 U.S.C. 78c(a)(53)), i.e., a security that represents ownership of one or more promissory notes or leases of personal property which evidence the obligation of a small business concern. It does not mean a security issued or guaranteed by the Small Business Administration.

Stripped mortgage-backed security (SMBS) means a security that represents either the principal-only or the interest-only portion of the cash flows of an underlying pool of mortgages or mortgage-backed securities. Some mortgage-backed securities represent essentially principal-only cash flows with nominal interest cash flows or essentially interest-only cash flows with nominal principal cash flows. These securities are considered SMBSs for the purposes of this part.

When-issued trading of securities means the buying and selling of securities in the period between the announcement of an offering and the issuance and payment date of the securities.

Yankee dollar deposit means a deposit in a United States branch of a foreign bank licensed to do business in the state in which it is located, or a deposit in a state-chartered, foreign controlled bank.

You means a federal credit union.

Zero coupon investment means an investment that makes no periodic interest payments but instead is sold at a discount from its face value. The holder of a zero coupon investment realizes the rate of return through the gradual appreciation of the investment, which is redeemed at face value on a specified maturity date.

[FR Doc. 97–15915 Filed 6–17–97; 8:45 am]
BILLNG CODE 7535–01–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 71

[Airspace Docket No. 97–AGL–6]

Modification of Class E Airspace; Spearfish, SD, Black Hills—Clyde Ice Field; Correction

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Final rule; correction.

SUMMARY: This action corrects an inadvertent omission in the legal description of a final rule that was published in the **Federal Register** on May 21, 1997 (62 FR 27690), Airspace Docket Number 97–AGL–6. The final rule modified Class E airspace at Spearfish, SD.

EFFECTIVE DATE: 0901 UTC, July 17, 1997.

FOR FURTHER INFORMATION CONTACT: Manual A. Torres, Air Traffic Division, Operations Branch, AGL–530, Federal Aviation Administration, 2300 East Devon Avenue, Des Plaines, Illinois 60018, telephone (847) 294–7568.

SUPPLEMENTARY INFORMATION:

History

Federal Register Document 97–13263, Airspace Docket No. 97–AGL–6, published on May 21, 1997 (62 FR 27690) modified the description of the Class E airspace area at Spearfish, SD, and Black Hills-Clyde Ice Field, SD. An inadvertent omission was discovered in the legal description for the Black Hills-Clyde Ice Field. This action corrects that error.

Correction to Final Rule

Accordingly, pursuant to the authority delegated to me, the legal description for the Class E airspace area at Black Hills-Clyde Ice Field, SD, as published in the **Federal Register** on May 21, 1997 (62 FR 27690), (FR Doc. 97–13263), is corrected as follows:

PART 71—[CORRECTED]

§ 71.1 [Corrected]

* * * * *

AGL SD E5—Spearfish, SD [Corrected]

On page 27690, in the Class E airspace designation for Black Hills-Clyde Ice Field incorporated by reference in Sec. 71.1, add the following immediately after AGL SD E5 Spearfish, SD [Revised]:

''Black Hills-Clyde Ice Field, SD
(Lat. 44°28′49″ N, long. 103°46′37″ W)''

* * * * *

Issued in Des Plaines, Illinois on June 3, 1997.

Maureen Woods,

Manager, Air Traffic Division.

[FR Doc. 97–16002 Filed 6–17–97; 8:45 am]
BILLING CODE 4910–13–M

COMMODITY FUTURES TRADING COMMISSION

17 CFR Part 1

Financial Reports of Futures Commission Merchants and Introducing Brokers; Correction

AGENCY: Commodity Futures Trading Commission.

ACTION: Technical amendment.

SUMMARY: This document contains a technical amendment to the final rule amendments which were published on Friday, March 7, 1997 (62 FR 10441). The rule amendments related to financial reports of futures commission merchants (FCMs) and introducing brokers (IBs) filed electronically. The technical amendment makes clear that the Commodity Futures Trading Commission (Commission) will only accept an electronic filing of a financial report in lieu of a filing in paper form if the FCM, IB or a designated self-regulatory organization (DSRO) has provided the Commission with the means necessary to read and to process the information contained in the financial report filed electronically.

EFFECTIVE DATE: June 18, 1997.

FOR FURTHER INFORMATION CONTACT: Lawrence B. Patent, Associate Chief Counsel, or Lawrence T. Eckert, Attorney Advisor, Division of Trading and Markets, Commodity Futures Trading Commission, 1155 21st Street, NW., Washington, D.C. 20581. Telephone (202) 418–5450.

SUPPLEMENTARY INFORMATION: On March 7, 1997, the Commission published final amendments to Commission Rule 1.10(c), among others, that are intended to facilitate the filing of financial reports by FCMs and IBs with the Commission electronically. 62 FR 10441. These rule amendments provided that financial reports which need not be certified by an independent public accountant in accordance with Commission Rule 1.16 may be submitted to the Commission in electronic form using a Commission-assigned Personal Identification Number, and otherwise in accordance with instructions issued by the Commission, *if the Commission has obtained the means necessary to read and to process the information contained in such reports.* (Emphasis added.)

Member firms of the Chicago Mercantile Exchange (CME) and the Chicago Board of Trade (CBT) are filing financial reports with those exchanges electronically. The software which enables firms to make such electronic filings, and which enables the CME and CBT to read and to process the data contained in the reports, was co-developed by CME and CBT.

In order for the Commission to permit firms to file financial reports with the Commission electronically, the Commission must be able to read and to process the data contained therein. When the Commission adopted the amendment to Rule 1.10(c), it intended that firms would be permitted to file electronically only if they or a DSRO furnished the electronic filing software to the Commission. However, somewhat broader language was used in the amendment to Rule 1.10(c) to allow for the possibility that the Commission could obtain such software by other means.

The Commission, in an effort to eliminate any possible confusion on this point, has determined to make a technical amendment to the first proviso of Rule 1.10(c) such that the Commission will accept a non-certified financial report filed by an FCM or IB electronically if, among other things, the FCM, IB or a DSRO [1] has provided the Commission with the means necessary to read and to process the information contained in the financial report filed electronically. The Commission believes that this technical amendment is consistent with its original intent in adopting amendments to Rule 1.10(c) as well as with the Commission rule governing maintenance of records in electronic format.[2] The Commission also believes this methodology for reviewing firm and exchange controls may become increasingly necessary as firms and DSROs move toward ''paperless'' or electronic surveillance systems.

Need for Correction

As published, the final rules contain statements which may prove to be misleading and are in need of clarification.

List of Subjects in 17 CFR Part 1

Commodity futures; Minimum financial and related reporting requirements.

PART 1—GENERAL REGULATIONS UNDER THE COMMODITY EXCHANGE ACT

Accordingly, 17 CFR Part 1 is corrected by making the following technical amendments:

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 and 24.

§ 1.10 [Corrected]

2. In § 1.10, paragraph (c), the first proviso is revised to read, ''*Provided, however,* That any report filed pursuant to paragraphs (b)(1), (b)(2) or (b)(4) of this section or § 1.12 (a) or (b) which need not be certified in accordance with § 1.16 may be submitted to the Commission in electronic form using a Commission-assigned Personal Identification Number, and otherwise in accordance with instructions issued by the Commission, if the futures commission merchant, introducing broker or a designated self-regulatory organization has provided the Commission with the means necessary to read and to process the information contained in such report:''.

Issued in Washington, D.C. on June 12, 1997 by the Commission.

Jean A. Webb,

Secretary of the Commission.

[FR Doc. 97–15883 Filed 6–17–97; 8:45 am]

BILLING CODE 6351–01–P

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[1] There are still some FCMs and IBs that do not belong to a DSRO so the Commission wants to allow for the possibility that such firms may themselves develop electronic filing software and supply it to the Commission. Further, the Commission allows any DSRO to furnish the software, rather than only the FCM's or IB's own DSRO, because these products may be used by more than one DSRO and it may be the case that the software necessary to read and/or to process financial reports filed electronically is supplied by a particular DSRO to the entire industry and the Commission. For example, CME may supply the software that permits the Commission to process a report filed electronically by a CBT member firm.

The Commission reiterates that it encourages the industry to develop a system of electronic filing of financial reports that will provide for the development of a uniform database of financial information with the least burden upon filers, self-regulatory organizations and the Commission. 62 FR 10442 n.8.

[2] The Commission's general recordkeeping rule, Rule 1.31, provides, among other things, that if microfilm, microfiche or optical disk substitution for hard copy is made, persons required to keep such records shall at all times have on their premises and make available upon request to representatives of the Commission or the U.S. Department of Justice facilities for easily readable projection of the microfilm or microfiche, or display of information stored on optical disk, as well as facilities for making complete, accurate and easily readable copies of the records preserved in those formats. Commission Rule 1.31(c)(1); *see also* 17 CFR § 240.17a–4, *as amended* by 62 FR 6469, 6473 (Feb. 12, 1997) (Securities and Exchange Commission rule governing records to be preserved by certain securities exchange members, securities brokers and securities dealers).

SECURITIES AND EXCHANGE COMMISSION

17 CFR Part 279

[Release No. IA–1633A, File No. S7–31–96]

RIN 3235–AH07

Rules Implementing Amendments to the Investment Advisers Act of 1940

AGENCY: Securities and Exchange Commission.

ACTION: Final rules; correction.

SUMMARY: The Commission is correcting Instruction 7(d) of Schedule I to Form ADV adopted under the Investment Advisers Act of 1940 (''Advisers Act''), which was published Thursday, May 22, 1997, (62 FR 28112).

EFFECTIVE DATE: July 8, 1997.

FOR FURTHER INFORMATION CONTACT: Catherine M. Saadeh, Staff Attorney, or Jennifer S. Choi, Special Counsel, at (202) 942–0691, Task Force on Investment Adviser Regulation, Division of Investment Management, Stop 10–2, Securities and Exchange Commission, 450 Fifth Street, NW., Washington, DC 20549.

SUPPLEMENTARY INFORMATION: The Commission is correcting Instruction 7(d) of Schedule I to Form ADV adopted under the Advisers Act.[1] As published, the Instruction 7(d) of Schedule I to Form ADV required investment advisers to determine the total amount of assets under management based on the current market value of assets as of a date no more than *90 business days* prior to the date of filing Schedule I. The instruction, however, should state that the total assets under management be determined based on the current market value of assets as of a date no more than *90 days* prior to the date of filing Schedule I.

Accordingly, the publication on May 22, 1997 of the final regulations (IA–1633), which were the subject of FR Doc. 97–13284, is corrected as follows:

§ 279.1 [Corrected]

On page 28151, paragraph (d), line 2, ''within 90 business days'' is corrected to read ''within 90 days''.

Dated: June 13, 1997.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 97–15937 Filed 6–17–97; 8:45 am]

BILLING CODE 8010–01–M

[1] Investment Adviser Releases No. 1633 (May 15, 1997).

DEPARTMENT OF THE TREASURY

Internal Revenue Service

26 CFR Parts 31 and 35a

[TD 8721]

RIN 1545–AU54

Taxpayer Identification Number (TIN) Matching Program

AGENCY: Internal Revenue Service (IRS), Treasury.

ACTION: Final and temporary regulations.

SUMMARY: This document contains final regulations on the establishment of Taxpayer Identification Number (TIN) matching programs and removes the temporary regulations on the establishment of a TIN matching program. These regulations reflect changes to the law made by the Interest and Dividend Tax Compliance Act of 1983. They affect payors, brokers, and payees of certain reportable payments and provide guidance necessary to comply with the law.

DATES: These regulations are effective June 18, 1997.

FOR FURTHER INFORMATION CONTACT: Renay France, (202) 622–6232 (not a toll-free call).

SUPPLEMENTARY INFORMATION:

Background

On March 22, 1994, the Internal Revenue Service (IRS) published proposed (IA–8–92) and temporary regulations (TD 8523) in the **Federal Register** (59 FR 13470 and 13455, respectively) for the establishment of a TIN matching program (the matching program) by the Commissioner. The proposed regulations would allow payors to check the accuracy of a name/TIN combination before filing the related information return. The proposed regulations solicited written comments and set a date for a public hearing on the regulations. No one requested to speak at the hearing; therefore, none was held.

The proposed regulations provide that a payor's decision whether to participate in the matching program and any matching details received through the matching program are not taken into account in determining whether a payor has reasonable cause under section 6724(a) that will avoid a penalty under section 6721(a) for the failure to file a correct information return or under section 6722 for the failure to furnish a correct payee statement. Several commentators suggested that if a payor submits a name/TIN combination under the matching program and is not informed by the IRS that the TIN is incorrect, the payor will have established reasonable cause under section 6724(a) should the IRS later determine that the same TIN filed on a subsequent information return is incorrect. In response to the comment, the final regulations provide that neither a payor's nonparticipation in a matching program nor the results obtained from participating in a matching program will adversely affect the payor's reasonable cause defense and that the extent to which a payor may establish reasonable cause by participating in a TIN matching program will be set forth in the guidance establishing the program.

Additional comments suggested modification of IRS information returns (Forms 1099). A modified form would allow a payor to indicate that it contacted the IRS for matching of the name/TIN combination on the information return and was not informed that the name/TIN combination was incorrect. The IRS will consider the feasibility of adopting this suggestion when a TIN matching program is established.

The Prototype

On May 9, 1994, the IRS instituted a two-year prototype of an online TIN matching program to test its operational feasibility on a nationwide basis. The prototype permitted a maximum of 200 payors of reportable payments, as defined in section 3406(b)(1), to volunteer to participate in the prototype and have their payees' name/TIN combinations matched with records of the IRS prior to filing the related information return. The prototype operated for only eleven months; a fire destroyed the computer system dedicated to this project. During the operation of the prototype approximately 120 payors made 55,795 name/TIN inquiries.

Due to fiscal constraints, the IRS has no current plans to implement a TIN matching program that will be available to all payors of reportable payments and has no current plans to replace the destroyed computer system needed to implement an online TIN matching program.

Explanation of Provisions

The final regulations permit the IRS to establish varied matching programs by published guidance as circumstances warrant. In general, under a matching program, a participating payor of a reportable payment (as defined in section 3406(b)(1) of the Internal Revenue Code) may, prior to filing an information return, contact the IRS

concerning the TIN furnished by a payee. Upon receiving the inquiry, the IRS will inform the payor whether or not the name/TIN combination furnished matches any name/TIN combination maintained by the IRS. (Informing a payor of a nonmatch will not constitute a notice to commence backup withholding under section 3406(a)(1)(B) due to an incorrect name/TIN combination.) If the name/TIN combination does not match, the payor has the opportunity to contact the payee for correction before filing an information return, thus reducing the likelihood that the payor will be notified to start backup withholding under section 3406(a)(1)(B). In order to assist a payor to obtain correct name/TIN combinations, a particular matching program may categorize nonmatching name/TIN combinations. For example, the matching program may indicate that the TIN is assigned to another name in the data base being used or that the TIN is not assigned in the data base being used.

Pursuant to the authority contained in the final regulations, the IRS will implement a TIN matching program for federal agencies. This program will allow federal agencies to request that the IRS match the name/TIN combinations of vendors to whom the agencies make payments reportable under section 6041. The operational details of this matching program are set forth in Revenue Procedure 97–31, appearing in Internal Revenue Bulletin 1997–26, dated June 30, 1997.

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, and because the notice of proposed rulemaking preceding the regulations was issued prior to March 29, 1996, the Regulatory Flexibility Act (5 U.S.C. chapter 6) does not apply. Pursuant to section 7805(f) of the Internal Revenue Code, the IRS submitted the notice of proposed rulemaking preceding these regulations to the Chief Counsel for Advocacy of the Small Business Administration for comment on their impact on small business.

Drafting Information: The principal author of these regulations is Renay France, Office of the Assistant Chief Counsel (Income Tax and Accounting), IRS. However, other personnel from the IRS and Treasury Department participated in their development.

List of Subjects

26 CFR Part 31

Employment taxes, Income taxes, Penalties, Pensions, Railroad retirement, Reporting and recordkeeping requirements, Social security, Unemployment compensation.

26 CFR Part 35a

Employment taxes, Income taxes, Reporting and recordkeeping requirements.

Adoption of Amendments to the Regulations

Accordingly, 26 CFR parts 31 and 35a are amended as follows:

PART 31—EMPLOYMENT TAXES AND COLLECTION OF INCOME TAX AT SOURCE

Paragraph 1. The authority citation for part 31 is amended by adding the following entry in numerical order to read as follows:

Authority: 26 U.S.C. 7805 * * * Section 31.3406(j)–1 also issued under 26 U.S.C. 3406(i). * * *

Par. 2. Section 31.3406(j)–1 is added to subpart E to read as follows:

§ 31.3406(j)–1 Taxpayer Identification Number (TIN) matching program.

(a) *The matching program*. Under section 3406(i), the Commissioner has the authority to establish Taxpayer Identification Number (TIN) matching programs. The Commissioner may prescribe in a revenue procedure (see § 601.601(d)(2) of this chapter) or other appropriate guidance the scope of and the terms and conditions of participating in any TIN matching program. In general, under a matching program, prior to filing information returns with respect to reportable payments as defined under section 3406(b)(1), a payor of those reportable payments who is entitled to participate in the matching program may contact the Internal Revenue Service (IRS) with respect to the TIN furnished by a payee who has received or is likely to receive a reportable payment. The IRS will inform the payor whether or not a name/TIN combination furnished by the payee matches a name/TIN combination maintained in the data base utilized for the particular matching program.

(b) *Notice of incorrect TIN*. No matching details received by a payor through a matching program will constitute a notice regarding an incorrect name/TIN combination under § 31.3406(d)–5(c) for purposes of imposing backup withholding under section 3406(a)(1)(B).

(c) *Application of section 3406(f)*. The provisions of section 3406(f), relating to confidentiality of information, apply to any matching details received by a payor through the matching program. A payor may not take into account any such matching details in determining whether to open or close an account with a payee.

(d) *Reasonable cause*. The IRS will not use either a payor's decision not to participate in an available TIN matching program or the results received by a payor from participation in a TIN matching program implemented under the authority of this section as a basis to assert that the payor lacks reasonable cause under section 6724(a) for the failure to file an information return under section 6721 or to furnish a correct payee statement under section 6722. If the establishment of reasonable cause may be relevant to a substantial number of the participants in a TIN matching program implemented under the authority of this section, the extent to which, if any, a payor may establish reasonable cause by participating in the TIN matching program will be set forth in the guidance establishing the program.

(e) *Definition of account. Account* means any account, instrument, or other relationship with a payor and with respect to which a payor has made or is likely to make a reportable payment as defined in section 3406(b)(1).

(f) *Effective date*. The provisions of this section are effective on and after June 18, 1997.

PART 35a—TEMPORARY EMPLOYMENT TAX REGULATIONS UNDER THE INTEREST AND DIVIDEND TAX COMPLIANCE ACT OF 1983

Par. 3. The authority citation for part 35a is amended by removing the entry for § 35a.3406–3 to read in part as follows:

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

§ 35a.3406–3 [Removed]

Par. 4. Section 35a.3406–3 is removed.

Margaret Milner Richardson,

Commissioner of Internal Revenue.

Approved: May 1, 1997.

Donald C. Lubick,

Acting Assistant Secretary of the Treasury.

[FR Doc. 97–15914 Filed 6–17–97; 8:45 am]

BILLING CODE 4830–01–U

DEPARTMENT OF THE TREASURY

Fiscal Service

31 CFR Part 357

[Department of the Treasury Circular, Public Debt Series, No. 2–86]

Regulations Governing Book-Entry Treasury Bonds, Notes, and Bills; Determination Regarding State Statute; District of Columbia

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

ACTION: Notice of determination of substantially identical State statute.

SUMMARY: The Department of the Treasury is announcing that it has reviewed the recently enacted District of Columbia law adopting Revised Article 8 of the Uniform Commercial Code—Investment Securities (''Revised Article 8'') and has determined that it is substantially identical to the uniform version of Revised Article 8 for purposes of interpreting the rules in 31 CFR Part 357, Subpart B (the ''TRADES'' regulations). Therefore, that portion of the TRADES rule requiring application of Revised Article 8 if a state has not adopted Revised Article 8 will no longer be applicable for the District of Columbia.

EFFECTIVE DATE: June 18, 1997.

FOR FURTHER INFORMATION CONTACT: Walter T. Eccard, Chief Counsel (202) 219–3320, or Cynthia E. Reese, Deputy Chief Counsel (202) 219–3320.

SUPPLEMENTARY INFORMATION: On August 23, 1996, The Department published a final rule to govern securities held in the commercial book-entry system, now referred to as the Treasury/Reserve Automated Debt Entry System (''TRADES''). 61 FR 43626.

In the commentary to the final regulations, Treasury stated that for the 28 states that had by then adopted Revised Article 8, the versions enacted were ''substantially identical'' to the uniform version for purposes of the rule. Therefore, for those states, that portion of the TRADES rule requiring application of Revised Article 8 was not invoked. Treasury also indicated in the commentary that as additional states adopt Revised Article 8, notice would be provided in the **Federal Register** as to whether the enactments are substantially identical to the uniform version so that the federal application of Revised Article 8 would no longer be in effect for those states. Treasury adopted this approach in an attempt to provide certainty in application of the rule in response to public comments. This notice addresses the recent adoption of Article 8 by the District of Columbia. A ''state'' is defined in the regulations as including the District of Columbia.

Treasury has reviewed the District of Columbia enactment and has concluded that it is substantially identical to the uniform version of Revised Article 8. Accordingly, if either § 357.10(b) or § 357.11(b) directs a person to the District of Columbia, the provisions of §§ 357.10(c) and 357.11(d) of the TRADES rule are not applicable.

Dated: June 12, 1997.

Richard L. Gregg,

Commissioner of the Public Debt.

[FR Doc. 97–15943 Filed 6–17–97; 8:45 am]

BILLING CODE 4810–39–M

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 70

[MI001; FRL–5842–3]

Clean Air Act Final Source Category Limited Interim Approval of the Operating Permits Program; Michigan

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final interim approval.

SUMMARY: The EPA is promulgating source category limited (SCL) interim approval of the operating permits program revision submitted by the State of Michigan for the purpose of complying with Federal requirements for an approvable State program to issue operating permits to all major stationary sources, and to certain other sources.

EFFECTIVE DATE: July 18, 1997.

ADDRESSES: Copies of the State's submittal and other supporting information used in developing the final SCL interim approval are available for inspection during normal business hours at the following location: EPA Region 5, Air and Radiation Division (AR–18J), 77 West Jackson Boulevard, Chicago, Illinois 60604.

FOR FURTHER INFORMATION CONTACT: Beth Valenziano, Permits and Grants Section (AR–18J), EPA, 77 West Jackson Boulevard, Chicago, Illinois 60604, (312) 886–2703. E-mail address: valenziano.beth@epamail.epa.gov.

SUPPLEMENTARY INFORMATION:

I. Background and Purpose

Title V of the Clean Air Act Amendments of 1990 (title V), and the implementing regulations at 40 CFR part 70 require that States develop and submit operating permits programs to EPA. The EPA's program review occurs pursuant to section 502 of the Clean Air Act (Act) and the part 70 regulations, which together outline criteria for approval or disapproval. Where a program substantially, but not fully, meets the requirements of part 70, EPA may grant the program interim approval.

On June 24, 1996, EPA proposed interim approval of Michigan's operating permits program (61 FR 32391). In that notice, EPA recognized Michigan's 4 year permit issuance schedule for purposes of determining fee schedule sufficiency, but EPA could not propose SCL interim approval of the 4 year schedule because it had not been approved into the State's regulations. At the time, the State rules provided for a 3 year issuance schedule, in accordance with 40 CFR 70.4(b)(11)(ii). However, EPA proposed SCL interim approval in the alternative, so that EPA would have the authority to finalize SCL interim approval if Michigan were able to submit revised rules that included the 4 year issuance schedule prior to EPA's final action on Michigan's program. See 61 FR 32393–32394.

On January 10, 1997, EPA finalized interim approval of the State program (62 FR 1387). The final approval became effective on February 10, 1997. In that document, EPA did not grant SCL interim approval because Michigan was not able to submit its rule revisions in time to be included in the final action. However, EPA noted that it would act on Michigan's request for SCL interim approval once the State submitted its revised regulations as a part 70 program revision. See 62 FR 1390.

The EPA received Michigan's revised program submittal requesting SCL interim approval on April 18, 1997. The request was submitted by the Governor's designee, the Director of the Michigan Department of Environmental Quality (MDEQ). The submittal included the State's revised operating permit program regulations, as well as information documenting its procedurally correct adoption. In this document, EPA is taking final action to promulgate SCL interim approval of the operating permits program for the State of Michigan.

II. Final Action and Implications

A. Analysis of State Submission

Michigan's initial part 70 program submittal to EPA, dated May 15, 1995, included a request for SCL interim approval of its 4 year permit issuance schedule. On July 17, 1995 and October 30, 1995, Michigan supplemented its initial submittal with additional program documentation, including support information for the SCL interim

approval request. On April 9, 1997, Michigan submitted its revised operating permit program rules that were needed for EPA to act on the State's SCL interim approval request.

SCL interim approval allows EPA to approve a State operating permits program that establishes an initial permit issuance schedule up to 2 years past the 3 year phase in period required by 40 CFR 70.4(b)(11)(ii). To approve such a permitting schedule, a State must demonstrate compelling reasons why it cannot permit initial part 70 sources in 3 years. In addition, a State must demonstrate that the extended issuance schedule substantially meets the requirements of part 70 by permitting 60 percent of the sources and 80 percent of the emissions during the first 3 years of the program. See the August 2, 1993 memorandum from John S. Seitz, Director, Office of Air Quality Planning and Standards, entitled ''Interim Title V Program Approvals''. Michigan's July 17, 1995 and October 30, 1995 supplemental program submittals met these requirements, as outlined in the proposed interim approval of Michigan's program (61 FR 32393–32394).

However, as discussed above, EPA could not grant Michigan SCL interim approval as part of its initial action on the State program because the State's operating permit program regulations provided for a 3 year permit issuance schedule. In other words, because the State rules currently met the 3 year issuance requirement, SCL interim approval was not warranted. Now that Michigan has submitted revisions to its rules that provide for the 4 year schedule, EPA is taking this action to approve the State's SCL interim approval request.

As addressed in the final interim approval of Michigan's operating permits program (62 FR 1390), EPA is finalizing SCL interim approval without reproposing the action because the 4 year permit issuance schedule in the State's final rules is identical to the 4 year schedule that EPA proposed for SCL interim approval in the alternative. The only comment EPA received on that proposal pertaining to the SCL interim approval issue was a request from MDEQ to clarify the requirements for submitting a program revision once the State rule revisions were final.

B. Final Action

The EPA is promulgating SCL interim approval of Michigan's 4 year initial permit issuance schedule in accordance with MDEQ's April 9, 1997 request. This action only revises the status of Michigan's program from interim approval to SCL interim approval, and does not otherwise change EPA's final interim approval as published on January 10, 1997. In addition, this action does not affect the interim approval expiration date of February 10, 1999. Although Michigan's April 9, 1997 submittal included other regulatory revisions in addition to the changes to the State's permit issuance schedule, EPA is not acting on those changes at this time. As addressed in MDEQ's April 9, 1997 submittal, MDEQ and EPA will continue to work together to resolve the State's interim approval issues, and will address these additional program revisions at a later date.

III. Administrative Requirements

A. Official File

Copies of the State's submittal and other information relied upon for the final SCL interim approval are maintained in the official file at the EPA Regional Office. The file is an organized and complete record of all the information submitted to, or otherwise considered by, EPA in the development of this final SCL interim approval. The official file is available for public inspection at the location listed under the **ADDRESSES** section of this document.

B. Executive Order 12866

The Office of Management and Budget has exempted this action from Executive Order 12866 review.

C. Regulatory Flexibility Act

The EPA's actions under section 502 of the Act do not create any new requirements, but simply address operating permits programs submitted to satisfy the requirements of 40 CFR part 70. Because this action does not impose any new requirements, it does not have a significant impact on a substantial number of small entities.

D. Unfunded Mandates

Under section 202 of the Unfunded Mandates Reform Act of 1995, signed into law on March 22, 1995, EPA must prepare a budgetary impact statement to accompany any proposed or final rule that includes a Federal mandate that may result in estimated costs to State, local, or tribal governments in the aggregate, or to the private sector, of $100 million or more. Under section 205, EPA must select the most cost effective and least burdensome alternative that achieves the objectives of the rule and is consistent with statutory requirements. Section 203 requires EPA to establish a plan for informing and advising any small governments that may be significantly or uniquely impacted by the rule. The EPA has determined that the final SCL interim approval action promulgated today does not include a Federal mandate that may result in estimated costs of $100 million or more to State, local, or tribal governments in the aggregate, or to the private sector. This Federal action approves pre-existing requirements under State or local law, and imposes no new Federal requirements. Accordingly, no additional costs to State, local, or tribal governments, or to the private sector, result from this action.

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).

List of Subjects in 40 CFR Part 70

Environmental protection, Administrative practice and procedure, Air pollution control, Intergovernmental relations, Operating permits, and Reporting and recordkeeping requirements.

Dated: June 5, 1997.

David A. Ullrich,

Acting Regional Administrator.

Part 70, title 40 of the Code of Federal Regulations is amended as follows:

PART 70—[AMENDED]

1. The authority citation for part 70 continues to read as follows:

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

2. In appendix A to part 70 the entry for ''Michigan'' is amended by revising paragraph (a) to read as follows:

Appendix A to Part 70—Approval Status of State and Local Operating Permits Programs

* * * * *

Michigan

(a)(1) Department of Environmental Quality: received on May 16, 1995, July 20, 1995, October 6, 1995, November 7, 1995, and January 8, 1996; interim approval effective on February 10, 1997; interim approval expires February 10, 1999.

(2) Interim approval revised to provide for a 4 year initial permit issuance schedule under source category limited (SCL) interim approval, pursuant to the Department of Environmental Quality's request

received on April 18, 1997. SCL interim approval effective on July 18, 1997.

* * * * *

[FR Doc. 97–15852 Filed 6–17–97; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 180

[OPP–300504; FRL–5722–5]

RIN 2070–AB78

Metolachlor; Pesticide Tolerances for Emergency Exemption

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule.

SUMMARY: This regulation establishes time-limited tolerances for residues of the herbicide metolachlor [2-chloro-*N*-(2-ethyl-6-methylphenyl)-*N*-(2-methoxy-1-methylethyl)acetamide] and its metabolites, determined as the derivatives, 2-[(2-ethyl-6-methylphenyl)amino]-1-propanol and 4-(2-ethyl-6-methylphenyl)-2-hydroxy-5-methyl-3-morpholinone, each expressed as the parent compound, in or on the raw agricultural commodity tomato, in tomato puree, and in tomato paste, in connection with EPA's granting an emergency exemption under section 18 of the Federal Insecticide, Fungicide, and Rodenticide Act authorizing use of the pesticide on tomato in Ohio, Indiana, Michigan and Pennsylvania. The tolerances will expire and are revoked on December 31, 1998.

DATES: This regulation becomes effective June 18, 1997. Objections and requests for hearings must be received by EPA on or before August 18, 1997.

ADDRESSES: Written objections and hearing requests, identified by the docket control number, [OPP–300504], 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–300504], must be submitted to: Public Response and Program Resources Branch, Field Operations Division (7506C), 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. 1132, 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 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–300504]. 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: Olga Odiott, Registration Division (7505C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. Office location, telephone number, and e-mail: Crystal Mall #2, 1921 Jefferson Davis Highway, Arlington, VA 22202. (703) 308-9363, e-mail: odiott.olga@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 tolerances for residues of the herbicide [2-chloro-*N*-(2-ethyl-6-methylphenyl)-*N*-(2-methoxy-1-methylethyl)acetamide] and its metabolites (determined as the derivatives, 2-[(2-ethyl-6-methylphenyl)amino]-1-propanol and 4-(2-ethyl-6-methylphenyl)-2-hydroxy-5-methyl-3-morpholinone, each expressed as the parent compound), also referred to in this document as metolachlor, in or on tomato at 0.1 part per million (ppm), tomato puree at 0.3 ppm and tomato paste at 0.6 ppm. These tolerances will expire and be revoked by EPA on December 31, 1998. After December 31, 1998, EPA will publish a document in the **Federal Register** to remove the revoked tolerances 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.* Among other things, FQPA amends FFDCA to bring all EPA pesticide tolerance-setting activities under 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 Metolachlor on Tomato and FFDCA Tolerances

The Eastern black nightshade (*Solanum nigrum*) is a common annual weed found in tomato fields. Currently registered herbicides for use on tomatoes have little or no effect in controlling the eastern black nightshade. Chloramben (amiben) is the most effective herbicide for this weed, but it has not been manufactured since 1991 and grower's reserves of the herbicide have been depleted. Hand hoeing is utilized, but it does not provide complete control and is very expensive. The Applicants stated that since this weed is ubiquitous and hand hoeing does not provide complete control, the weed population is increasing and threatening the economic viability of the tomato industry in their states. EPA has authorized under FIFRA section 18 the use of metolachlor on tomato for control of Eastern black nightshade. After having reviewed the submissions, EPA concurs that emergency conditions exist for these states.

As part of its assessment of this emergency exemption, EPA assessed the potential risks presented by residues of metolachlor in or on tomatoes. In doing so, EPA considered the new safety standard in FFDCA section 408(b)(2), and EPA decided that the necessary tolerances under FFDCA section 408(l)(6) would be consistent with the new safety standard and with FIFRA section 18. These tolerances will permit the marketing of tomatoes treated in accordance with the provisions of the section 18 emergency exemption. 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 these tolerances without notice and opportunity for public comment under section 408(e), as provided in section 408(l)(6). Although these tolerances will expire and are revoked on December 31, 1998, under FFDCA section 408(l)(5), residues of the pesticide not in excess of the amounts specified in the tolerance remaining in or on tomatoes after that date will not be unlawful, provided the pesticide is applied during the term of, and in accordance with all the conditions of, section 18 of FIFRA. EPA will take action to revoke these tolerances earlier if any experience with, scientific data on, or other relevant information on this pesticide indicate that the residues are not safe.

EPA has not made any decisions about whether metolachlor meets EPA's registration requirements for use on tomatoes or whether permanent tolerances for this use would be appropriate. These tolerances do not serve as a basis for registration of metolachlor by a State for special local needs under FIFRA section 24(c). Nor do these tolerances serve as the basis for any State other than Ohio, Indiana, Michigan and Pennsylvania, 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 metolachlor, 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. For many of these 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.

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. 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.

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.

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 caused by metolachlor are discussed below.

1. *Acute toxicity.* The EPA has determined that the available data do not indicate the potential for adverse effects after a single dietary exposure.

2. *Short- and intermediate term toxicity.* The EPA has determined that a NOEL of 100 mg/kg/day from a 21-day dermal toxicity study on rats should be used to assess risks from intermediate-term dermal exposures. At the lowest effect level (LEL) of 1,000 mg/kg/day, there were dose-related increases in minor histopathological alterations of the skin, in total bilirubin (females), in absolute and relative liver weights (males), and in relative kidney weights (females). An inhalation exposure intermediate-term hazard was not identified. The EPA has determined that the available data do not indicate the potential for adverse effects from short-term dermal or inhalation exposures.

3. *Chronic risk.* Based on the available chronic toxicity data, the EPA has established the RfD for metolachlor at 0.10 mg/kg/day. The RfD was established based on the results of a 1-year feeding study in dogs with a NOEL of 9.7 mg/kg/day, and an uncertainty factor of 100 based on decreased body weight gain at the LEL of 33 mg/kg/day.

4. *Cancer risk.* Using its Guidelines for Carcinogen Risk Assessment published September 24, 1986 (51 FR 33992), the EPA has classified metolachlor as a Group C, ''possible human carcinogen'', chemical. The classification as a Group C chemical was based on the increased incidence of adenomas and combined adenomas/carcinomas in female rats, both by pair-wise and trend analysis and the replication of this finding in a second study. The OPP Carcinogenicity Peer Review Committee (CPRC) recommended the quantitation of risk by MOE estimates using a NOEL of 15.7 mg/kg/day from a 2-year feeding study in rats. The structural relationship of metolachlor to acetochlor and alachlor was of concern to the CPRC. However, in light of new information on the relative metabolism of these chemicals, and since there was no supportable mutagenicity concern, the CPRC recommended the MOE approach.

B. Exposures and Risks

In examining aggregate exposure, FQPA directs EPA to consider available information concerning exposures from the pesticide residue in food and all other non-occupational exposures. The primary non-food sources of exposure the Agency looks at include drinking water (whether from groundwater or surface water), and exposure through pesticide use in gardens, lawns, or buildings (residential and other indoor uses). In evaluating food exposures, EPA takes into account varying consumption patterns of major identifiable subgroups of consumers, including infants and children.

1. *From food and feed uses.* Tolerances have been established (40 CFR 180.368) for the combined residues of metolachlor [2-chloro-*N*-(2-ethyl-6-methylphenyl)-*N*-(2-methoxy-1-methylethyl)acetamide] and its metabolites, determined as the derivatives, 2-[(2-ethyl-6-methylphenyl)amino]-1-propanol and 4-(2-ethyl-6-methylphenyl)-2-hydroxy-5-methyl-3-morpholinone, each expressed as the parent compound in or on a variety of raw agricultural commodities at levels ranging from 0.02 ppm in milk and numerous animal commodities to 30 ppm in peanut forage and hay. Risk assessments were conducted by EPA to assess dietary exposures and risks from metolachlor as follows:

i. *Acute 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 available data for metolachlor do not indicate the potential for adverse effects after a single dietary exposure.

ii. *Chronic risk.* For the chronic dietary (food only) risk assessment OPP used percent crop-treated data for selected commodities and assumed tolerance level residues. OPP also assumed that 100% of tomatoes were treated. The population subgroups with the largest percentage of the RfD occupied are non-nursing infants less than 1 year old and children 1 to 6 years old, both at 2.3% of the RfD. This risk estimate should be viewed as conservative; further refinement using anticipated residue levels and additional percent crop-treated values analysis would result in lower dietary exposure estimates. Thus, in making a safety determination for these tolerances, EPA is taking into account this conservative exposure assessment.

iii. *Cancer risk.* Based on the OPP CPRC recommendation that the MOE approach be used to assess cancer risk, a quantitative cancer risk assessment was not performed. Human health risk concerns due to long term exposure to metolachlor residues are adequately addressed by the aggregate chronic exposure analysis using the MOE approach.

2. *From drinking water.* Based on the available environmental fate studies, metolachlor appears to be moderately persistent and ranges from being mobile to highly mobile in different soils. Data collected from around the United States provides evidence that metolachlor leaches into ground water, occasionally at levels that exceed the Lifetime Health Advisory (HA) Level of 100 ppb. The ''Pesticides in Groundwater Database'' (EPA 734-12-92-001, Sept. 1992), indicates that metolachlor residues were detected in wells in 20 states. Levels exceeded the lifetime HA in three wells located in Wisconsin, New York, and Montana. In eight other states concentrations in some well waters exceeded 10% of the HA. Incident reports submitted under 6(a)2 of FIFRA describe 47 detections of metolachlor in the ground water of seven states at concentrations ranging from 0.11 ppb to 116 ppb. Metolachlor is not yet formally regulated under the Safe Drinking Water Act; therefore, no enforcement Maximum Contaminant Level (MCL) has been established for it. Metolachlor also has relatively high health advisory levels (1-10 day HA level of 2,000 ppb and lifetime HA level of 100 ppb).

Based on available data, it appears highly unlikely that maximum or short-term average metolachlor concentrations will exceed the 1-10 day HA levels of 2,000 ppb or that annual average metolachlor concentrations will exceed

the lifetime HA of 100 ppb anywhere. As part of the risk mitigation in the metolachlor Reregistration Eligibility Document (RED), additional label restrictions designed to minimize ground and surface water contamination are required. Groundwater concerns may be mitigated by adhering to these label restrictions and advisory statements.

Because the Agency lacks sufficient water-related exposure data to complete a comprehensive drinking water risk assessment for many pesticides, EPA has commenced and nearly completed a process to identify a reasonable yet conservative bounding figure for the potential contribution of water related exposure to the aggregate risk posed by a pesticide. In developing the bounding figure, EPA estimated residue levels in water for a number of specific pesticides using various data sources. The Agency then applied the estimated residue levels, in conjunction with appropriate toxicological endpoints (RfD's or acute dietary NOEL's)and assumptions about body weight and consumption, to calculate, for each pesticide, the increment of aggregate risk contributed by consumption of contaminated water. While EPA has not yet pinpointed the appropriate bounding figure for exposure from contaminated water, the ranges the Agency is continuing to examine are all below the level that would cause metolachlor to exceed the RfD if the tolerance being considered in this document were granted. The Agency has therefore concluded that the potential exposures associated with metolachlor in water, even at the higher levels the Agency is considering as a conservative upper bound, would not prevent the Agency from determining that there is a reasonable certainty of no harm if the tolerances are granted.

3. *From non-dietary exposure.* Metolachlor is registered for outdoor residential lawn use, use on numerous ornamental plants and trees, highway rights-of-way and recreational areas.

i. *Acute risk.* EPA generally will not include residential or other non-dietary exposure as a component of the acute exposure assessment. Theoretically, it is also possible that a residential, or other non-dietary, exposure could be combined with the acute total dietary exposure from food and water. However, the Agency does not believe that aggregating multiple exposure to large amounts of pesticide residues in the residential environment via multiple products and routes for a one day exposure is a reasonably probable event. It is highly unlikely that, in one day, an individual would have multiple high-end exposures to the same pesticide by treating their lawn and garden, treating their house via crack and crevice application, swimming in a pool, and be maximally exposed in the food and water consumed. Additionally, the concept of an acute exposure as a single exposure does not allow for including post-application exposures, in which residues decline over a period of days after application. Therefore, the Agency believes that residential exposures are more appropriately included in the short-term exposure scenario discussed below.

ii. *Chronic risk.* The Agency has concluded that a chronic residential exposure scenario does not exit for non-occupational uses of metolachlor.

iii. *Short- and intermediate-term risk.* There are residential uses of metolachlor and EPA acknowledges that there may be shortand intermediate-term non-occupational exposure scenarios. The EPA has identified a toxicity endpoint for intermediate-term residential risks. However, no acceptable reliable exposure data to assess the potential risks are available at this time. Based on the high level of the intermediate-term toxicity endpoint (NOEL = 100 mg/kg/day and lowest observed effect level (LOEL) = 1,000 mg/kg/day), the Agency does not expect the intermediate-term aggregate risk to exceed the level of concern. A short-term non-dietary toxicity endpoint was not identified for metolachlor.

C. Cumulative Exposure to Substances with Common Mechanism of Toxicity

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

D. Aggregate Risks and Determination of Safety for U.S. Population

1. *Acute risk.* The available data for metolachlor do not indicate the potential for adverse effects from acute dietary exposures. An acute aggregate risk assessment was not conducted.

2. *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. Based on the low percentage of the RfD occupied by the chronic dietary exposure (<3% for all population subgroups) and the high level of the intermediate-term toxicity endpoint (NOEL = 100 mg/kg/day and LOEL = 1,000 mg/kg/day), in the best

scientific judgment of EPA, the intermediate-term aggregate risk will not exceed the Agency's level of concern. Despite the potential for exposure to metolachlor in drinking water, EPA does not expect the aggregate exposure to exceed 100% of the RfD.

Since a short-term toxicity endpoint was not identified for metolachlor, a short-term aggregate risk assessment was not conducted.

3. *Chronic risk.* Using the conservative exposure assumptions described above, taking into account the completeness and reliability of the toxicity data, EPA has concluded that aggregate dietary exposure to metolachlor from food will utilize 1.1% 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. Despite the potential for exposure to metolachlor in drinking water, 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 from aggregate exposure to metolachlor residues.

4. *Cancer risk.* Based on the CPRC recommendation that the MOE approach be used to assess cancer risk, a quantitative cancer risk assessment was not performed. Based on the aggregate chronic dietary analysis, the calculated MOE (food only) for the U.S. Population (48 States) is > 20,000. Other than dietary exposure, no chronic exposure scenarios have been identified from registered uses of metolachlor. The chronic dietary risk from the currently registered, and this proposed Section 18 use of metolachlor, do not exceed the Agency's level of concern. The EPA believes that the potential additional exposure in drinking water would not significantly lower the chronic dietary MOE. The Agency concluded that the human health risk concerns due to long-term exposure to metolachlor residues are adequately addressed by the aggregate chronic exposure analysis using the MOE approach.

E. Aggregate Risks and Determination of Safety for Infants and Children

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. In either case, EPA generally defines the level of appreciable risk as exposure that is greater than 1/100 of the NOEL in the animal study appropriate to the particular risk assessment. 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.

In assessing the potential for additional sensitivity of infants and children to residues of metolachlor, 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 pesticide exposure during prenatal development to one or both parents. Reproduction studies provide information relating to effects from exposure to the pesticide on the reproductive capability of mating animals and data on systemic toxicity.

1. *Developmental toxicity studies.*—i. *Rat.* The maternal NOEL was 300 mg/kg/day. At the maternal LEL of 1,000 mg/kg/day, there were deaths, increased salivation, lacrimation, convulsions, reduced body weight gain, and reduced feed consumption. The developmental NOEL was also 300 mg/kg/day. The developmental LEL of 1,000 mg/kg/day was based on reduced mean fetal body weight, reduced number of implantations/dam with resulting decreased litter size, and a slight increase in resorptions/dam with resulting increase in post-implantation loss.

ii. *Rabbit.* The maternal NOEL was 120 mg/kg/day. The maternal LEL of 360 mg/kg/day was based on lacrimation, miosis, reduced food consumption and decreased body weight gain. The developmental NOEL was ≥360 mg/kg/day at the highest dose tested (HDT).*

2. *Reproductive toxicity study (Rat).* In the two-generation reproductive toxicity study the reproductive/developmental toxicity NOEL of 23 mg/kg/day was less than the parental (systemic) toxicity NOEL of >76 mg/kg/day (HDT). The reproductive/developmental NOEL was based on decreased pup body weight during late lactation.

3. *Pre- and post-natal sensitivity.* Based on current toxicological data requirements, the data base for metolachlor relative to pre- and post-natal toxicity is complete. The developmental toxicity NOELs of 300 mg/kg/day (in rats) and ≥360 mg/kg/day (HDT in rabbits) demonstrate that there is no increased sensitivity to metolachlor by the developing fetus (pre-natal) in the presence of maternal toxicity. There was developmental toxicity in rats at 1,000 mg/kg/day (but not in rabbits). The developmental NOELs are more than 30- and 37-fold higher in the rats and rabbits, respectively, than the NOEL of 9.7 mg/kg/day from the 1-year feeding study in dogs, which is the basis of the RfD.

In the two-generation reproductive toxicity study in rats, the reproductive/developmental toxicity NOEL of 23 mg/kg/day was less than the parental (systemic) toxicity NOEL of >76 mg/kg/day. The reproductive/developmental NOEL was based on decreased pup body weight during late lactation and the NOEL occurred at a level which is below the NOEL for parental toxicity (>76 mg/kg/day). This finding suggests that pups are more sensitive to metolachlor than adult animals. For purposes of this Section 18 only, an additional 3x uncertainty factor was added to the RfD.

The TMRC value for the most highly exposed infant and children subgroup (non-nursing infants <1 year old) occupies 6.9% of the RfD (with the additional 3x safety factor). This estimate should be viewed as conservative, since is based on percent crop-treated data for selected crops and tolerance level residues for all commodities. Refinement of the dietary risk assessment by using additional percent crop treated and anticipated residue data would reduce dietary exposure. Therefore, this risk assessment is an over-estimate of dietary risk.

4. *Acute risk.* The available data for metolachlor do not indicate the potential for adverse effects from acute dietary exposures.

5. *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. A short-term non-dietary toxicity endpoint was not identified for metolachlor. Using the conservative exposure assumptions described above, EPA has concluded that the percent of

the RfD that will be utilized by aggregate exposure to residues of metolachlor is 6.9 % (using an additional 3x safety factor) for non-nursing infants less than 1 year old (the most highly exposed population subgroup). Based on the low percentage of the RfD occupied by the chronic dietary exposure and the high level of the intermediate-term toxicity endpoint (NOEL = 100 mg/kg/day and LOEL = 1,000 mg/kg/day), in the best scientific judgment of EPA, the intermediate-term aggregate risk will not exceed the Agency's level of concern. Despite the potential for exposure to metolachlor in drinking water, EPA does not expect the aggregate exposure to exceed 100% of the RfD.

6. *Chronic risk.* Using the conservative exposure assumptions described above, EPA has concluded that the percent of the RfD that will be utilized by aggregate exposure to residues of metolachlor ranges from 6.9 % for non-nursing infants less than one year old, down to 1.8 % for nursing infants less than one year old (using an additional 3x safety factor). 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 metolachlor 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 metolachlor residues.

V. Other Considerations

A. Metabolism in Plants and Animals

The nature of the residue in plants and animals is adequately understood. Tolerances for residues of metolachlor in or on food/feed commodities are currently expressed in terms of the combined residues (free and bound) of the herbicide metolachlor ([2-chloro-*N*-(2-ethyl-6-methylphenyl)-*N*-(2-methoxy-1-methylethyl)acetamide]) and its metabolites, determined as the derivatives, 2-[(2-ethyl-6-methylphenyl)amino]-1-propanol and 4-(2-ethyl-6-methylphenyl)-2-hydroxy-5-methyl-3-morpholinone, each expressed as the parent compound (40 CFR 180.368).

2. *Analytical enforcement methodology.* Adequate methods for purposes of data collection and enforcement of tolerances for metolachlor residues are available. Methods for determining the combined residues of metolachlor and its metabolites, as the derivatives CGA-37913 and CGA-49751, are described in PAM, Vol. II, as Method I (plants; GC-NPD) and Method II (animals; GC-MS).

3. *Magnitude of residues.* Regulable residues of metolachlor are not expected to exceed 0.1 ppm in/on tomatoes as a result of this Section 18 use. A time-limited tolerance should be established at this level. Residues of metolachlor appear to concentrate in the tomato processed commodities of tomato puree (3x) and paste (6x). Regulable residues of metolachlor are not expected to exceed 0.3 ppm in tomato puree and 0.6 ppm in tomato paste a result of this Section 18 use. Time-limited tolerances should be established at these levels. Secondary residues are not expected in animal commodities as no feed items are associated with this Section 18 use.

4. *International residue limits.* There are no CODEX or Mexican residue limits for metolachlor on tomatoes. There is a Canadian residue limit of 0.1 ppm for the parent compound.

5. *Rotational crop restrictions.* Rotational crop restrictions are stated on the DUAL and DUAL 8E product labels.

VI. Conclusion

Therefore, tolerances in connection with the FIFRA section 18 emergency exemptions are established for residues of the herbicide [2-chloro-*N*-(2-ethyl-6-methylphenyl)-*N*-(2-methoxy-1-methylethyl)acetamide] and its metabolites (determined as the derivatives, 2-[(2-ethyl-6-methylphenyl)amino]-1-propanol and 4-(2-ethyl-6-methylphenyl)-2-hydroxy-5-methyl-3-morpholinone, each expressed as the parent compound) also referred to in this document as metolachlor, in or on tomato at 0.1 part per million (ppm), in tomato puree at 0.3 ppm and in tomato paste at 0.6 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 18, 1997, file written objections to any aspect of this regulation (including the revocation provision) 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 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 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 Docket

A record has been established for this rulemaking under docket control number [OPP–300504]. A public version of this record, which does not include any information claimed as CBI, is available for inspection from 8 a.m. to 4:30 p.m., Monday through Friday, excluding legal holidays. The public record is located in Room 1132 of the Public Response and Program Resources Branch, Field Operations Division (7506C), Office of Pesticide Programs, Environmental Protection Agency, Crystal Mall #2, 1921 Jefferson Davis Highway, Arlington, VA.

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 address in ''ADDRESSES'' at the beginning of this document.

IX. Regulatory Assessment Requirements

This final rule establishes a time-limited tolerance under section 408 of the FFDCA and is related to EPA's granting emergency exemptions under section 18 of the FIFRA. The Office of Management and Budget (OMB) has exempted these types of actions from review under Executive Order 12866, entitled Regulatory Planning and Review (58 FR 51735, October 4, 1993). In addition, this final rule does not contain any information collections subject to additional 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, because these tolerances are established without notice and comment rulemaking, the requirements of the Regulatory Flexibility Act (RFA) (5 U.S.C. 601 *et seq.*) do not apply. Nonetheless, 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 significant adverse economic impact associated with these actions (46 FR 24950, May 4, 1981). In accordance with Small Business Administration (SBA) policy, this determination will be provided to the Chief Counsel for Advocacy of the SBA upon request.

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 report containing this rule and other required information to the U.S. Senate, the U.S. House of Representatives, and the Comptroller General of the General Accounting Office prior to publication of this rule in today's **Federal Register**. This is not a ''major rule'' as defined by 5 U.S.C. 804(2).

List of Subjects in 40 CFR Part 180

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

Dated: June 5, 1997.

James Jones,

Acting 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 180.368 is amended as follows:

i. In paragraph (a) by adding the heading.

ii. In paragraph (b) by transferring and alphabetically adding the entries in the table to the table in paragraph (a) and by removing the remaining text.

iii. In paragraph (c) by adding the heading.

iv. By adding a heading and reserving new paragraph (d).

v. By redesignating paragraph (e) as paragraph (b) and revising newly redesignated paragraph (b).

§ 180.368 Metolachlor; tolerances for residues.

(a) *General.* * * *

(b) *Section 18 emergency exemptions.* Time-limited tolerances are established for the combined residues (free and bound) of the herbicide metolachlor [2-chloro-*N*-(2-ethyl-6-methylphenyl)-*N*-(2-methoxy-1-methylethyl)acetamide] and its metabolites, determined as the derivatives, 2-[(2-ethyl-6-methylphenyl)amino]-1-propanol and 4-(2-ethyl-6-methylphenyl)-2-hydroxy-5-methyl-3-morpholinone, each expressed as the parent compound in connection with use of the pesticide under section 18 emergency exemptions granted by EPA. The tolerance is specified in the following table. The tolerances will expire and are revoked on the dates specified in the following table.

Commodity	Parts per million	Expiration/ Revocation Date
Spinach	0.3	11/15/98
Tomato paste	0.6	12/31/98
Tomato puree	0.3	12/31/98
Tomatoes	0.1	12/31/98

(c) *Tolerances with regional registrations.** * *

(d) *Indirect or inadvertent residues.* [Reserved]

[FR Doc. 97–15981 Filed 6–17–97; 8:45 am]

BILLING CODE 6560–50–F

ENVIRONMENTAL PROTECTION AGENCY

40 CFR Part 180

[OPP–300486B; FRL–5724–9]

RIN 2070–AB78

Bromoxynil; Pesticide Tolerances

AGENCY: Environmental Protection Agency (EPA).

ACTION: Final rule.

SUMMARY: This document establishes the following time-limited tolerances, to expire on January 1, 1998, for the residues of the herbicide bromoxynil (3,5-dibromo-4-hydroxybenzonitrile) and its metabolite DBHA (3,5-dibromo-4-hydroxybenzoic acid) resulting from the application of octanoic and heptanoic acid esters of bromoxynil to cotton: undelinted cottonseed at 7 parts per million (ppm), cotton gin byproducts at 50 ppm, and cotton hulls at 21 ppm. (Active ingredient codes are 35302 for the octanoic acid ester, and 128920 for the heptanoic acid ester. CAS Reg. Nos. are 1689–99–2 for the octanoic acid ester, and 56634–95–8 for the heptanoic acid ester.) In addition, this document revises tolerances for the residues of bromoxynil, resulting from the application of octanoic and heptanoic acid esters of bromoxynil to cotton, in or on cattle, hogs, horses, goats, and sheep to 0.5 ppm in meat, 3.0 ppm in meat by-products, and 1.0 ppm in fat. Further, this document establishes tolerances for residues of bromoxynil, resulting from the application of octanoic and heptanoic acid esters of bromoxynil to cotton, at 0.1 ppm in milk; at 0.05 ppm in eggs; and at 0.05 ppm in poultry meat, meat by-products, and fat. The tolerances for the cotton commodities will expire and are revoked on January 1, 1998. After January 1, 1998, EPA will publish a document in the **Federal Register** to remove the revoked tolerances from the Code of Federal Regulations. Rhone-Poulenc AG Company submitted a petition to EPA under the Federal Food, Drug, and Cosmetic Act as amended by the Food Quality Protection Act of 1996 requesting a tolerance on cottonseed.

EFFECTIVE DATE: This rule becomes effective June 18, 1997.

ADDRESSES: Written objections and hearing requests, identified by the docket control number, [OPP–300486B], may be submitted to: Hearing Clerk (1900), Environmental Protection Agency, Rm. M3708, 401 M St., SW., Washington, DC 20460. A copy of any objections and hearing requests filed with the Hearing Clerk should be identified by the docket control number and submitted to: Public Information and Records Integrity Branch, Information Resources and Services Division (7506C), 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. 1132, CM #2, 1921 Jefferson Davis Hwy., Arlington, VA. 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 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 in 5.1 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–300486B]. 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.

Additional information on electronic submissions can be found below in this document.

FOR FURTHER INFORMATION CONTACT: By mail: Jim Tompkins, Product Manager (PM) 25, Registration Division (7505C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. Office location, telephone number, and e-mail address: Rm. 241, CM #2, 1921 Jefferson Davis Hwy., Arlington, VA, (703) 305–6027, e-mail: tompkins.jim@epamail.epa.gov.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of May 24, 1995 (60 FR 27414), EPA established a time-limited tolerance under section 408 of the Federal Food, Drug, and Cosmetic Act (FFDCA), 21 U.S.C. 346a, for residues of the herbicide bromoxynil, (3,5-dibromo-4-hydroxybenzonitrile) on cottonseed. This tolerance expired on April 1, 1997. The tolerance was established in response to a petition filed by the Rhone-Poulenc AG Company, P.O. Box 12014, 2 T.W. Alexander Drive, Research Triangle Park, NC 27709.

In the **Federal Register** of December 24, 1996 (61 FR 67807) (FRL–5576–8), EPA issued a notice of filing that stated that the Rhone-Poulenc AG Company had submitted a pesticide petition to EPA proposing to extend the time-limited tolerance on cottonseed. Comments in response to the notice of filing were received from the Union of Concerned Scientists, the Pesticide Action Network, the Edmonds Institute, Friends of the Earth, the Environmental Defense Fund, and many individuals.

In the **Federal Register** of May 2, 1997 (62 FR 24065) (FRL–5617–5), EPA issued a proposed rule for establishment of tolerances on cotton commodities and poultry, and revision of tolerances on animal commodities. The Agency issued this proposed rule because, after review of the petition, the Agency determined that as a result of bromoxynil use on cotton: (1) A higher tolerance will be needed for cottonseed; (2) existing tolerances for bromoxynil on animal commodities (meat, meat byproducts, and fat) need to be raised; and (3) additional tolerances will be needed for other cotton commodities (undelinted cottonseed and cotton gin byproducts) and other animal commodities (poultry meat, meat by-products, fat; eggs; and milk).

Written comments on the proposed rule were to be received within 17 days of issuance of the **Federal Register** notice. Under section 408 of the FFDCA, the Agency is required to provide a 60–day comment period on proposed rules unless EPA finds for good cause that it would be in the public interest to provide a shorter period. The Agency shortened the comment period on the bromoxynil tolerances to 17 days because notice had been provided on the intention of establishing a tolerance permitting use of bromoxynil on cotton, and cotton growers faced a potential hardship if a decision was not made expeditiously.

Following publication of the May 2 proposed rule, several environmental and public interest groups requested that EPA extend this comment period from 17 to 60 days. In their request for an extension, these groups cited a number of health issues and questions regarding interpretation of the FFDCA safety standard. EPA was not convinced that the comment period was inadequate to address the issues raised by these groups. Nonetheless, in a

Federal Register notice published on May 16, 1997 (62 FR 27002) (FRL–5719–2), EPA agreed to extend the comment period for an additional 7 days. In recognition of the cotton growers' situation, the comment period was extended to a total of 24 days rather than 60 days.

Comments in response to the proposed rule were received from public interest groups, individual concerned citizens, agricultural extension agents, representatives of state agencies, individual growers, industry groups, and Rhone Poulenc Ag Company. Responses to several of the most significant comments are presented in Unit III. of this document. Other significant comments and the Agency's responses are provided in a Response to Comments document that has been included in the docket for this action.

I. Statutory Background

Section 408 of the FFDCA, 21 U.S.C. 301 *et seq.*, as amended by the Food Quality Protection Act of 1996, (Pub. L. 104–170) authorizes the establishment of tolerances (maximum residue levels), exemptions from the requirement of a tolerance, modifications in tolerances, and revocation of tolerances for residues of pesticide chemicals in or on raw agricultural commodities and processed foods. Without a tolerance or exemption, food containing pesticide residues is considered to be unsafe and therefore ''adulterated'' under section 402(a) of the FFDCA, and hence may not legally be moved in interstate commerce. For a pesticide to be sold and distributed, the pesticide must not only have appropriate tolerances under the FFDCA, but also must be registered under section 3 of the Federal Insecticide, Fungicide, and Rodenticide Act (FIFRA, 7 U.S.C. 136 *et seq.*).

Section 408 was substantially amended by FQPA. Among other things, the FQPA amends the FFDCA to bring all EPA pesticide tolerance-setting activities under a new section 408 with a new safety standard and new procedures. New section 408(b)(2)(A)(i) 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 food, drinking water, and from pesticide use in gardens, lawns, or buildings (residential and other indoor uses) 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. . . .''

II. Final Action

The proposed rule summarizes EPA's risk assessment process, the scientific data bearing on the risk presented by bromoxynil, and EPA's assessment of the aggregate risk posed by bromoxynil. In that document, EPA concluded that there is a reasonable certainty that no harm will result to the general population and major identifiable population subgroups from aggregate exposure to bromoxynil. After reviewing all comments that were received, EPA reaffirms that conclusion today for substantially the same reasons. EPA has expanded on its basis for its conclusion in addressing significant comments.

In finalizing this rulemaking, EPA reconsidered its estimation of exposure through drinking water. Since the publication of the proposed rule, the Agency has completed a more refined (tier 2) assessment of the estimated concentration of bromoxynil residues in surface water, which can be used as an estimate of residues in surface water source drinking water. Bromoxynil residues in ground water source drinking water are expected to be negligible because bromoxynil and bromoxynil phenol degrade quickly in the environment. EPA estimated exposure in the proposal based on a modeling of potential exposure taking into account the chemical characteristics of bromoxynil octanoate. For the revised (tier 2) modeling, EPA used the chemical characteristics of bromoxynil phenol. EPA believes it is more appropriate to use the phenol because bromoxynil octanoate degrades rapidly to bromoxynil phenol, and, although both bromoxynil octanoate and bromoxynil phenol degrade rapidly, bromoxynil phenol is more persistent than bromoxynil octanoate.

The tier 2 analysis is based on the PRZM-EXAMS model (Pesticide Root Zone Model Version 2.3 plus Exposure Analysis Modeling System Version 2.94) instead of the GENEEC model (GENeric Expected Environmental Concentration) used for the tier 1 preliminary screen. PRZM-EXAMS uses data on the physical-chemical properties of the pesticide plus soil and topographic characteristics, weather data, and water quality parameters for the modeled site. PRZM-EXAMS uses this information to estimate runoff from a 10 hectare agricultural field into an immediately adjacent 1 hectare by 2 meter deep pond. PRZM-EXAMS considers reduction in dissolved pesticide concentration due to adsorption of pesticide to soil or sediment, incorporation, degradation in soil before wash off to a water body, direct deposition of spray drift into the water body, and degradation of the pesticide within the water body. PRZM-EXAMS, which was designed to estimate exposure for ecological risk assessments, tends to substantially overestimate pesticide residues in drinking water for several reasons. First, surface water source drinking water generally comes from bodies of water that are substantially larger than a 1 hectare pond. PRZM-EXAMS assumes that essentially the whole basin receives an application of the pesticide. Yet, in virtually all cases, basins large enough to support a drinking water facility will contain a substantial fraction of the area which does not receive the pesticide. Additionally, there is often at least some flow (in a river) or turn over (in a reservoir or lake) of the water so the persistence of the pesticide near the drinking water facility is usually overestimated. Second, even assuming a reservoir is directly adjacent to an agricultural field, the agricultural field may not be used to grow a crop on which the pesticide in question is registered for use. Further, the PRZM-EXAMS model does not take into account reductions in residue-loading due to applications of less than the maximum application rate or no treatment of the crop at all (percent crop treated data).

EPA has obtained sampling data from surface water that support EPA's conclusion that the 0.2 ppb (parts per billion) estimate for chronic exposure is a substantial overestimate for drinking water exposure. These data showed that approximately one percent of the samples were positive for bromoxynil with levels ranging from 0.035 ppb (level of quantification) to 6.1 ppb with the majority of samples closer to the lower end of this range. When it is considered that this sampling was conducted predominantly in locations not representative of drinking water intakes, that only a small percentage of the samples had detectable levels of bromoxynil, and that most of the samples showing bromoxynil were at levels close to or below 0.2 ppb, EPA believes that assuming 0.2 ppb for all

drinking water in the United States is a substantial overestimate.

The estimated chronic exposure level for bromoxynil in drinking water is 0.2 ppb based on the PRZM-EXAMS model; this value had previously been estimated as 0.3 ppb. In addition, the Agency has since put in place an interim policy for selection of water consumption values to be used in calculations of dietary risk; this was done in order to improve the consistency of these calculations for all Agency dietary risk analyses. Based on the estimated chronic level in drinking water of 0.2 ppb and estimated drinking water consumption of 2L by a 70 kilogram (kg) adult, carcinogenic risk is 6×10^{-7}. If the carcinogenic risk were calculated using the same water consumption value as in the proposed rule (20.9 grams/kilograms/day (g/kg/day) for the southern U.S.) and the revised chronic exposure level of 0.2 ppb, the resulting carcinogenic risk would be 4×10^{-7}.

Finally, EPA notes two corrections to the preamble of the proposed rule. First, EPA proposed to set a tolerance of 0.1 ppm for bromoxynil residues in milk. In the preamble to the proposal, EPA stated that it was proposing to increase the tolerance for bromoxynil in milk. The statement was incorrect because no milk tolerance was then in existence. The tolerance value that was proposed was accurate. Second, the preamble stated that the bromoxynil registration limits use to 3 percent of the cotton crop, or 400,000 acres. Rhone Poulenc Ag Company has applied to amend its registration to allow treatment of 400,000 acres; however, presently the application is limited to 200,000 acres. EPA plans to make a decision on that application shortly.

III. Response to Public Comments

Comments in response to the December 26, 1996 notice of filing and the May 2, 1997 proposed rule were received from several public interest groups, individual concerned citizens, agricultural extension agents, state agencies, industry groups, individual growers, and Rhone Poulenc Ag Company.

Public interest groups and individual citizens made the following comments. The commenters requested that the Agency not extend tolerances for bromoxynil on BXN cotton because: (1) Bromoxynil is a possible human carcinogen; (2) bromoxynil has caused birth defects in laboratory mammals; (3) bromoxynil is toxic to broadleaf plants and fish; (4) there are no data on bromoxynil residues on cotton fibers processed from bromoxynil-tolerant cotton; (5) expanding use of bromoxynil with a bromoxynil-tolerant crop violates the FQPA's safety standard of ''reasonable certainty of no harm from aggregate exposure''; (6) the carcinogenic risk of bromoxynil exceeds the one in a million standard of the FQPA; (7) the Agency does not have sufficient data to assess the toxicity of the metabolite DBHA.

Agricultural extension agents, representatives of state agencies, industry groups, Rhone Poulenc Ag Company, and cotton growers have requested that the Agency approve the tolerance because bromoxynil is useful to control weeds in BXN cotton. Several individuals associated with state agricultural regulatory agencies and universities have requested that the expiration date for the bromoxynil tolerance on cotton be changed from the proposed date of January 1, 1998, to January 1, 1999. The reason for this request is that commenters believe that the Agency cannot receive and analyze the results of required residue trials before January of 1999, and that having the tolerance expire before a new analysis can be conducted causes hardship for cotton growers and BXN cottonseed producers.

In this document, EPA responds to the comments concerning the level of carcinogenic risk, the available data on DBHA, and the 1 year time limitation.

1. *Cancer risk*. Various commenters argued that EPA could not make the reasonable certainty of no harm finding required by the FQPA because the aggregate cancer risk for bromoxynil exceeds 1 in 1 million. The commenters relied on legislative history from the House Commerce Committee that states that ''reasonable certainty of no harm'' for cancer risk means a risk no greater than ''negligible.'' H. Rep. 104–669, 104th Cong., 2d Sess. 44 (1996). The Committee further stated that it understood current EPA practice to be that a negligible risk is interpreted as a ''one-in-a-million lifetime risk.''

EPA believes the aggregate risk from bromoxynil meets the reasonable certainty of no harm standard. Additionally, EPA believes that the bromoxynil risk is ''negligible'' as EPA has used that term and complies with a one-in-a-million risk standard.

The lifetime dietary cancer risk (food only) for bromoxynil is 1.5 in 1 million. The lifetime cancer risk from bromoxynil residues in water is 0.6 in 1 million. Adding these risk estimates together yields an aggregate dietary risk of 2.1 in 1 million. EPA believes this risk estimate is consistent with EPA's past practice in applying a negligible risk approach. See 60 FR 3797 (2.6×10^{-6} is within negligible risk range), 59 FR 13654, 13657 (2.2×10^{-6} is within negligible risk range). EPA does not apply the negligible risk standard as a bright line test because of the lack of precision in quantitative cancer risk assessment. There are a significant number of uncertainties in both the toxicology data used to derive the cancer potency of a substance and in the data used to measure and calculate exposure. Extrapolation of results at high doses in animal studies to much lower doses in humans and from limited numbers of animals to large human populations also adds to the imprecision. Thus, with cancer risk estimates, EPA generally does not attach great significance to numerical estimates that differ by approximately a factor of 2.

In evaluating quantitative risk estimates it is also important to consider the qualitative evidence supporting the cancer assessment. EPA's Proposed Guidelines for Cancer Risk Assessment, 61 FR 17960, 17983 (April 23, 1996) (FRL–5460–3), list a series of factors to be considered in making a cancer assessment. Factors supporting a cancer classification include: (1) More than one study with consistent results; (2) same tumor site across species; (3) multiple observations across species, sites, and sexes; and (4) severity and progression of lesions including dose response relationships and rarity of tumor type. Here, bromoxynil was shown to induce liver tumors in the male mouse in two studies. Liver tumors in the female mouse was shown in one study. Bromoxynil was not shown to induce cancer in more than one species (negative in the rat) but, as indicated, did show positive results in male and female mouse in the liver. As to the severity and progression of tumors, bromoxynil appeared to have a dose response relationship in the male mouse but only induced tumors at one dose in the female. Liver tumors are common in male mice but less so in females. Finally, in the cancer studies, there was no effect from bromoxynil on survival rates, body weights, or food consumption. Bromoxynil's carcinogenicity was also supported by positive findings in three mutagenicity studies and its structural similarity to another chemical which has tested positive for carcinogenicity. While these data fully support EPA's decision to perform a quantitative cancer risk assessment, EPA would have a greater concern for the cancer risk posed by bromoxynil if, for example, a cancer response was seen in two species, the tumor involved was less common, and/

or a more severe effect was seen in treated animals.

Taking into account the quantitative cancer risk estimate, the lack of precision in quantitative cancer risk assessment, and the qualitative cancer evidence on bromoxynil, EPA concludes that there is a reasonable certainty of no harm from aggregate exposure to bromoxynil. Further, EPA is in the process of evaluating all of the bromoxynil uses this year as part of FIFRA reregistration. This will permit EPA to better evaluate the total bromoxynil cancer risk and take steps to reduce any cancer risks of concern.

2. *Data on DBHA*. Several commenters argued that the tolerance should not be granted because the Agency does not have sufficient data to assess the toxicity of the metabolite DBHA. They argued that the Agency's assumption that DBHA is equal in toxicity to bromoxynil could be wrong, that it is possible that DBHA is more toxic than bromoxynil.

EPA believes that there is little chance that DBHA would exhibit significant toxicity over that of the parent bromoxynil. Bromoxynil and DBHA are extremely similar in structure, varying only in that bromoxynil has a cyano (-CN) group that has been converted to a carboxyl (-COOH) group in the DBHA metabolite. Conversion to a carboxyl group is generally considered to decrease the toxicity of a molecule. The conversion to the carboxyl group should cause the DBHA to be more polar and therefore more soluble in water and less in fats. Additionally, the presence of the carboxyl group will allow DBHA to combine (conjugate) with certain water soluble molecules (e.g. glucuronic acid) which should further increase DBHA's water solubility and further decrease its solubility in fats. This increased water solubility as well as the decreased fat solubility means that DBHA should be eliminated faster from the organism than bromoxynil, and thus DBHA is less likely than bromoxynil to remain in the cell and engage in the formation of additional, possibly toxic metabolites.

For these reasons, EPA believes that specific toxicity data on DBHA are not needed for the safety determination on the bromoxynil tolerances.

3. *Length of tolerance*. Various growers and cottonseed producers requested that the expiration date for the bromoxynil tolerance on cotton be changed from the proposed date of January 1, 1998, to January 1, 1999. These commenters argued that the Agency cannot receive and analyze the results of required residue trials before January of 1999, and having the tolerance expire before a new analysis can be conducted causes hardship for cotton growers and BXN cottonseed producers.

The Agency proposed the January 1, 1998 expiration date because it was anticipated that the risk assessment for bromoxynil reregistration would be completed late in 1997 after this final rule was issued. EPA's reregistration decision, however, will probably not be made in time to incorporate it into a decision on a permanent tolerance if that must occur by January 1, 1998. Required residue data also will not be available for review this year. Nonetheless, EPA proposed that the tolerance only run through January 1, 1998, and this proposal had a shortened period for public comment.

EPA is willing to consider a request for an additional time extension of the bromoxynil tolerance; however, appropriate procedures must be followed. Prior to consideration of extension of the tolerance, EPA must receive a petition to request such an extension. This petition must be published, and the public given a chance to comment, before EPA can make a decision concerning the extension of this tolerance after January 1, 1998.

IV. 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 the new section 408(e) and (1)(6) as was provided in the old section 408 and section 409. However, the period for filing objections is 60 days rather than 30 days. EPA currently has procedural regulations which governs the submission of objections and hearing requests. These regulations will require some modification to reflect the new law. However, until those modifications can be made, EPA will continue to use those procedural regulations with appropriate adjustments to reflect the new law.

Any person may, by August 18, 1997, file written objections to any aspect of this regulation and may also request a hearing with the Hearing Clerk, at the address given below (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 issue(s) on which a hearing is requested, the requestor's contentions on each such issue, and a summary of any evidence relied upon by the objector, 40 CFR 178.27. A request for a hearing will be granted if the Administrator determines that the material submitted shows the following: There is a genuine and substantial issue of fact; there is a reasonable possibility that available evidence identified by the requestor would, if established, resolve one or more of such issues in favor of the requestor, taking into account uncontested claims or facts to the contrary; and resolution of the factual issue(s) in the manner sought by the requestor would be adequate to justify the action requested (40 CFR 178.32). Information submitted in connection with an objection or hearing request may be claimed confidential by marking any part or all of that information as ''Confidential Business Information'' (CBI). Information marked as CBI 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.

V. Public Docket

A record has been established for this rulemaking under docket number [PP 6F4641/OPP–300486B]. 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 1132 of the Public Information and Records Integrity Branch, Information Resources and Services Division (7506C), Office of Pesticide Programs, Environmental Protection Agency, Crystal Mall #2, 1921 Jefferson Davis Highway, 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 comments 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 a paper record maintained at the address in ''ADDRESSES'' at the beginning of this document.

VI. Regulatory Assessment Requirements

Under Executive Order 12866 (58 FR 51735, October 4, 1993), this action is not a ''significant regulatory action'' and since this action does not impose any information collection requirements subject to approval under the Paperwork Reduction Act, 44 U.S.C. 3501 *et seq.*, it is not subject to review by the Office of Management and Budget. In addition, this action does not impose any enforceable duty, or contain any ''unfunded mandates'' as described in Title II of the Unfunded Mandates Reform Act of 1995 (Pub. L. 104–4), or require prior consultation as specified by Executive Order 12875 (58 FR 58093, October 28, 1993), or special considerations as required by Executive Order 12898 (59 FR 7629, February 16, 1994).

Pursuant to the requirements of the Regulatory Flexibility Act (Pub. L. 96-354, 94 Stat. 1164, 5 U.S.C. 601-612), the Administrator has determined that regulations establishing new tolerances or raising tolerance levels or establishing exemptions from tolerance requirements do not have a significant economic impact on a substantial number of small entities. A certification statement explaining the factual basis for this determination was published in the **Federal Register** of May 4, 1981 (46 FR 24950).

VII. 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, Food additive, Pesticides and pests, Reporting and recordkeeping requirements.

Dated: June 13, 1997.

Stephen L. Johnson,

Acting Director, Registration Division, Office of Pesticide Programs.

Therefore, 40 CFR part 180 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 180.324 is revised to read as follows:

§ 180.324 Bromoxynil; tolerances for residues.

(a) *General.* (1) Tolerances are established for residues of the herbicide bromoxynil (3,5-dibromo-4-hydroxybenzonitrile) resulting from application of its octanoic and/or heptanoic acid ester in or on the following commodities:

Commodity	Parts per million
Alfalfa, seeding	0.1 ppm
Barley, forage, green	0.1 ppm
Barley, grain	0.1 ppm
Barley, straw	0.1 ppm
Cattle, fat	1 ppm
Cattle, meat	0.5 ppm
Cattle, meat by-products	3 ppm
Corn, fodder (dry)	0.1 ppm
Corn, fodder (green)	0.1 ppm
Corn, fodder, field (dry)	0.1 ppm
Corn, fodder, field (green)	0.1 ppm
Corn, grain	0.1 ppm
Corn, grain, field	0.1 ppm
Eggs	0.05 ppm
Flaxseed	0.1 ppm
Flax straw	0.1 ppm
Garlic	0.1 ppm
Goats, fat	1 ppm
Goats, meat	0.5 ppm
Goats, meat by-products	3 ppm
Grass, canary, annual, seed	0.1 ppm
Grass, canary, annual, straw	0.1 ppm
Hogs, fat	1 ppm
Hogs, meat	0.5 ppm
Hogs, meat by-products	3 ppm
Horses, fat	1 ppm
Horses, meat	0.5 ppm
Horses, meat by-products	3 ppm
Milk	0.1 ppm
Mint hay	0.1 ppm
Oats, forage, green	0.1 ppm
Oats, grain	0.1 ppm
Oats, straw	0.1 ppm
Onions (dry bulb)	0.1 ppm
Poultry, fat	0.05 ppm
Poultry, meat	0.05 ppm
Poultry, meat by-products	0.05 ppm
Rye, forage, green	0.1 ppm
Rye, grain	0.1 ppm
Rye, straw	0.1 ppm
Sheep, fat	1 ppm
Sheep, meat	0.5 ppm
Sheep, meat by-products	3 ppm
Sorghum, fodder	0.1 ppm
Sorghum, forage	0.1 ppm
Sorghum, grain	0.1 ppm
Wheat, forage, green	0.1 ppm
Wheat, grain	0.1 ppm
Wheat, straw	0.1 ppm

(2) Tolerances are established for residues of the herbicide bromoxynil (3,5-dibromo-4-hydroxybenzonitrile) and its metabolite 3,5-dibromo-4-hydroxybenzoic acid resulting from application of its octanoic and/or heptanoic acid ester in or on the following commodities:

Commodity	Parts per million	Expiration/ Revocation Date
Cotton gin byproducts	50 ppm	1/1/1998
Cotton, hulls	21 ppm	1/1/1998
Cotton, undelinted seed	7 ppm	1/1/1998

(b) *Section 18 emergency exemptions.* [Reserved]

(c) *Tolerances with regional registrations.* [Reserved]

(d) *Indirect or inadvertent residues.* [Reserved]

[FR Doc. 97–15964 Filed 6-17-97; 8:45 am]

BILLING CODE 6560–50–F

FEDERAL EMERGENCY MANAGEMENT AGENCY

44 CFR Part 65

Changes in Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Final rule.

SUMMARY: Modified base (1% annual chance) flood elevations are finalized for the communities listed below. These modified elevations will be used to calculate flood insurance premium rates for new buildings and their contents.

EFFECTIVE DATES: The effective dates for these modified base flood elevations are indicated on the following table and revise the Flood Insurance Rate Map(s) in effect for each listed community prior to this date.

ADDRESSES: The modified base flood elevations for each community are available for inspection at the office of the Chief Executive Officer of each community. The respective addresses are listed in the following table.

FOR FURTHER INFORMATION CONTACT: Frederick H. Sharrocks, Jr., Chief, Hazard Identification Branch, Mitigation Directorate, 500 C Street SW., Washington, DC 20472, (202) 646–2796.

SUPPLEMENTARY INFORMATION: The Federal Emergency Management Agency makes the final determinations listed

below of the final determinations of modified base flood elevations for each community listed. These modified elevations have been published in newspapers of local circulation and ninety (90) days have elapsed since that publication. The Executive Associate Director has resolved any appeals resulting from this notification.

The modified base flood elevations are not listed for each community in this notice. However, this rule includes the address of the Chief Executive Officer of the community where the modified base flood elevation determinations are available for inspection.

The modifications are made pursuant to Section 206 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are in accordance with the National Flood Insurance Act of 1968, 42 U.S.C. 4001 *et seq.*, and with 44 CFR Part 65.

For rating purposes, the currently effective community number is shown and must be used for all new policies and renewals.

The modified base flood elevations are the basis for the floodplain management measures that the community is required to either adopt or to show evidence of being already in effect in order to qualify or to remain qualified for participation in the National Flood Insurance Program (NFIP).

These modified elevations, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own, or pursuant to policies established by other Federal, State, or regional entities.

These modified elevations are used to meet the floodplain management requirements of the NFIP and are also used to calculate the appropriate flood insurance premium rates for new buildings built after these elevations are made final, and for the contents in these buildings.

The changes in base flood elevations are in accordance with 44 CFR 65.4.

National Environmental Policy Act

This rule is categorically excluded from the requirements of 44 CFR Part 10, Environmental Consideration. No environmental impact assessment has been prepared.

Regulatory Flexibility Act

The Executive Associate Director, Mitigation Directorate, certifies that this rule is exempt from the requirements of the Regulatory Flexibility Act because modified base flood elevations are required by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are required to maintain community eligibility in the NFIP. No regulatory flexibility analysis has been prepared.

Regulatory Classification

This final rule is not a significant regulatory action under the criteria of Section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Executive Order 12612, Federalism

This rule involves no policies that have federalism implications under Executive Order 12612, Federalism, dated October 26, 1987.

Executive Order 12778, Civil Justice Reform

This rule meets the applicable standards of Section 2(b)(2) of Executive Order 12778.

List of Subjects in 44 CFR Part 65

Flood insurance, Floodplains, Reporting and recordkeeping requirements.

Accordingly, 44 CFR part 65 is amended to read as follows:

PART 65—[AMENDED]

1. The authority citation for part 65 continues to read as follows:

Authority: 42 U.S.C. 4001 et seq.; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 65.4 [Amended]

2. The tables published under the authority of § 65.4 are amended as follows:

State and county	Location	Dates and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community No.
Alaska (FEMA Docket No. 7204).	Kenai Peninsula Borough.	October 17, 1996, October 24, 1996, *Peninsula Clarion*.	The Honorable Don Gilman, Mayor, Kenai Peninsula Borough, 144 North Binkley Soldotna, Alaska 99669–7599.	Sept. 24, 1996	020012
Arizona: Coconino (FEMA Docket No. 7204).	City of Flagstaff	October 25, 1996, November 1, 1996, *The Arizona Daily Sun*.	The Honorable Christopher J. Bavasi, Mayor, City of Flagstaff, 211 West Aspen Avenue, Flagstaff, Arizona 86001.	Oct. 8, 1996	040020
Arizona: Maricopa (FEMA Docket No. 7204).	City of Glendale ...	November 22, 1996, November 29, 1996, *Arizona Republic*.	The Honorable Elaine Scruggs, Mayor, City of Glendale, 5850 West Glendale Avenue, Glendale, Arizona 85301.	Oct. 24, 1996	040045
Arizona: Santa Cruz (FEMA Docket No. 7204).	City of Nogales	October 18, 1996, October 25, 1996, *Nogales International*.	The Honorable Louie Valdez, Mayor, City of Nogales, 777 North Grand Avenue, Nogales, Arizona 85621.	Sept. 11, 1996	040091
Arizona: Maricopa (FEMA Docket No. 7204).	City of Peoria	November 22, 1996, November 29, 1996, *Arizona Republic*.	The Honorable Ken C. Forgia, Mayor, City of Peoria, 8401 West Monroe, Phoenix, Arizona 85345.	Oct. 24, 1996	040050
Arizona: Maricopa (FEMA Docket No. 7204).	Unincorporated Areas.	November 22, 1996, November 29, 1996 *Arizona Republic*.	The Honorable Tom Rawles, Chairperson, Maricopa County Board of Supervisors, 301 West Jefferson, Phoenix, Arizona 85003.	Oct. 24, 1996	040037

State and county	Location	Dates and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community No.
Arkansas: Benton (FEMA Docket No. 7204)	Unincorporated Areas.	October 31, 1996, November 7, 1996, *Benton County Daily Record*.	The Honorable Bruce Rutherford, Benton County Judge, 215 East Central, Suite No. 9, Bentonville, Arkansas 72712.	Oct. 15, 1996	050419
Arkansas: Lonoke (FEMA Docket No. 7204).	City of Cabot	December 4, 1996, December 11, 1996, *Cabot Star Herald*.	The Honorable Joe L. Allman, Mayor, City of Cabot, P.O. Box 1113, Cabot, Arkansas 72023.	Nov. 12, 1996	050309
Arkansas: Lonoke (FEMA Docket No. 7204).	Unincorporated Areas.	December 4, 1996, December 11, 1996, *Cabot Star Herald*.	The Honorable Don R. Bevis, County Judge, Lonoke County, 301 North Center, Suite 201, Lonoke, Arkansas 72086.	Nov. 12, 1996	050448
California: Riverside (FEMA Docket No. 7204).	City of Moreno Valley.	November 7, 1996, November 14, 1996, *The Valley Times*.	The Honorable Denise Lanning, Mayor, City of Moreno Valley, P.O. Box 88005, Moreno Valley, California 92552–0805.	Oct. 18, 1996	065074
Kansas: Johnson (FEMA Docket No. 7204).	City of Shawnee ..	October 14, 1996, October 21, 1996, *The Olathe Daily News*.	The Honorable Jim Allen, Mayor, City of Shawnee, City Hall, 11110 Johnson Drive, Shawnee, Kansas 66203–2799.	Sept. 27, 1996	200177
Missouri: St. Louis (FEMA Docket No. 7204).	Unincorporated Areas.	November 1, 1996, November 8, 1996, *St. Louis Post-Dispatch*.	The Honorable Buzz Westfall, St. Louis County Executive, 41 South Central, Clayton, Missouri 63105.	Oct. 11, 1996	290327
Nevada: Clark (FEMA Docket No. 7204).	Unincorporated Areas.	October 24, 1996, October 31, 1996, *Las Vegas Review-Journal*.	The Honorable Yvonne Atkinson Gates, Chairperson, Clark County, Board of Commissioners, 225 Bridger Avenue, Sixth Floor, Las Vegas, Nevada 89155.	Sept. 27, 1996	320003
Nevada: Clark (FEMA Docket No. 7204).	Unincorporated Areas.	November 15, 1996, November 25, 1996, *Las Vegas Review-Journal*.	The Honorable Yvonne Atkinson Gates, Chairperson, Clark County, Board of Commissioners, 225 Bridger Avenue, Sixth Floor, Las Vegas, Nevada 89155.	Oct. 31, 1996	320003
Nevada: Clark (FEMA Docket No. 7204).	City of Mesquite ...	October 24, 1996, October 31, 1996, *Las Vegas Review-Journal*.	The Honorable Kenneth Carter, Mayor, City of Mesquite, P.O. Box 69, Mesquite, Nevada 89024.	Sept. 27, 1996	320035
New Mexico: Bernalillo (FEMA Docket No. 7204).	City of Albuquerque.	October 10, 1996, October 17, 1996, *Albuquerque Journal*.	The Honorable Martin J. Chavez, Mayor, City of Albuquerque, P.O. Box 1293, Albuquerque, New Mexico 87103.	Sept. 23, 1996	350002
Oklahoma: Payne (FEMA Docket No. 7204).	City of Stillwater ...	October 17, 1996, October 24, 1996, *Stillwater Newspress*.	The Honorable Terry Miller, Mayor, City of Stillwater, P.O. Box 1449, Stillwater, Oklahoma 74076.	Sept. 27, 1996	405380
Texas: Tarrant (FEMA Docket No. 7204).	City of Arlington ...	October 25, 1996, November 1, 1996, *Fort Worth Star Telegram*.	The Honorable Richard Greene, Mayor, City of Arlington, P.O. Box 231, Arlington, Texas 76004–0231.	Oct.8, 1996	485454
Texas: Tarrant (FEMA Docket No. 7204).	City of Arlington ...	November 15, 1996, November 22, 1996, *Fort Worth Star Telegram*.	The Honorable Richard Greene, Mayor, City of Arlington, P.O. Box 231, Arlington, Texas 76004–0231.	Oct. 30, 1996	485454
Texas: Dallas (FEMA Docket No. 7171).	City of Dallas	December 1, 1995, December 8, 1995, *Dallas Morning News*.	The Honorable Ron Kirk, Mayor, City of Dallas, 1500 Marilla Street, Room 5E North, Dallas, Texas 75201.	Nov. 10, 1995	480171
Texas: Tarrant (FEMA Docket No. 7204).	City of Fort Worth	November 15, 1996, November 22, 1996, *Fort Worth Star Telegram*.	The Honorable Kenneth Barr, Mayor, City of Fort Worth, 1000 Throckmorton Street, Fort Worth, Texas 76102–6311.	Oct. 30, 1996	480596
Texas: Harris (FEMA Docket No. 7204).	City of Houston	November 18, 1996, November 25, 1996, *Houston Chronicle*.	The Honorable Robert Lanier, Mayor, City of Houston, P.O. Box 1562, Houston, Texas 77251.	Nov. 7, 1996	480296
Texas: Gregg and Harrison (FEMA Docket No. 7204).	City of Longview ..	November 27, 1996, December 4, 1996, *Longview News Journal*.	The Honorable I.J. Patterson, Jr. Mayor, City of Longview, P.O. Box 1952, Longview, Texas 75606.	Nov. 13, 1996	480264
Texas: Harrison (FEMA Docket No. 7171).	City of Marshall	December 8, 1995, December 15, 1995, *Marshall News Messenger*.	The Honorable John Wilborn, Mayor, City of Marshall, P.O. Box 698, Marshall, Texas 75671.	Nov. 13, 1995 ..... Dec. 20, 1996	480319
Texas: Dallas (FEMA Docket No. 7204).	City of Mesquite ...	November 14, 1996, November 21, 1996, *The Mesquite News*.	The Honorable Cathye Ray, Mayor, City of Mesquite, P.O. Box 850137, Mesquite, Texas 75185–0137.	Nov. 1, 1996	485490

State and county	Location	Dates and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community No.
Texas: Midland (FEMA Docket No. 7204).	City of Midland	November 15, 1996, November 22, 1996, *Midland Reporter-Telegram.*	The Honorable Robert E. Burns, Mayor, City of Midland, P.O. Box 1152, Midland, Texas 79702–1152.	Oct. 30, 1996	480477

(Catalog of Federal Domestic Assistance No. 83.100, ''Flood Insurance.'')

Dated: June 12, 1997.

Richard W. Krimm,

Executive Associate Director, Mitigation Directorate.

[FR Doc. 97–15947 Filed 6–17–97; 8:45 am]

BILLING CODE 6718–04–P

FEDERAL EMERGENCY MANAGEMENT AGENCY

44 CFR Part 65

[Docket No. FEMA–7212]

Changes in Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Interim rule.

SUMMARY: This interim rule lists communities where modification of the base (1% annual chance) flood elevations is appropriate because of new scientific or technical data. New flood insurance premium rates will be calculated from the modified base flood elevations for new buildings and their contents.

DATES: These modified base flood elevations are currently in effect on the dates listed in the table and revise the Flood Insurance Rate Map(s) in effect prior to this determination for each listed community.

From the date of the second publication of these changes in a newspaper of local circulation, any person has ninety (90) days in which to request through the community that the Executive Associate Director, Mitigation Directorate, reconsider the changes. The modified elevations may be changed during the 90-day period.

ADDRESSES: The modified base flood elevations for each community are available for inspection at the office of the Chief Executive Officer of each community. The respective addresses are listed in the following table.

FOR FURTHER INFORMATION CONTACT: Frederick H. Sharrocks, Jr., Chief, Hazard Identification Branch, Mitigation Directorate, 500 C Street, SW., Washington, DC 20472, (202) 646–2796.

SUPPLEMENTARY INFORMATION: The modified base flood elevations are not listed for each community in this interim rule. However, the address of the Chief Executive Officer of the community where the modified base flood elevation determinations are available for inspection is provided.

Any request for reconsideration must be based upon knowledge of changed conditions, or upon new scientific or technical data.

The modifications are made pursuant to Section 201 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are in accordance with the National Flood Insurance Act of 1968, 42 U.S.C. 4001 *et seq.*, and with 44 CFR Part 65.

For rating purposes, the currently effective community number is shown and must be used for all new policies and renewals.

The modified base flood elevations are the basis for the floodplain management measures that the community is required to either adopt or to show evidence of being already in effect in order to qualify or to remain qualified for participation in the National Flood Insurance Program (NFIP).

These modified elevations, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own, or pursuant to policies established by other Federal, State, or regional entities.

The changes in base flood elevations are in accordance with 44 CFR 65.4.

National Environmental Policy Act

This rule is categorically excluded from the requirements of 44 CFR Part 10, Environmental Consideration. No environmental impact assessment has been prepared.

Regulatory Flexibility Act

The Executive Associate Director, Mitigation Directorate, certifies that this rule is exempt from the requirements of the Regulatory Flexibility Act because modified base flood elevations are required by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4105, and are required to maintain community eligibility in the NFIP. No regulatory flexibility analysis has been prepared.

Regulatory Classification

This interim rule is not a significant regulatory action under the criteria of Section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Executive Order 12612, Federalism

This rule involves no policies that have federalism implications under Executive Order 12612, Federalism, dated October 26, 1987.

Executive Order 12778, Civil Justice Reform

This rule meets the applicable standards of Section 2(b)(2) of Executive Order 12778.

List of Subjects in 44 CFR Part 65

Flood insurance, Floodplains, Reporting and recordkeeping requirements.

Accordingly, 44 CFR Part 65 is amended to read as follows:

PART 65—[AMENDED]

1. The authority citation for part 65 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.*; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 65.4 [Amended]

2. The tables published under the authority of § 65.4 are amended as follows:

State and county	Location	Dates and name of newspaper where notice was published	Chief executive officer of community	Effective date of modification	Community No.
Arizona: Pima	City of Tucson	March 6, 1997, March 13, 1997, *The Arizona Daily Star*.	The Honorable George Miller, Mayor, City of Tucson, P.O. Box 27210, Tucson, Arizona 85726–7210.	Feb. 21, 1997	040076
California: San Diego.	City of Oceanside	March 20, 1997, March 27, 1997, *North County Times*.	The Honorable Dick Lyon, Mayor, City of Oceanside, 300 North Coast Highway, Oceanside, California 92054.	Mar. 4, 1997	060294
Colorado: El Paso	City of Colorado Springs.	February 14, 1997, February 21, 1997, *Gazette Telegraph*.	The Honorable Robert Isaac, Mayor, City of Colorado Springs, P.O. Box 1575, Colorado Springs, Colorado 80901.	Jan. 17, 1997	080060
Colorado: Jefferson	City of Golden	March 14, 1997, March 21, 1997, *The Golden Transcript*.	The Honorable Jan C. Schenck, Mayor, City of Golden, 911 Tenth Street, Golden, Colorado 80401.	Mar. 3, 1997	080090
Colorado: Jefferson	Unincorporated Areas.	March 14, 1997, March 21, 1997, *The Golden Transcript*.	The Honorable Michelle Lawrence Chairperson, Jefferson County, Board of Commissioners, 100 Jefferson County Parkway, Suite 5550, Golden, Colorado 80419.	Mar. 3, 1997	080087
Oklahoma: Oklahoma.	City of Oklahoma City.	February 6, 1997, February 13,1997, *Daily Oklahoman*.	The Honorable Ronald J. Norick, Mayor, City of Oklahoma City, 200 North Walker Avenue, Oklahoma City, Oklahoma 73102.	Jan. 14, 1997	405378
South Dakota: Pennington.	City of Rapid City	February 11, 1997, February 18, 1997, *Rapid City Journal*.	The Honorable Edward McLaughlin, Mayor, City of Rapid City, 300 Sixth Street, Rapid City, South Dakota 57701–2724.	Jan. 17, 1997	465420
Texas: Collin	City of Dallas	March 6, 1997, March 13, 1997, *Dallas Morning News*.	The Honorable Ron Kirk, Mayor, City of Dallas, 1500 Marilla Street, Suite 5E North, Dallas, Texas 75201.	Feb. 11, 1997	480171
Texas: El Paso	City of El Paso	March 13, 1997, March 20, 1997, *El Paso Times*.	The Honorable Larry Francis, Mayor, City of El Paso, Two Civic Center Plaza, El Paso, Texas 79901–1196.	Feb. 26, 1997	480214
Texas: Denton	Town of Flower Mound.	March 20, 1997, March 27, 1997, *Flowerplex Pipeline*.	The Honorable Larry W. Lipscomb, Mayor, Town of Flower Mound, 2121 Cross Timbers Road, Flower Mound, Texas 75208.	Feb. 27, 1997	480777
Texas: Dallas	City of Garland	February 20, 1997, February 27, 1997, *Garland News*.	The Honorable James B. Ratliff, Mayor, City of Garland, P.O. Box 469002, Garland, Texas 75046–9002.	Jan. 22, 1997	485471
Texas: Harris	Unincorporated Areas.	February 7, 1997, February 14, 1997, *Houston Chronicle*.	The Honorable Robert Eckels, Harris County Judge, Harris County Administration Building, 1001 Preston Street, Houston, Texas 77002.	Jan. 15, 1997	480287
Texas: Tarrant	City of Hurst	March 6, 1997, March 13, 1997, *Fort Worth Star Telegram*.	The Honorable Bill Sounder, Mayor, City of Hurst, 1505 Precinct Line Road, Hurst, Texas 76054.	Feb. 20, 1997	480601
Texas: Dallas	City of Mesquite ...	February 13, 1997, February 20, 1997, *Mesquite News*.	The Honorable Cathye Ray, Mayor, City of Mesquite, P.O. Box 850137, Mesquite, Texas 75185–0137.	Jan. 14, 1997	485490
Texas: Montgomery.	Unincorporated Areas.	February 11, 1997, February 18, 1997, *Conroe Courier*.	The Honorable Alan B. Sadler, Montgomery County Judge, 301 North Thompson, Suite 210, Conroe, Texas 77301.	Jan. 22, 1997	480483
Texas: Williamson	City of Round Rock.	March 20, 1997, March 27, 1997, *Round Rock Leader*.	The Honorable Charles Culpepper, Mayor, City of Round Rock, 221 East Main Street, Round Rock, Texas 78664.	Feb. 27, 1997	481048

(Catalog of Federal Domestic Assistance No. 83.100, ''Flood Insurance.'')

Dated: June 12, 1997.

Richard W. Krimm,

Executive Associate Director, Mitigation Directorate.

[FR Doc. 97–15949 Filed 6–11–97; 8:45 am]

BILLING CODE 6718–04–P

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

49 CFR Part 1136

[STB Ex Parte No. 624]

Removal of Obsolete Regulations Concerning Rail Passenger Fare Increases

AGENCY: Surface Transportation Board, DOT.

ACTION: Final rule.

SUMMARY: The Surface Transportation Board (Board) is removing from the Code of Federal Regulations obsolete regulations concerning rail passenger carrier commutation or suburban fare increases.

EFFECTIVE DATE: July 18, 1997.

FOR FURTHER INFORMATION CONTACT: Beryl Gordon, (202) 565–1600. [TDD for the hearing impaired: (202) 565–1695.]

SUPPLEMENTARY INFORMATION: Effective January 1, 1996, the ICC Termination Act of 1995, Public Law 104–88, 109 Stat. 803 (ICCTA), abolished the Interstate Commerce Commission (ICC or Commission) and established the Board within the Department of Transportation. Section 204(a) of the ICCTA provides that ''[t]he Board shall promptly rescind all regulations established by the [ICC] that are based on provisions of law repealed and not substantively reenacted by this Act.''

The regulations at 49 CFR part 1136 require that a rail passenger carrier proposing commutation or suburban fare increases shall concurrently file tariffs and verified statements on the former ICC and on the Governor and appropriate State or county regulatory agency. The carrier is also to certify that the notice provisions of 49 CFR 1312.5 have been met.[1] In a notice of proposed rulemaking in this proceeding served and published in the **Federal Register** on February 24, 1997, we proposed to remove part 1136. In response to that notice, we received a comment from Joseph C. Szabo, for and on behalf of United Transportation Union-Illinois Legislative Board (UTU–IL).

Background

In Notice of Increases in Frt. Rates and Pass. Fares, 349 I.C.C. 741 (1975), the ICC issued regulations for rail and motor carriers to give advance notice of and justification for commutation and suburban passenger fare increases.[2] The purpose of the rules was to facilitate the filing of potential protests seeking the suspension and/or investigation of fare increases.

Subsequently, the ICC modified these regulations by removing their application to motor passenger carriers. Practice and Procedure—Misc. Amendments—Revisions, 6 I.C.C.2d 587 (1990).[3] The ICC reasoned that it could not investigate, suspend, revise or revoke for being unreasonable a rate proposed by a motor passenger carrier acting independently and, moreover, there had been no complaints or protests resulting from collective ratemaking activity by passenger carriers. See Practice and Procedure—Miscellaneous Amendments—Revision, Ex Parte No. 55 (Sub-No. 73) (ICC served Oct. 10, 1989).

Discussion and Conclusions

The only party responding to the February notice was UTU–IL, which states that its international organization is the collective bargaining representative for certain employees of rail carriers providing passenger train transportation in Indiana, Illinois, and Wisconsin. UTU–IL asserts, without substantiation or elaboration, that ''[t]he interest of rail carrier employees in maximum train service is sometimes compromised by the different fare levels, or by the desire to discourage business'', and that ''[r]ail employee organizations desire to monitor the fare changes, from both an individual route and regional basis.''

UTU–IL argues that, even though Congress eliminated tariff filing with the Board, we should maintain the requirement of filing justification statements for commutation or suburban fare increases. UTU–IL contends that this would not be a burden upon the railroads, and that they have continued to file justification statements with the Board as information.[4]

In addition to a justification statement, UTU–IL asks that other information, such as ''interstate tariffs,'' be made available to the public. It contends that, because the Board can require reports from freight rail carriers (49 U.S.C. 721(b)), we should require the submission of information concerning freight carrier participation in mass transportation related to local authorities. UTU–IL asks that the Board establish notice and disclosure requirements for rail passenger fares similar to those we established for rail freight rates in Disclosure, Publication & Notice of Change of Rates—Rail Carriage, 1 S.T.B. 153 (1996) (Rail Disclosure).

We conclude that the regulations in part 1136 can be eliminated. As explained in the February notice, under the ICCTA, with certain exceptions not relevant here,[5] ''the Board does not have jurisdiction * * * over mass transportation provided by a local governmental authority.'' 49 U.S.C. 10501(c)(2).[6] Even as to rail passenger transportation that might not qualify for that exemption, our regulatory authority is quite limited. The vast bulk, if not all of such transportation, is currently provided by Amtrak, over which we have no rate regulatory authority. The tariff filing requirements formerly applicable to rail carriers at former 49 U.S.C. 10761 and 10762 have been repealed,[7] and the circumstances under

[1] These regulations describe, *inter alia,* the placement, form, and content of the notice given when a rail passenger carrier seeks a fare increase. The Board has eliminated these regulations. Regulations for the Publication, Posting and Filing of Tariffs for the Transportation of Property by or with a Water Carrier in the Noncontiguous Domestic Trade, STB Ex Parte No. 618 (STB served Apr. 17, 1997).

[2] The rules were originally issued at 49 CFR part 1105. They were subsequently redesignated in part 1136. 47 FR 49576, November 1, 1982.

[3] This decision issued the part 1136 regulations (designated 49 CFR 1136.1) that are now in effect: A rail passenger carrier proposing commutation or suburban fare increases shall concurrently file appropriate tariffs with the Commission and serve supporting verified statements on the Commission (at its headquarters office and at each Commission office in States affected by the proposal) and on the Governor and appropriate State or County regulatory agency in each affected State, certifying that the notice requirements of 49 CFR 1312.5 have been met.

[4] UTU–IL states that a justification statement was filed on February 17, 1996, with tariff CSX 001–B. However, the Board's policy has been to return or not consider rail tariff filings proffered after December 31, 1995, in light of the ICCTA's repeal of rail tariff filing requirements.

[5] The exceptions, listed in 49 U.S.C. 10501(c)(3)(A), concern safety, employee representation for collective bargaining, and other employee-related matters. Also, under 49 U.S.C. 10501(c)(3)(B), the Board has jurisdiction over transportation by local transportation authorities relating to use of terminal facilities (49 U.S.C. 11102) and switch connections and tracks (49 U.S.C. 11103).

[6] ''This provision * * * changes the statement of agency jurisdiction to reflect curtailment of regulatory jurisdiction in areas such as passenger transportation * * *. [A]lthough regulation of passenger transportation is generally eliminated, public transportation authorities * * * may invoke the terminal area and reciprocal switching access remedies of section 11102 and 11103.'' See H. R. Conf. Rep. No. 422, 104th Cong., 1st Sess. 167 (1995).

[7] New 49 U.S.C. 11101 (b) and (d) require disclosure of rail common carrier rates and service terms. New 49 U.S.C. 11101(c) requires rail carriers

which we have authority to determine the reasonableness of rates are extremely limited.

UTU–IL has not provided independent grounds to maintain a requirement for justification statements for fare increases over which we have such limited regulatory authority. UTU–IL has not shown how it or its members directly benefits from the filing of a justification statement with the Governor and the relevant state or county regulatory agency. Moreover, the UTU–IL assertion that the filing of justification statements is not a burden on carriers is unsupported.

Moreover, we must reject the UTU–IL suggestion that we can require reports from freight carriers concerning their participation in mass transportation for local authorities. While the Board has jurisdiction over freight carriers under section 721(b), under section 10501(c)(2), we do not have jurisdiction in most cases ''over mass transportation provided by a local governmental authority.'' The statutory definition of local governmental authority ''includes a person or entity that contracts with the local governmental authority to provide transportation services * * *.'' 49 U.S.C. 10501(c)(1)(A)(ii). Accordingly, we see no basis for requiring that rail carriers provide information concerning their participation in mass transportation related to local governmental authority.

Finally, we see no need to institute a rulemaking proceeding regarding disclosure of interstate passenger fares. As to any passenger transportation not covered by the mass transportation exemption of section 10501(c)(2), we believe that the pertinent rate disclosure regulations issued at 49 CFR part 1300 would cover required disclosure of passenger fares.

The Board concludes that the removal of the rule in part 1136 would not have a significant effect on a substantial number of small entities. No comments were filed on this issue in response to the February notice. Moreover, passengers are usually individuals and not small entities within the meaning of 5 U.S.C. 601 and, in any event, we do not expect that any effect on them would be significant.

This action will not significantly affect either the quality of the human environment or the conservation of energy resources.

providing common carriage not to increase rates without advance notice. See Rail Disclosure and 49 CFR part 1300.

List of Subjects in 49 CFR Part 1136

Administrative practice and procedure, Railroads.

Decided: June 6, 1997.

By the Board, Chairman Morgan and Vice Chairman Owen.

Vernon A. Williams,

Secretary.

PART 1136—[REMOVED]

For the reasons set forth in the preamble and under the authority of 49 U.S.C. 721(a), title 49, chapter X of the Code of Federal Regulations is amended by removing part 1136.

[FR Doc. 97–15965 Filed 6–17–97; 8:45 am]

BILLING CODE 4915–00–P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

50 CFR Part 17

RIN 1018–AC96

Endangered and Threatened Wildlife and Plants; Endangered Status for Four Plants From Vernal Pools and Mesic Areas in Northern California

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Final rule.

SUMMARY: The Fish and Wildlife Service (Service) determines endangered status pursuant to the Endangered Species Act of 1973, as amended (Act), for four plants—*Lasthenia conjugens* (Contra Costa goldfields), *Navarretia leucocephala* ssp. *pauciflora* (few-flowered navarretia), *Navarretia leucocephala* ssp. *plieantha* (many-flowered navarretia), and *Parvisedum leiocarpum* (Lake County stonecrop). These species grow in and around the margins of vernal pools and in seasonally wet areas in northern California. Habitat loss and degradation imperil the continued existence of these plants. This final rule implements protection provisions of the Act for listed plants.

EFFECTIVE DATE: July 18, 1997.

ADDRESSES: The complete file for this rule is available for inspection, by appointment, during normal business hours at the Sacramento Field Office, U.S. Fish and Wildlife Service, 3310 El Camino Ave., Suite 130, Sacramento, California 95821–6340.

FOR FURTHER INFORMATION CONTACT: Elizabeth Warne or Kirsten Tarp (see **ADDRESSES** section) (telephone 916/979–2120).

SUPPLEMENTARY INFORMATION:

Background

Lasthenia conjugens was described from specimens collected near Antioch in Contra Costa County, California (Greene 1888). Hall (1914) included the taxon within *Baeria fremontii*, however, Ferris (1958) later recognized this material as *B. fremontii* var. *conjugens.* Ornduff (1966) submerged the genus *Baeria* under *Lasthenia* and recognized the specific rank of *L. conjugens.*

Lasthenia conjugens is a showy spring annual in the aster family (Asteraceae) that grows 10 to 30 centimeters (cm) (4 to 12 inches (in.)) tall and is usually branched. The leaves are opposite, light green, and usually have a feather-like arrangement with narrow clefts extending more than halfway toward the stem. The flowers are found in terminal yellow heads. The phyllaries are one-third to one-half fused; the achenes are less than 1.5 millimeters (mm) (0.06 in.) long and always lack a pappus. *Lasthenia conjugens* flowers from March to June. The partially fused phyllaries and the lack of a pappus distinguish this species from *L. fremontii* and *L. burkei,* which it otherwise closely resembles.

Habitat for *Lasthenia conjugens* consists of vernal pools in open grassy areas of woodland and valley grassland communities. Vernal pools are a natural habitat type of the Mediterranean climate region of the Pacific coast and the Central Valley of California. Covered by shallow water for extended periods during the cool season but completely dry for most of the warm season drought, vernal pools hold water long enough to allow some purely aquatic organisms to grow and reproduce, but not long enough to permit the development of a typical pond or marsh ecosystem. The alternation of very wet and very dry conditions creates an unusual ecological situation that supports a unique biota (Zedler 1987). *Lasthenia conjugens* occurs at elevations up to 213 m (700 feet (ft)) (Ornduff 1966) although one disjunct location, which is possibly extirpated, occurred at an elevation of 469 m (1540 ft) (California Natural Diversity Database (CNDDB) 1996).

Historically, *Lasthenia conjugens* grew in vernal pool habitats in seven counties—Alameda, Contra Costa, Mendocino, Santa Barbara, Santa Clara, Napa, and Solano counties, California. Currently, the species is known from a total of 13 populations in Alameda, Contra Costa, Napa, and Solano counties (California Native Plant Society (CNPS) 1978, CNDDB 1996). Eight of these populations were discovered after

publication of the proposed rule and are located within the original range of the species near Fairfield in Solano County, and near Fremont in Alameda County (CNDDB 1996, Duncan & Jones 1996). One population of *L. conjugens* occurs in Contra Costa County, two in Napa County, one in Alameda County, and nine in Solano County. Of the nine populations located in Solano County, eight are clustered near the town of Fairfield and one is located at Travis Air Force Base. The population located at Travis Air Force Base is the only population on Federal land; all other populations are on private lands.

The type specimen for *Navarretia pauciflora* was collected from a playa 8 kilometers (km) (5 miles (mi)) north of Lower Lake, Lake County, California (Mason 1946). Day (1993) revised the treatment of *Navarretia* and reduced *N. pauciflora* to a subspecies of *N. leucocephala.* More than a dozen species of *Navarretia* occur in the region, including several restricted to vernal pools. Both *N. leucocephala* ssp. *pauciflora* and *N. leucocephala* ssp. *plieantha* are restricted to northern ash-flow volcanic vernal pools, a pool type with a very limited distribution. (CNPS 1994; Todd Keeler-Wolfe, California Department of Fish and Game (CDFG), pers. comm. 1996).

Navarretia leucocephala ssp. *pauciflora* is a low-growing, spreading, and much-branched annual herb in the phlox family (Polemoniaceae). This plant grows to a height of 1 to 4 cm (0.4 to 1.6 in.). The nearly hairless leaves are linear and entire, or parted into a few linear lobes, and 1 to 2.5 cm (0.4 to 1.0 in.) long. The inflorescence is a head of 2 to 15 blue or white (fading to blue) flowers. A few spiny, leaf-like bracts below each head extend out 1.5 to 3 times the radius of the head; bracts within the head are shorter. The funnel-shaped corollas are 5 to 7 mm (0.2 to 0.3 in.) long with five lobes 1.5 mm (0.06 in.) long. Each corolla lobe has a single unbranched vein. The stigma has two minute lobes. *Navarretia leucocephala* ssp. *pauciflora* flowers from May to June.

Navarretia leucocephala ssp. *pauciflora* is found growing in volcanic ash substrate, clay pan vernal pools in chaparral, grassland, or mixed coniferous forest in southern Lake and Napa Counties. The subspecies occurs over a 50 square-kilometer (sq-km) (20 square-mile (sq-mi)) area at elevations of 450 to 850 m (1,400 to 2,800 ft). Historically, *N. leucocephala* ssp. *pauciflora* was known from nine sites in Napa and Lake counties. The subspecies has become extirpated from six historical localities (CNPS 1990a; Alva Day, California Academy of Sciences, *in litt.* 1993). Two new localities were found in 1989. The five extant populations occur on private lands.

Five subspecies of *Navarretia leucocephala* are currently recognized (Day 1993), two of which may hybridize with *N. leucocephala* ssp. *pauciflora* (A. Day, pers. comm. 1993). These two subspecies, *N. leucocephala* ssp. *bakeri* and *N. leucocephala* ssp. *plieantha,* differ from *N. leucocephala* ssp. *pauciflora* in stature, degree of hairiness, or size, number or lobing of floral parts. In addition, the flower color in ssp. *plieantha* differs, being bright blue rather that white or pale blue as in ssp. *pauciflora.* As stated in the Service's proposed policy on the treatment of intercrosses and intercross progeny (61 FR 4710; February 7, 1996), ''intercross progeny'' (hybrids) that are the result of a cross involving a listed taxon receive protection under the Act if the progeny more closely resemble the listed parent's taxon. This policy, if finalized, will primarily apply to a population at Loch Lomond, which is a product of intercross between ssp. *plieantha* and ssp. *pauciflora* (A. Day, *in litt.* 1993). If the policy is finalized, the Loch Lomond population of *N. leucocephala* will be treated as if it were listed because both parental taxa will be listed with the publication of this rule. The intercross policy could also apply to two historical populations in Sonoma County. Day identified herbaria specimens of these populations as intermediates between ssp. *plieantha* and ssp. *bakeri* (a non-listed taxon) (A. Day, *in litt.* 1993). However, at least one of these populations appears to be no longer extant (McCarten 1985, CNPS 1987). Should these populations be rediscovered, a morphological assessment would be required to determine the applicability of any intercross policy and subsequent protection under the Act.

Navarretia plieantha was described from the margin of Bogg's Lake in Lake County, California (Mason 1946). Day reduced the taxon to a subspecies of *N. leucocephala* in her revised treatment (Day 1993). *Navarretia leucocephala* ssp. *plieantha* is distinguished from *N. leucocephala* ssp. *pauciflora* by its more numerous and multi-flowered heads (20 to 60 flowers versus 2 to 15), and in having three or more pairs of outer bracts with the bract lobes being forked or three-four branched from the base. It is distinguished from other *Navarretias* in the region by stature, degree of hairiness, or size, number, or lobing of floral parts.

Navarretia leucocephala ssp. *plieantha* is a low growing annual herb in the phlox family (Polemoniaceae) that forms a mat 5 to 20 cm (2 to 8 in.) wide. The 3 to 4 cm (1.0 to 1.6 in.) long leaves are linear or have a few widely spaced linear lobes. The inflorescence is a head composed of 20 to 50 white or blue flowers. Each head is 1.5 to 2 cm (0.6 to 0.8 in.) across and is subtended by 3 to 4 leaf-like bracts that are simple-pinnate or compound-pinnate and extend outward 1 to 2 times the radius of the head. The bracts within the head are shorter. The funnel-shaped corolla is 5 to 6 mm (0.20 to 0.24 in.) long with five lobes each 2 mm (0.7 in.) long. The stigma is two-cleft. *Navarretia leucocephala* ssp. *plieantha* flowers in May and June.

Navarretia leucocephala ssp. *plieantha* is found in dry meadows, along the margins of volcanic ash substrate vernal pools and lakes, and in open, wet ground in forest openings. It occurs over a 1,000 sq-km (390 sq-mi) area at elevations of 700 to 915 m (2,300 to 3,000 ft). *Navarretia leucocephala* ssp. *plieantha* is historically known from eight locations in Lake and Sonoma counties, California. Two historical populations in Sonoma County are considered potentially extirpated (CNDDB 1996) and were possibly hybrids between *N. leucocephala* ssp. *plieantha* and *N. leucocephala* ssp. *bakeri.* All five extant populations are found in Lake County (A. Day, *in litt.* 1993). Four of the extant populations are located on private land; one of these is located on The Nature Conservancy (TNC) preserve at Bogg's Lake. The fifth population is an intercross population (*N. leucocephala* ssp. *plieantha* × *N. leucocephala* ssp. *pauciflora*) that occurs on State land at Loch Lomond. As discussed above, as an intercross population resulting from two listed species, this population could receive protection under the Act if the proposed hybrid policy is finalized. This site is managed as an ecological reserve by the CDFG.

Parvisedum leiocarpum is a low, erect to spreading annual in the stonecrop family (Crassulaceae) with reddish stems 3 to 5 cm (1 to 2 in.) tall. The fleshy, oblong leaves are 4 to 5 mm (0.16 to 0.20 in.) long and fall off the stem by flowering time. The inflorescence is a cyme of campanulate (bell-shaped) yellow flowers that are crowded on curving stems in two rows. The five petals are 3 to 3.5 mm (0.12 to 0.14 in.) long with large, club-shaped, red nectaries. The five carpels have smooth surfaces. *Parvisedum leiocarpum* flowers in April and May.

Parvisedum leiocarpum was described from an area 10.4 km (6.5 mi) north of Lower Lake, Lake County,

California, as *Sedella leiocarpa* (Sharsmith 1940). Clausen (1946) subsequently placed the plant in the genus *Parvisedum* and gave it the specific rank of *P. leiocarpum*. Two similar species occur within the range of *P. leiocarpum*. *Parvisedum pentandrum* differs in having shorter petals, top-shaped flowers, and carpels with glandular bumps on the surfaces. *Crassula connata* differs in having only one to a few, four-petaled flowers above each leaf base not arranged in definite cymes.

Parvisedum leiocarpum is found on volcanic substrates in areas of impeded drainage, such as in and along the margins of vernal pools and depressions in bedrock. The historical range of the species encompasses six collection localities within a 16 km (10 mi) radius from Siegler Springs near Lower Lake, Lake County, California (CDFG 1991b). Elevations of occurrences range from 395 to 790 m (1,300 to 2,600 ft). *Parvisedum leiocarpum* has apparently disappeared at three sites within this area (CDFG 1991b, CNPS 1990b). The extant populations of *P. leiocarpum* collectively cover a total area of less than 1.2 hectares (ha) (3 acres (ac)). All populations occur on private lands.

Previous Federal Action

Federal government actions on these four plants began as a result of section 12 of the 1973 Act (16 U.S.C. 1531 *et seq.*), which directed the Secretary of the Smithsonian Institution to prepare a report on those plants considered to be endangered, threatened, or extinct in the United States. This report, designated as House Document No. 94–51, was presented to Congress on January 9, 1975, and included *Lasthenia conjugens* as threatened, and *Navarretia pauciflora* (now known as *N. leucocephala* ssp. *pauciflora*), *Navarretia plieantha* (now known as *N. leucocephala* ssp. *plieantha*), and *Parvisedum leiocarpum* as endangered. The Service published a notice in the July 1, 1975, **Federal Register** (40 FR 27823) of its acceptance of the report of the Smithsonian Institution as a petition within the context of section 4(c)(2) (petition provisions are now found in section 4(b)(3) of the Act) and its intention to review the status of the plant taxa named in the report. The above four taxa were included in the July 1, 1975, notice. On June 16, 1976, the Service published a proposal in the **Federal Register** (42 FR 24523) to determine approximately 1,700 vascular plant species to be endangered species pursuant to section 4 of the Act. The list of 1,700 plant taxa was assembled on the basis of comments and data received by the Smithsonian Institution and the Service in response to House Document No. 94–51 and the July 1, 1975, **Federal Register** publication. *Navarretia pauciflora* and *N. plieantha* were included in the June 16, 1976, **Federal Register** document. General comments received in relation to the 1976 proposal were summarized in an April 26, 1978, **Federal Register** publication (43 FR 17909).

The Endangered Species Act Amendments of 1978 required that all proposals over 2 years old be withdrawn. A 1-year grace period was given to those proposals already more than 2 years old. In the December 10, 1979, **Federal Register** (44 FR 70796), the Service published a notice of withdrawal of the June 16, 1976, proposal.

The Service published an updated candidate notice of review for plants on December 15, 1980 (45 FR 82480). This notice included *Lasthenia conjugens, Navarretia pauciflora, Navarretia plieantha,* and *Parvisedum leiocarpum* as category 1 candidates for Federal listing. Category 1 candidates were those species for which the Service had on file sufficient information to support issuance of proposed listing rules. On November 28, 1983, the Service published a supplement to this notice of review (48 FR 39526) which changed *L. conjugens, N. pauciflora, N. plieantha,* and *P. leiocarpum* from category 1 to category 2 candidates. Category 2 candidates were those species for which the Service had information indicating that listing may be warranted but for which it lacked sufficient information on status and threats to support issuance of proposed listing rules.

When the plant notice was revised on September 27, 1985 (50 FR 39526), *Lasthenia conjugens, Navarretia pauciflora, Navarretia plieantha,* and *Parvisedum leiocarpum* were included as category 2 candidates. When the plant notice was again revised on February 21, 1990 (55 FR 6184), *L. conjugens, N. plieantha,* and *P. leiocarpum* were elevated to category 1 candidates. *Navarretia pauciflora* was retained as a category 2 candidate. Since the publication of that notice, the Service has received additional information on the status of *Navarretia leucocephala* ssp. *pauciflora* that supports the listing of this species. The September 30, 1993, plant notice of review (58 FR 51144) included all four plant taxa as category 1 candidates. As announced in a notice published in the February 28, 1996, **Federal Register** (61 FR 7596), the designation of multiple categories of candidates has been discontinued, and only former category 1 species are now recognized as candidates for listing purposes.

Section 4(b)(3)(B) of the Act requires the Secretary to make certain findings on pending petitions within 12 months of their receipt. Section 2(b)(1) further requires that all petitions pending on October 13, 1982, be treated as having been newly submitted on that date. This was the case for *Lasthenia conjugens, Navarretia pauciflora, Navarretia plieantha,* and *Parvisedum leiocarpum* because the 1975 Smithsonian report had been accepted as a petition. On October 13, 1982, the Service determined, in accordance with section 4(b)(3)(B)(iii) of the Act, that the petitioned listing of these species was warranted, but precluded by other pending listing actions; notification of this finding was published on January 20, 1984 (49 FR 2485). Such a finding requires the petition to be recycled, pursuant to section 4(b)(3)(C)(i) of the Act. The finding was reviewed in October of 1983 through 1993.

A proposed rule to list *Lasthenia conjugens, Navarretia leucocephala* ssp. *pauciflora, Navarretia leucocephala* ssp. *plieantha,* and *Parvisedum leiocarpum* as endangered was published on December 19, 1994 (59 FR 65311). The proposal was based on information from the CNDDB and observations and studies by numerous botanists. The Service now determines *L. conjugens, N. leucocephala* ssp. *pauciflora, N. leucocephala* ssp. *plieantha,* and *P. leiocarpum* to be endangered with the publication of this rule.

The processing of this final listing rule conforms with the Service's final listing priority guidance published in the **Federal Register** on December 5, 1996 (61 FR 64475). The guidance clarifies the order in which the Service will process rulemakings following two related events: (1) The lifting on April 26, 1996, of the moratorium on final listings imposed on April 10, 1995 (Pub. L. 104–6), and (2) the restoration of significant funding for processing listing actions. The Service's Sacramento Field Office has confirmed that the status of the four species in this rule has not changed since publication of the proposed rule prior to the moratorium on final listings.

Summary of Comments and Recommendations

In the December 19, 1994, proposed rule and associated notifications, all interested parties were requested to submit factual reports or information that contribute to the development of a final rule. A 60-day comment period closed on February 19, 1995, and was extended to April 28, 1995 (the

moratorium on final listings was imposed on April 10, 1995 (Public Law 104–6)). Appropriate Federal and State agencies, county and city governments, scientists, and interested parties were contacted and requested to comment. In accordance with its July 1, 1994, peer review policy (59 FR 34270), the Service solicited three independent specialists to review pertinent scientific and commercial data and assumptions relating to the proposed rule. Two of the three specialists submitted comments. One specialist found the proposed listing to be concise and technically accurate. The other specialist commented only on the discussion and descriptive paragraphs about *Navarretia.* This specialist's comments have been incorporated into the ''Background'' section of this rule.

The Service published notices in the *Lake County Record-Bee* and the *Napa County Register* on December 30, 1994, which invited general public comment. Twenty-two individuals or agencies, including the CDFG, the Lake County Farm Bureau, and the CNPS, submitted comments. Several people submitted more than one comment to the Service. Ten commenters supported, five opposed, and seven were neutral on the proposed action.

In response to the publication of the proposed rule, the Service received written requests for a public hearing from Michael Delbar, Executive Director, Lake County Farm Bureau, and Daniel Macon, Director of Industry Affairs, California Cattlemen's Association. Notice of the public hearing was published in the *Napa Register, Petaluma Argus-Courier* and *Santa Rosa Press Democrat* on March 20, 1995, and in the *Lake County Record-Bee* on March 21, 1995. A public hearing was held at the Napa Valley Marriott Hotel in Napa on April 6, 1995, from 6 pm. to 8 pm. Eight people presented oral and written testimony.

Written comments and oral statements presented at the public hearing or received during the comment period are addressed in the following summary. Comments of a similar nature are grouped into general issues. These issues and the Service's response to each are discussed below.

Issue 1: Four commenters expressed concern that the protection afforded listed species by the Act would violate private property rights, and result in a ''taking'' of property. Two commenters questioned whether they would be monetarily reimbursed for property loss if the listed species were found on their land.

Service Response: The Attorney General has issued guidelines to the Department of the Interior (Department) regarding Taking Implications Assessments (TIAs). The Attorney General's guidelines state that TIAs used to analyze the potential for Fifth Amendment taking claims are to be prepared after, rather than before, an agency makes a restricted discretionary decision. In enacting the Act, Congress required the Department to list a species based solely upon scientific and commercial data. The Service may not withhold a listing decision based upon economic concerns. Therefore, even though a TIA may be required, a TIA for a listing action is finalized only after the final determination whether to list a species is made.

The listing of species as threatened or endangered typically does not result in the ''taking'' of private property. The determination of whether ''taking'' has occurred as a result of an agency's action is made by a court based on the specific facts of that action.

Issue 2: Several commenters questioned the accuracy of the supporting information. Concern was expressed that many areas may contain potential habitat for the species and, therefore, the species may be more widespread than stated in the proposed rule. One commenter stated that the primary findings for *Navarretia leucocephala* ssp. *plieantha, N. leucocephala* ssp. *pauciflora,* and *Parvisedum leiocarpum* were based on only two sources.

Service Response: Specific justification for listing the four plant species is summarized in the ''Summary of Factors Affecting the Species'' section of this rule. The Service used information obtained from Federal, State, and local agencies, the CNDDB, professional botanists, and studies by Niall McCarten (1985), Robert Ornduff (1966), and Alva Day (1993) that were specifically directed at determining the distribution or threats to the four plant taxa. The Service also used information from botanical collections of these plants to prepare the proposed rule. Destruction and loss of habitat and extirpation of populations of the four plant taxa from a variety of causes have been documented. Following publication of the proposed rule, the Service sought comments from Federal, State, and local agencies, species experts, and other individuals, including three independent specialists. All information received during the public comment period has been incorporated into the final rule.

The taxa in this rule are restricted in their range. More detailed discussion of the historical and current distribution of these four plants can be found in the ''Background'' section of this rule. The Service's two primary sources of information on *Navarretia leucocephala* ssp. *plieantha, N. leucocephala* ssp. *pauciflora,* and *Parvisedum leiocarpum* are compilations of information from a number of inventories, and, therefore, not limited in scope.

Issue 3: Several commenters stated that livestock trampling was unsubstantiated and had no or little adverse effect on these four vernal pool plants.

Service Response: Documented observations of detrimental effects of livestock trampling on some populations of two of the vernal pool plants, *Lasthenia conjugens* and *Navarretia leucocephala* spp. *pauciflora,* exist and are part of the administrative record for this rule. In addition, two populations of *Parvisedum leiocarpum* may be threatened by trampling by livestock (CDFG 1989a). The Service maintains that livestock trampling, under certain conditions, adversely affects these species (CDFG 1989a, 1989b, 1991; CNPS 1987, 1990a, 1990b). Livestock trampling is one of a number of impacts adversely affecting these three vernal pool plants.

Issue 4: Two commenters were concerned about whether the data on which the rule was based were acquired legally. One of these commenters asked whether permission was given by landowners to the CDFG, the CNPS, or any other person to enter private property in order to do the surveys on which the listing is partially based.

Service Response: An important information source used for this rule is the CNDDB operated by the Natural Heritage Division of the CDFG. Data in this system come from a variety of experts, including local professional botanists, members of CNPS, and botanical consultants. The Service does not condone entering private land without landowner permission. Because the database records make no reference to whether permission was granted to those collecting data, the Service has no knowledge whether observers obtained landowner permission to enter private lands. No surveys of these species were conducted or funded by the Service.

Issue 5: One commenter was concerned about the potential impacts the listing would have on agricultural operations in Lake County. This commenter stated that the effects on the economic viability of agriculture on lands on which the species occur would be severe. This commenter also wanted to know what impact the listing would have on grazing on public lands.

Service Response: Section 4(b)(10)(A) of the Act requires that listing determinations be based solely on the best scientific and commercial data available. The legislative history of this provision explains the intent of Congress to ''ensure'' that listing decisions are ''based solely on biological criteria and to prevent non-biological considerations from affecting such decisions'' (H. R. Rep. No. 97–835, 97th Cong. 2d Sess. 19 (1982)). As further stated in the legislative history, ''Applying economic criteria * * * to any phase of the species listing process is applying economics to the determinations made under section 4 of the Act and is specifically rejected by the inclusion of the word ''solely'' in this legislation'' (H. R. Rep. No. 97–835, 97th Cong. 2d Sess. 19 (1982)). Because the Service is precluded from considering economic impacts in a final listing decision, the Service has not examined such impacts.

The Service expects this listing to have negligible effect on grazing on public lands. Except for one location of *Lasthenia conjugens* on Federal land (at Travis Air Force Base), all known populations of these plants are on private land. No known vernal pools or habitat for these plant species are located on federally owned grazing land in the counties in which these species occur (P. Bardwell, Bureau of Land Management, pers. comm. 1996)

Issue 6: The CDFG noted the discrepancies between the locations and distributions of populations of each species in the proposed rule versus the information from the CNDDB.

Service Response: In the preparation of both the proposed and final rules, the Service used information provided by Dr. Alva Day for the number and locations of *Navarretia leucocephala* ssp. *pauciflora* and *N. leucocephala* ssp. *plieantha.* Dr. Day's population information matched the taxonomic circumscriptions in her revised treatment for *Navarretia* (Day 1993), which the Service considers to be the best available information and most recent treatment. The Service has also incorporated the most recent information for *Lasthenia conjugens* into the rule. Some of this information is not contained in the CNDDB; therefore, location and distribution figures in this rule will not exactly match those in the CNDDB.

Issue 7: One commenter requested that the proposed rule be amended to give complete descriptions of all sites and their watersheds. This commenter also stated that the delineation of the potential range of the species on U.S. Geological Survey (1:24,000) quadrangle sheets would be helpful. Additionally, this commenter stated that listing the species as endangered will likely increase the threat of overcollection by rare plant collectors.

Service Response: The Service believes that publication of detailed site information, such as map locations or site descriptions, may increase the threat of overcollection by rare plant collectors. Because the ranges of *Navarretia leucocephala* ssp. *pauciflora, N. leucocephala* ssp. *plieantha* and *Parvisedum leiocarpum* are small, the plant populations might easily be located. Therefore, the Service considers it imprudent to publish site-specific information.

Issue 8: One commenter stated that information on hydrological changes at the vernal pool sites during the recent droughts is needed, because the mesic conditions may have disappeared before the alterations were made.

Service Response: The Service disagrees that further information on hydrological changes at the sites because of the recent drought is needed prior to listing. These plants evolved in a climate where periodic droughts occur. As discussed under factor A in the ''Summary of Factors Affecting the Species'' section, the human-caused alterations to hydrology are the primary threat. Although hydrological modeling may have some utility for aiding the species' recovery, the Service does not believe this information is needed to support the listing justification for the four vernal pool plants in this rule.

Issue 9: The California Department of Transportation (CALTRANS) discussed two highways (State Route 175 and State Route 29) that are adjacent to populations of the proposed plants. The agency stated that the current maintenance activities along State Route 175 and State Route 29 are not likely to affect the long-term survival of these species. Additionally, CALTRANS stated that no major construction projects were planned for these segments of highway.

Service Response: The Service acknowledges CALTRANS' support of this listing action, but remains concerned about the potential loss of *Navarretia leucocephala* ssp. *pauciflora* and *Parvisedum leiocarpum* adjacent to State Route 29 and the hybrid population of *Navarretia leucocephala* ssp. plieantha *X* ssp. *pauciflora* adjacent to State Route 175. As discussed further under factor A in the ''Summary of Factors Affecting the Species'' section of this rule, the Service believes highway maintenance activities along State routes 29 and 175 may be a threat to these species.

Summary of Factors Affecting the Species

After a thorough review and consideration of all information available, the Service has determined that *Lasthenia conjugens, Navarretia leucocephala* ssp. *pauciflora, Navarretia leucocephala* ssp. *plieantha,* and *Parvisedum leiocarpum* should be classified as endangered species. Procedures found at section 4 of the Act (16 U.S.C. 1533) and regulations (50 CFR Part 424) promulgated to implement the listing provisions of the Act were followed. A species may be determined to be endangered or threatened due to one or more of the five factors described in section 4(a)(1). These factors and their application to *Lasthenia conjugens Ornduff (Contra Costa goldfields), Navarretia leucocephala* Benth. ssp. *pauciflora* (H. Mason) Day (few-flowered navarretia), *Navarretia leucocephala* Benth. ssp. *plieantha* (H. Mason) Day (many-flowered navarretia), and *Parvisedum leiocarpum* (H. Sharsm.) R. T. Clausen (Lake County stonecrop) are as follows:

A. *The present or threatened destruction, modification, or curtailment of their habitat or range.* The primary threats to *Lasthenia conjugens, Navarretia leucocephala* ssp. *pauciflora, Navarretia leucocephala* ssp. *plieantha,* and *Parvisedum leiocarpum* are activities that result in the direct destruction of the plants and their habitats or hydrologic changes in their vernal pool habitats. Such activities include urbanization, wetland drainage, vernal pool and pond construction, industrial development, agricultural land conversion, ditch construction, off-highway vehicle use, road widening, horseback riding, and trampling by cattle. Damage or destruction of vernal pool habitat happens quickly and easily due to the extremely crumbly nature of the soil and the dependency of the pool upon an intact durapan or impermeable subsurface soil layer.

Lasthenia conjugens is no longer found in three of the seven counties in which it historically occurred—Mendocino, Santa Clara, and Santa Barbara counties. Agricultural land conversion, urbanization, and associated developments have extirpated populations of this species in Alameda, Contra Costa, Santa Clara, and Santa Barbara counties (CNDDB 1993, 1996; CNPS 1978). Agricultural land conversion extirpated one additional population of *L. conjugens* in Napa County (CNDDB 1993). Widening and straightening of Ledgewood Creek north of Cordelia Road in Solano County by the Corps eliminated a large amount of

habitat and a large number of plants of *L. conjugens* (Ann Howald, CDFG, pers. comm. 1993).

The largest known concentration of *Lasthenia conjugens* populations occurs in Solano County near the City of Fairfield. The General Plan for the City of Fairfield indicates that all of these populations are found in areas that will be included within the Fairfield urban boundary (Jones & Stokes Assoc. 1992). The implementation of this plan would result in the conversion of approximately 3912 ha (9,668 ac) of existing habitat and open space to urban use by 2020 (Jones & Stokes 1992). This would include approximately 1376 ha (3400 ac) within the Travis/Northeast growth center where the greatest concentrations of *L. conjugens* occur. Two proposed residential development projects threaten the three largest populations of *L. conjugens* which contain over 70 percent of all individual plants of this species (Lafer and Associates 1994, Holland 1995). One of these populations is also threatened by landfill construction activities (LSA Associates, Inc. 1992). This population may also be threatened by a ditch construction project proposed by the California Department of Water Resources (R. Preston, *in litt.* 1995).

Urbanization threatens the largest population of *Lasthenia conjugens* in Napa County (CNDDB 1993; Jake Ruygt, CNPS, *in litt.* 1993). Off-highway vehicle traffic has adversely impacted this same population (CNDDB 1993). In Contra Costa County, the primary transportation corridor, State Route 4, will be relocated to approximately 80 to 100 feet from the only remaining population in the county (Woodward-Clyde Consultants *et al.* 1995; J. Gan, U.S. Fish and Wildlife Service, pers. comm. 1996). Six of the eight newly discovered populations of *L. conjugens* in Solano and Alameda counties are imminently threatened by development projects (Steve Lafer and Associates 1994, CNDDB 1996, Duncan & Jones 1996).

One population of *Navarretia leucocephala* ssp. *pauciflora* has been adversely affected by drainage, and one population has been adversely affected by an attempt to create a more permanent water source (CDFG 1989b). One site, Manning Flat in Lake County, has significantly eroded as a result of excavation of drainage ditches; this erosion has reduced the population and the habitat (McCarten 1985, CDFG 1989b), CNDDB 1996). This population is also within the right-of-way of State Route 29 (H. Sarasohn, CALTRANS, *in litt.* 1995), and the Service is concerned that individual plants may be impacted by highway maintenance. The intercross population of *N. leucocephala* ssp. *plieantha* × *N. leucocephala* ssp. *pauciflora* at Loch Lomond is also adjacent to a highway, State Route 175 (H. Sarasohn, *in litt.* 1995), where maintenance activities could result in the loss of plants. Off-highway vehicle use has damaged several population sites in Lake County (CDFG 1989b, CNDDB 1996). Conversion of land to a rice field adversely affected another *N. leucocephala* ssp. *pauciflora* population in Lake County (CDFG 1989b). Construction of a stock pond for cattle partially destroyed the population of *N. leucocephala* ssp. *pauciflora* at Ely Flat in Lake County and severely altered the hydrology of its habitat (CDFG 1989b, 1996). Agricultural land conversion threatens this same population (CDFG 1989b; CNPS 1990a). Attempted drainage of a pool in Lake County containing *N. leucocephala* ssp. *plieantha* has resulted in the invasion of two competitive weeds, *Centaurea solstitialis* and *Taeniatherum caput-medusa* (CNDDB 1996). Although the intercross population of *N. leucocephala* ssp. *plieantha* × *N. leucocephala* ssp. *pauciflora* at Loch Lomond occurs in an ecological reserve managed by the CDFG, the site is potentially threatened by timber harvesting within the watershed. ''Such harvesting could have significant detrimental effects on the vernal pool and its flora.'' (B. Gibbons, CDFG, *in litt.* 1995).

Attempted drainage has altered the hydrology of two of the three remaining vernal pools containing populations of *Parvisedum leiocarpum* (CNPS 1990b). Drainage attempts at one of the sites resulted in severe erosion and a reduction of habitat and plant numbers (CNPS 1990b). Maintenance of Highway 29 by CALTRANS also threatens to impact individuals of this population, which is found within the highway right-of-way (CNPS 1990b). Discing has occurred at the third population site (CNDDB 1996). All populations occur on privately owned land next to major roads. Off-highway vehicle use has occurred at two of the three *P. leiocarpum* population sites (CNPS 1990b). Within the range of *P. leiocarpum,* habitat continues to be converted to vineyards and orchards (CDFG 1989a).

Some populations of three of the four species are impacted by trampling by livestock or rooting by feral pigs. Because they are small and delicate, *Parvisedum leiocarpum* plants would likely be severely damaged if trampled by livestock. Because cattle grazing occurs in the area surrounding at least one population of *P. leiocarpum,* trampling may pose a threat to this population (CNDDB 1996, CDFG 1989a). Livestock grazing threatens four populations of *L. conjugens* (CNDDB 1996). The single extant occurrence of *L. conjugens* in Napa County occurs in a grazed field. Nutrient enrichment of the vernal pool caused by cattle has led to algal ''blooms'' and possibly other biotic changes in the pool that adversely affect the growth of *L. conjugens* (Robert Ornduff, University of California, Berkeley, *in litt.* 1995). Eighty percent of one population of *Navarretia leucocephala* ssp. *pauciflora* in Napa County was adversely affected by the rooting of feral pigs (John Hoffnagle, Napa County Land Trust, pers. comm. 1995). Horse grazing threatens two populations and cattle grazing threatens one population of *N. leucocephala* ssp. *pauciflora* (CNDDB 1996).

Three of the species, *Parvisedum leiocarpum, Navarretia leucocephala* ssp. *pauciflora,* and *N. leucocephala* ssp. *plieantha,* occur in restricted habitats primarily within 2 to 6 miles of Clear Lake in Lake County. The area surrounding Clear Lake is the most densely populated area in the county (California State Department of Finance 1992), and is subject to residential development (CDFG 1989a, CDFG 1989b, CNPS 1990a). While the rate of this development is moderate when compared to other areas of the region, the limited habitat of these species makes them vulnerable to even small increases in development.

Off-highway vehicle use has resulted and continues to result in the destruction of plants and habitat of *Navarretia leucocephala* ssp. *plieantha* at four population sites in Lake County. The CDFG has provided fencing at the Loch Lomond site to prevent off-highway vehicle entry into the area (CDFG 1991a).

B. *Overutilization for commercial, recreational, scientific, or educational purposes.* Due to the limited distribution of *Lasthenia conjugens, Navarretia leucocephala* ssp. *pauciflora, Navarretia leucocephala* ssp. *plieantha,* and *Parvisedum leiocarpum,* indiscriminate collecting of plants could seriously affect these species. Overutilization is not known to occur at this time.

C. *Disease or predation.* Disease and predation are not known to be a threat to these plants.

D. *The inadequacy of existing regulatory mechanisms.* The State of California Fish and Game Commission has listed *Parvisedum leiocarpum* and *Navarretia plieantha* (now known as *Navarretia leucocephala* ssp. *plieantha*)

as endangered species under the California Endangered Species Act (Chapter 1.5 Section 2050 *et seq.* of the California Fish and Game Code and Title 14 California Code of Regulations section 670.2). The California Fish and Game Commission also has listed *Navarretia pauciflora* (now known as *Navarretia leucocephala* ssp. *pauciflora*) as threatened. Listing by the State of California requires individuals to obtain management authorization from CDFG to possess or ''take'' a listed species. Although the ''take'' of State-listed plants is prohibited (California Native Plant Protection Act, Chapter 10 Section 1908 and California Endangered Species Act, Chapter 1.5 Section 2080), State law exempts the taking of such plants via habitat modification or land use changes by the owner. After CDFG notifies a landowner that a State-listed plant grows on his or her property, State law requires that the land owner notify the agency ''at least 10 days in advance of changing the land use to allow salvage of such a plant'' (California Native Plant Protection Act, Chapter 10 Section 1913).

The California Environmental Quality Act (CEQA) (California Public Resources Code section 21000–21177) requires a full disclosure of the potential environmental impacts of proposed projects. The public agency with primary authority or jurisdiction over the project is designated as the lead agency, and is responsible for conducting a review of the project and consulting with the other agencies concerned with the resources affected by the project. Section 15065 of the CEQA Guidelines, as amended, requires a finding of significance if a project has the potential to ''reduce the number or restrict the range of a rare or endangered plant or animal.'' Species eligible for listing as rare, threatened, or endangered, but not so listed, are given the same protection as those species that are officially listed with the State or Federal governments. Once significant effects are identified, the lead agency has the option to require mitigation for effects through changes in the project or to decide that overriding considerations make mitigation infeasible (CEQA section 21002). In the latter case, projects may be approved that cause significant environmental damage, such as destruction of endangered species. Protection of listed species through CEQA, therefore, is dependent upon the discretion of the agency involved.

Because vernal pools are generally small and scattered, they are treated as isolated wetlands for regulatory purposes by the Corps under section 404 of the Clean Water Act. Section 404 addresses the discharge of fill material into waters of the United States including wetlands but does not itself protect the plants. The recently revised Nationwide Permit No. 26 dated December 13, 1996 (61 FR 65874), was established by the Corps to streamline authorization for the discharge of fill causing the loss of 1.25 ha (3 ac) of headwater or isolated waters. For project proposals falling under Nationwide Permit No. 26, the Corps historically has been reluctant to withhold authorization unless the project is likely to cause jeopardy to a federally threatened or endangered species. The section 404 regulations require an applicant to obtain an individual permit to discharge fill into greater than 1.25 ha (3 ac) of headwater or isolated wetlands. A project proponent proposing to discharge fill that would cause the loss of less than one-third acre of headwater or isolated waters is only required to notify the Corps; the Corps generally does not require compensatory mitigation in these cases. Regardless of the size of the discharge of fill, candidate species within the project area receive no special consideration. Equally important, upland areas adjacent to vernal pools or other wetlands are not provided any protection through this process.

E. *Other natural or manmade factors affecting their continued existence.* Three of the four plant species have restricted ranges and few populations. *Navarretia leucocephala* ssp. *pauciflora* is known from five sites, *N. leucocephala* ssp. *plieantha* from four sites, and *Parvisedum leiocarpum* from three sites. These three species occupy highly specific and vulnerable habitats. The combination of restricted ranges, few populations, and highly specific and vulnerable habitats make these plants susceptible to destruction of all, or a significant part, of any population from random, natural events such as floods or droughts. Severe erosion threatens one of the three remaining populations of *P. leiocarpum* (CNPS 1990b). Low population numbers and sizes make these three species vulnerable to changes in gene frequency, inbreeding, and genetic drift. Several historical occurrences of *N. leucocephala pauciflora* may have been lost to hybridization with and genetic dilution (swamping) by larger, adjacent populations of *N. leucocephala plieantha* (CDFG 1989b, CNPS 1990a).

The Service has carefully assessed the best scientific and commercial information available regarding the past, present, and future threats faced by these species in determining to list these species as endangered. Based on this evaluation, the preferred action is to list *Lasthenia conjugens, Navarretia leucocephala* ssp. *pauciflora, Navarretia leucocephala* ssp. *plieantha,* and *Parvisedum leiocarpum* as endangered. Endangered status is appropriate for these four species due to the vulnerability of their restricted habitats to threats posed by urbanization, agricultural land conversion, drainage, vernal pool and pond construction, ditch construction, off-highway vehicle use, road maintenance, or random natural events. Critical habitat is not designated for these species for reasons discussed below.

Critical Habitat

Critical habitat is defined in section 3 of the Act as: (i) The specific areas within the geographical area occupied by a species, at the time it is listed in accordance with the Act, on which are found those physical or biological features (I) essential to the conservation of the species and (II) that may require special management considerations or protection; and (ii) specific areas outside the geographical area occupied by a species at the time it is listed, upon a determination that such areas are essential for the conservation of the species. ''Conservation'' means the use of all methods and procedures needed to bring the species to the point at which listing under the Act is no longer necessary.

Section 4(a)(3) of the Act, as amended, and implementing regulations (50 CFR 424.12) require that, to the maximum extent prudent and determinable, the Secretary designate critical habitat at the time the species is determined to be endangered or threatened. The Service finds that, for the four taxa discussed in this rule, designation of critical habitat is not prudent at this time. Service regulations (50 CFR 424.12(a)(1)) state that designation of critical habitat is not prudent when one or both of the following situations exist—(1) the species is threatened by taking or other human activity, and identification of critical habitat can be expected to increase the degree of such threat to the species; or (2) such designation of critical habitat would not be beneficial to the species.

As discussed under factor B in the ''Summary of Factors Affecting the Species'' section of this rule, due to the limited distribution of *Lasthenia conjugens, Navarretia leucocephala* ssp. *pauciflora, Navarretia leucocephala* ssp. *plieantha,* and *Parvisedum leiocarpum*, any indiscriminate collecting of plants could seriously affect these species. The

publication of precise maps and descriptions of critical habitat in the **Federal Register** would make these plants more vulnerable to overcollection and, therefore, could contribute to the decline of these species and increase enforcement difficulties. Several populations of these plants are near roads or in other areas easily accessible by the public. The listing of these species as endangered also publicizes the rarity of these plants making them attractive to researchers or collectors of rare plants. This concern was also addressed under Issue 7 in the ''Summary of Comments and Recommendations'' section of this rule.

Furthermore, critical habitat designation for these four species is not prudent due to lack of benefit. Critical habitat designation provides protection only on Federal lands or on private lands when there is Federal involvement through authorization or funding of, or participation in, a project or activity. Of the taxa presented herein for listing, only one population of *Lasthenia conjugens* is known to occur on Federal lands. Although the regulatory mechanisms of section 404 of the Clean Water Act provide a Federal nexus to certain activities in privately owned wetland areas, because the four plant species occur at very few locations, any federally regulated activity that would adversely modify critical habitat also would jeopardize the species. The designation of critical habitat therefore would not provide additional benefit for these species beyond the protection afforded by listing. The Service believes that Federal involvement in the areas where these plants occur can be identified without the designation of critical habitat. For these reasons, the Service finds that the designation of critical habitat for these plants is not prudent at this time.

Available Conservation Measures

Conservation measures provided to species listed as endangered or threatened under the Act include recognition, recovery actions, requirements for Federal protection, and prohibitions against certain activities. Recognition through listing encourages and results in conservation actions by Federal, State, and local agencies, private organizations, and individuals. The Act provides for possible land acquisition and cooperation with the States and requires that recovery actions be carried out for all listed species. The protection required of Federal agencies and the prohibitions against certain activities involving listed plants are discussed, in part, below.

Section 7(a) of the Act requires Federal agencies to evaluate their actions with respect to any species that is proposed or listed as endangered or threatened and with respect to its critical habitat, if any is being designated. Regulations implementing this interagency cooperation provision of the Act are codified at 50 CFR Part 402. Section 7(a)(4) of the Act requires Federal agencies to confer with the Service on any action that is likely to jeopardize the continued existence of a species proposed for listing or result in destruction or adverse modification of proposed critical habitat. If a species is listed subsequently, section 7(a)(2) requires Federal agencies to ensure that activities they authorize, fund, or carry out are not likely to jeopardize the continued existence of such a species or to destroy or adversely modify its critical habitat. If a Federal action may affect a listed species or its critical habitat, the responsible Federal agency must enter into formal consultation with the Service.

Federal agency actions or programs that may affect populations of these plant taxa include mortgage programs administered by the Veterans Administration and the Department of Housing and Urban Development (Federal Home Administration loans), Federal Highway Administration funding of bridge and road construction, Army Corps of Engineers authorization of projects affecting wetlands and other waters under section 404 of the Clean Water Act, Environmental Protection Agency registration of pesticides and authorization of pollutant discharges, and activities on Travis Air Force Base.

Listing *Lasthenia conjugens*, *Navarretia leucocephala* ssp. *pauciflora*, *Navarretia leucocephala* ssp. *plieantha*, and *Parvisedum leiocarpum* as endangered provides for development of a recovery plan (or plans) for the taxa. Such a plan would bring together both State and Federal efforts for conservation of the plants. The recovery plan would establish a framework for agencies to coordinate activities and to cooperate with each other in conservation efforts. The plan would set recovery priorities and describe site-specific management actions necessary to achieve the conservation of these four plants. Additionally, pursuant to section 6 of the Act, the Service is more likely to grant funds to affected States for management actions promoting the protection, monitoring, and recovery of these species after a recovery program has been developed.

The Service has not pursued conservation agreements for these four species. These species occur primarily on privately owned land. Many of the threats to these species, such as habitat alteration by large-scale urban development projects and off-highway vehicle use, are not easily prevented through the development of conservation agreements. Only three of the total 26 populations comprising the four species receive some level of protection. One population of *Navarretia leucocephala* ssp. *plieantha* is found within the Bogg's Lake Preserve and managed by TNC, and a second (intercrossed with *N. leucocephala* ssp. *pauciflora*) is located within an ecological reserve managed by the CDFG. One population of *Navarretia leucocephala* ssp. *pauciflora* is located on privately owned land within a conservation easement (CNDDB 1996). However, even these three protected populations are impacted by competition from nonnative species, adjacent land management practices, and feral pigs, respectively (CNDDB 1996).

The Act and its implementing regulations set forth a series of general prohibitions and exceptions that apply to all endangered plants. With respect to the four plants from the five counties in northern California, all prohibitions of section 9(a)(2) of the Act, implemented by 50 CFR 17.61 for endangered plants, apply. These prohibitions, in part, make it illegal for any person subject to the jurisdiction of the United States to import or export, transport in interstate or foreign commerce in the course of a commercial activity, sell or offer for sale in interstate or foreign commerce, or remove and reduce to possession federally listed plant species from areas under Federal jurisdiction. In addition, for plants listed as endangered, the Act prohibits the malicious damage or destruction on areas under Federal jurisdiction and the removal, cutting, digging up, damaging, or destroying of such plants in knowing violation of any State law or regulation, including State criminal trespass law. Certain exceptions apply to agents of the Service and State conservation agencies.

The Act and 50 CFR 17.62 and 17.63 also provide for the issuance of permits to carry out otherwise prohibited activities involving endangered plant species under certain circumstances. Such permits are available for scientific purposes and to enhance the propagation or survival of the species. Requests for copies of the regulations on listed plants and inquiries regarding them may be addressed to the U.S. Fish and Wildlife Service, Ecological Services, Endangered Species Permits, 911 NE 11th Avenue, Portland, Oregon

97232–4181 (503/231–6241; FAX 503/231–6243).

It is the policy of the Service, published in the **Federal Register** on July 1, 1994, (59 FR 34272) to identify to the maximum extent practicable at the time of listing those activities that would or would not constitute a violation of section 9 of the Act. The intent of this policy is to increase public awareness of the effect of the listing on proposed or on-going activities. Activities that are unlikely to violate section 9 include landscape maintenance, clearing vegetation for firebreaks, and livestock grazing on privately owned land not under Federal funding or authorization and not in violation of any State law or regulation. Only one of the populations of these four species occurs on Federal lands. Collection, damage, or destruction of the single population of *Lasthenia conjugens* located on Travis Air Force Base is prohibited, although in appropriate cases a Federal endangered species permit may be issued to allow collection. Removal, cutting, digging up, damaging, or destroying endangered plants on non-Federal lands would constitute a violation of section 9 only if conducted in knowing violation of State law or regulations, including violation of State criminal trespass law. The Service is unaware at this time of any other activities affected by this listing. Questions regarding whether specific activities will constitute a violation of section 9 should be directed to the Field Supervisor of the Service's Sacramento Field Office (see **ADDRESSES** section).

National Environmental Policy Act

The Fish and Wildlife Service has determined that Environmental Assessments and Environmental Impact Statements, as defined under the authority of the National Environmental Policy Act of 1969, need not be prepared in connection with regulations adopted pursuant to section 4(a) of the Act. A notice outlining the Service's reasons for this determination was published in the **Federal Register** on October 25, 1983 (48 FR 49244).

Required Determinations

The Service has examined this regulation under the Paperwork Reduction Act of 1995 and found it to contain no information collection requirements.

References Cited

A complete list of all references cited is available upon request from the Field Supervisor, Sacramento Field Office (see **ADDRESSES** section).

Author: The primary authors of this final rule are Elizabeth Warne and Kirsten Tarp, U.S. Fish and Wildlife Service, Sacramento Field Office (see **ADDRESSES** section).

List of Subjects in 50 CFR Part 17

Endangered and threatened species, Exports, Imports, Reporting and recordkeeping requirements, Transportation.

Regulation Promulgation

Accordingly, part 17, subchapter B of chapter I, title 50 of the Code of Federal Regulations, is amended as set forth below:

PART 17—[AMENDED]

1. The authority citation for part 17 continues to read as follows:

Authority: 16 U.S.C. 1361–1407; 16 U.S.C. 1531–1544; 16 U.S.C. 4201–4245; Pub. L. 99–625, 100 Stat. 3500, unless otherwise noted.

2. Section 17.12(h) is amended by adding the following, in alphabetical order under FLOWERING PLANTS, to the List of Endangered and Threatened Plants:

§ 17.12 Endangered and threatened plants.

* * * * *

(h) * * *

Species							
Scientific name	Common name	Historic range	Family	Status	When listed	Critical habitat	Special rules
FLOWERING PLANTS							
*	*	*	*	*	*	*	
Lasthenia conjugens	Contra Costa goldfields.	U.S.A. (CA)	*Asteraceae*	E	619	NA	NA
*	*	*	*	*	*	*	
Navarretia leucocephala ssp. *pauciflora* (=*Navarretia pauciflora*).	Few-flowered navarretia.	U.S.A. (CA)	*Plemoniaceae*	E	619	NA	NA
*	*	*	*	*	*	*	
Navarretia leucocephala ssp. *plicantha*.	many-flowered navarretia.	U.S.A. (CA)	*Polemoniaceae*	E	619	NA	NA
*	*	*	*	*	*	*	
Parvisedum leiocarpum.	Lake County stonecrop.	U.S.A. (CA)	*Crassulaceae*	E	619	NA	NA
*	*	*	*	*	*	*	

Dated: May 30, 1997.

John G. Rogers,

Acting Director, Fish and Wildlife Service.

[FR Doc. 97–15924 Filed 6–17–97; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

50 CFR Part 17

RIN 1018–AE28

Endangered and Threatened Wildlife and Plants; Threatened Status for the Southern Oregon/Northern California Coast Evolutionarily Significant Unit of Coho Salmon

AGENCY: Fish and Wildlife Service, Interior.

ACTION: Final rule.

SUMMARY: The Fish and Wildlife Service (Service) is adding the Southern Oregon/Northern California Coast Evolutionarily Significant Unit (ESU) of coho salmon (*Oncorhynchus kisutch*) to the List of Endangered and Threatened Wildlife (List) as a threatened species in accordance with the Endangered Species Act of 1973, as amended (Act). This amendment to the List includes all coho salmon naturally reproduced in streams between Cape Blanco in Curry County, Oregon and Punta Gorda in Humboldt County, California. This amendment is based on a determination by the National Marine Fisheries Service (NMFS), National Oceanic and Atmospheric Administration, Department of Commerce, which has jurisdiction for this species.

EFFECTIVE DATE: June 5, 1997.

FOR FURTHER INFORMATION CONTACT: E. LaVerne Smith, Chief, Division of Endangered Species, U.S. Fish and Wildlife Service, 4401 N. Fairfax Drive, Mail Stop 452, Arlington, Virginia 22203 (703/358-2171).

SUPPLEMENTARY INFORMATION: In accordance with the Act and the Reorganization Plan No. 4 of 1970, NMFS has jurisdiction over the coho salmon. Under section 4(a)(2) of the Act, NMFS must decide whether a species under its jurisdiction should be classified as endangered or threatened. The Service is responsible for the actual amendment of the List in 50 CFR 17.11(h).

On July 25, 1995, NMFS published a proposed rule to list as threatened three ESUs or distinct vertebrate population segments of the coho salmon in California and Oregon, including the Southern Oregon/Northern California Coast ESU (60 FR 38011). The proposed rule solicited comments from peer reviewers, the public, and all other interested parties. On May 6, 1997, NMFS published a final rule to list the Southern Oregon/Northern California Coast ESU of the coho salmon as threatened (62 FR 24588). The final rule addressed the comments received in response to the proposed rule. Because NMFS provided a public comment period on the proposed rule, and because this action of the Service to amend the List in accordance with the determination by NMFS is nondiscretionary, the Service has omitted the notice and public comment procedures of 5 U.S.C. 553(b) for this action.

National Environmental Policy Act

The Service has determined that an Environmental Assessment, as defined under the authority of the National Environmental Policy Act of 1969, need not be prepared in connection with regulations adopted pursuant to section 4(a) of the Act. A notice outlining the Service's reasons for this determination was published in the **Federal Register** on October 25, 1983 (48 FR 49244).

Required Determinations

The Service has examined this regulation under the Paperwork Reduction Act of 1995 and found it to contain no information collection requirements.

List of Subjects in 50 CFR Part 17

Endangered and threatened species, Export, Import, Reporting and recordkeeping requirements, Transportation.

Regulation Promulgation

PART 17—[AMENDED]

Accordingly, part 17, subchapter B of chapter I, title 50 of the Code of Federal Regulations, is amended as set forth below:

1. The authority citation for part 17 continues to read as follows:

Authority: 16 U.S.C. 1361–1407; 16 U.S.C. 1531–1544; 16 U.S.C. 4201–4245; Pub. L. 99–625, 100 Stat. 3500, unless otherwise noted.

§ 17.11 [Amended]

2. Section 17.11(h) is amended by adding the following, in alphabetical order under FISHES, to the List of Endangered and Threatened Wildlife:

Species		Historic range	Vertebrate population where endangered or threatened	Status	When listed	Critical habitat	Special rules
Common name	Scientific name						
*	*	*	*	*	*	*	
FISHES							
*	*	*	*	*	*	*	
Salmon, coho	Oncorhynchus kisutch.	North Pacific Basin from U.S.A. (CA to AK) to Russia to Japan.	U.S.A. (natural populations in river basins between Cape Blanco in Curry County, OR and Punta Gorda in Humboldt County, CA).	T	618	NA	NA

Dated: May 30, 1997.

John G. Rogers,

Acting Director, Fish and Wildlife Service.

[FR Doc. 97–15923 Filed 6–17–97; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

50 CFR Part 300

[Docket No. 970515116–7116–01; I.D. 013097A]

RIN 0648–AJ94

Antarctic Marine Living Resources Convention Act of 1984; Conservation and Management Measures

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

ACTION: Final regulatory notice of fishery management measures.

SUMMARY: At its Fifteenth Meeting in Hobart, Tasmania, October 21 to November 1, 1996, the Commission for the Conservation of Antarctic Marine Living Resources (CCAMLR), of which the United States is a member, adopted conservation measures, pending members' approval, pertaining to fishing in the CCAMLR Convention Area in Antarctic waters. These were agreed upon in accordance with Article IX of the Convention for the Conservation of Antarctic Marine Living Resources. The measures restrict overall catches of certain species of fish, list the fishing seasons, define the reporting requirements, and specify measures that must be taken to minimize the incidental taking of non-target species. The measures were announced by the Department of State by a preliminary notice in the **Federal Register** on December 18, 1996. Public comments were invited, but none were received. NMFS implements these measures by final regulatory notice, consistent with the framework process specified in the International Fisheries Regulations (50 CFR 300.111).

DATES: Effective June 18, 1997 through June 18, 1998.

ADDRESSES: Copies of the CCAMLR measures and the framework environmental assessment may be obtained from the Assistant Administrator for Fisheries, NOAA, National Marine Fisheries Service, 1315 East-West Highway, Silver Spring, MD 20910.

FOR FURTHER INFORMATION CONTACT: Robin Tuttle, 301–713–2282.

SUPPLEMENTARY INFORMATION: See 50 CFR Part 300, Subpart G - Antarctic Marine Living Resources, and the Department of State's preliminary notice at 61 FR 66723, December 18, 1996. The measures for the first time set a precautionary catch limit (of 775,000 tons in any fishing season) on krill fishing (*E. superba*) in Statistical Division 58.4.1. New fisheries, limited to fishers from the member states who proposed them as exploratory fisheries, were approved for the 1996/97 season: for deep-water species other than *D. eleginoides* and *C. gunnari* in Statistical division 58.5.2 by Australia; for *D. eleginoides* and *D. mawsoni* in Statistical Subarea 58.4.3 by Australia and South Africa; for *D. eleginoides* and *D. mawsoni* in Statistical Subarea 48.6 by South Africa; for D. eleginoides and *D. mawsoni* in Statistical Subareas 88.1 and 88.2 by New Zealand; for *D. eleginoides* and *D. mawsoni* in Statistical Subareas 58.6, 58.7 and Statistical Division 58.4.4 by South Africa; and for *M. hyadesi* in Statistical Subarea 48.3 by Korea and the United Kingdom. The definition of nautical twilight used in the measure for the minimization of the incidental mortality of seabirds in the course on longline fishing or longline fishing research in the Convention Area was footnoted to refer to the ''exact times of nautical twilight are set forth in the Nautical Almanac tables for the relevant latitude, local time and date. All time whether for ship operation or observer reporting shall be references to GMT.'' Participation in the Convention Area crab fishery is limited to one vessel per Commission member. Applications for a crab permit must be received no later than ninety days prior to intended harvesting and will be considered in order of application. The one U.S. crab permit will be issued on the basis of: (1) order of receipt of applications; (2) criteria for harvesting permits appearing in 50 CFR 300.112; (3) willingness to participate in CCAMLR pilot programs; and (4) record of previous participation, if any, in the crab fishery.

Classification

NMFS has determined that this regulatory notice is necessary to implement the Antarctic Marine Living Resources Convention Act of 1984 (the Act) and to give effect to the management measures adopted by CCAMLR and agreed to by the United States.

This notice has been determined to be not significant for purposes for E.O. 12866. It is exempt from 5 U.S.C. 553, because it involves a foreign affairs function of the United States. Because prior notice and opportunity for public comment are not required for this rule by 5 U.S.C. 553, or any other law, the analytical requirements of the Regulatory Flexibility Act, 5 U.S.C. 60 *et seq*., are inapplicable.

Notwithstanding any other provision of the 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.

This rule contains a collection-of-information requirement subject to the Paperwork Reduction Act. The collection of information has been approved by OMB under OMB Control Number 648–0194, which expires August 31, 1997. The annual reporting burden for this collection of information is estimated to average 35 hours. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Robin Tuttle, NMFS, and to the Office of Information and Regulatory Affairs (See **ADDRESSES**).

Authority: 16 U.S.C. 2431 *et seq*.

Dated: June 12, 1997.

David Evans,

Deputy Assistant Administrator for Fisheries, National Marine Fisheries Service.

[FR Doc. 97–15954 Filed 6–17–97; 8:45 am]

BILLING CODE 3510–22–F

Proposed Rules

Federal Register
Vol. 62, No. 117
Wednesday, June 18, 1997

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.

FEDERAL ELECTION COMMISSION

11 CFR Parts 100, 102, 104, 106, 110 and 114

[Notice 1997—10]

Prohibited and Excessive Contributions; ''Soft Money''

AGENCY: Federal Election Commission.

ACTION: Rulemaking petitions: Notice of Availability.

SUMMARY: On May 20, 1997, the Commission received a Petition for Rulemaking from five Members of Congress urging the Commission ''to modify its rules to help end or at least significantly lessen the influence of soft money.'' On June 5, 1997, the Commission received a Petition for Rulemaking from President Bill Clinton asking the Commission to ''ban soft money'' and ''adopt new rules requiring that candidates for federal office and national parties be permitted to raise and spend only ''hard dollars.'' These petitions are available for inspection in the Commission's Public Records Office.

DATES: Statements in support of or in opposition to the petitions must be filed on or before July 18, 1997.

ADDRESSES: All comments should be addressed to Susan E. Propper, Assistant General Counsel, and must be submitted in either written or electronic form. Written comments should be sent to the Federal Election Commission, 999 E Street, N.W., Washington, DC 20463. Faxed comments should be sent to (202) 219–3923, with printed copy follow up. Electronic mail comments should be sent to softmoney@fec.gov, and should include the full name, electronic mail address and postal service address of the commenter. Additional information on electronic submission is provided below.

FOR FURTHER INFORMATION CONTACT: Ms. Susan E. Propper, Assistant General Counsel, or Paul Sanford, Staff Attorney, 999 E Street, N.W., Washington, D.C. 20463, (202) 219–3690 or (800) 424–9530.

SUPPLEMENTARY INFORMATION: On May 20, 1997, the Commission received a Petition for Rulemaking from five members of the United States House of Representatives. This petition urges the Commission ''to modify its rules to help end or at least significantly lessen the influence of soft money.'' On June 5, 1997, the Commission received a second Petition for Rulemaking relating to soft money, this one submitted by President Bill Clinton. President Clinton's petition asks the Commission to ''ban soft money'' and ''adopt new rules requiring that candidates for federal office and national parties be permitted to raise and spend only ''hard dollars.'' Generally, the term ''soft money'' refers to funds that are prohibited under the Federal Election Campaign Act, 2 U.S.C. 431 *et seq.* [''FECA''], either because they come from a prohibited source, see 2 U.S.C. 441b, 441c and 441e, or because the amount exceeds the contribution limits in 2 U.S.C. 441a. Conversely, the term ''hard dollars'' refers to funds that are permissible under the FECA because they come from permissible sources and do not exceed applicable contribution limits.

Because both petitions relate to soft money and also seek similar Commission action, the Commission has decided to address the petitions in a single proceeding. The first stage of that proceeding is to announce the availability of the petitions for public comment.

Copies of the petitions are available for public inspection in the Commission's Public Records Office, 999 E Street, N.W., Washington, DC 20463, Monday through Friday between the hours of 9:00 a.m. and 5:00 p.m. Copies of the petitions can also be obtained at any time of the day and week from the Commission's home page at www.fec.gov, or from the Commission's FlashFAX service. To obtain copies of the petitions from FlashFAX, dial (202) 501–3413 and follow the FlashFAX service instructions. Request document # 230 to receive both petitions.

All statements in support of or in opposition to the petitions should be addressed to Susan E. Propper, Assistant General Counsel, and must be submitted in either written or electronic form. Written comments should be sent to the Commission's postal service address: Federal Election Commission, 999 E Street, N.W., Washington, DC 20463. Faxed comments should be sent to (202) 219–3923. Commenters submitting faxed comments should also submit a printed copy to the Commission's postal service address to ensure legibility. Comments may also be sent by electronic mail to softmoney@fec.gov. Commenters sending comments by electronic mail should include their full name, electronic mail address and postal service address within the text of their comments. All comments, regardless of form, must be submitted by July 18, 1997.

Consideration of the merits of these petitions will be deferred until the close of the comment period. If the Commission decides that one or both petitions has merit, it may begin a rulemaking proceeding. Any subsequent action taken by the Commission will be announced in the **Federal Register**.

Dated: June 13, 1997.

John Warren McGarry,

Chairman, Federal Election Commission.

[FR Doc. 97–15940 Filed 6–17–97; 8:45 am]

BILLING CODE 6715–01–P

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

14 CFR Part 39

[Docket No. 95–NM–200–AD]

Airworthiness Directives; Airbus Industrie Model A300–600 Series Airplanes

AGENCY: Federal Aviation Administration, DOT.

ACTION: Notice of proposed rulemaking (NPRM).

SUMMARY: This document proposes the supersedure of an existing airworthiness directive (AD), applicable to all Airbus Industrie Model A300–600 series airplanes, that currently requires inspections to detect cracks in the center spar sealing angles adjacent to the pylon rear attachment and in the adjacent butt strap and skin panel, and corrections of discrepancies. That AD was prompted by reports of cracking in the vertical web of the center spar sealing angles of the wing. This action would require that the initial inspections be accomplished at reduced

thresholds. This action also would limit the applicability of the existing AD. The actions specified by the proposed AD are intended to prevent crack formation in the sealing angles; such cracks could rupture and lead to subsequent crack formation in the bottom skin of the wing, and resultant reduced structural integrity of the center spar section of the wing.

DATES: Comments must be received by July 28, 1997.

ADDRESSES: Submit comments in triplicate to the Federal Aviation Administration (FAA), Transport Airplane Directorate, ANM–103, Attention: Rules Docket No. 95–NM–200–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056. Comments may be inspected at this location between 9:00 a.m. and 3:00 p.m., Monday through Friday, except Federal holidays.

The service information referenced in the proposed rule may be obtained from Airbus Industrie, 1 Rond Point Maurice Bellonte, 31707 Blagnac Cedex, France. This information may be examined at the FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington.

FOR FURTHER INFORMATION CONTACT: Charles D. Huber, Aerospace Engineer, Standardization Branch, ANM–113, FAA, Transport Airplane Directorate, 1601 Lind Avenue, SW., Renton, Washington 98055–4056; telephone (425) 227–2589; fax (425) 227–1149.

SUPPLEMENTARY INFORMATION:

Comments Invited

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

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

Commenters wishing the FAA to acknowledge receipt of their comments submitted in response to this notice must submit a self-addressed, stamped postcard on which the following statement is made: ''Comments to Docket Number 95–NM–200–AD.'' The postcard will be date stamped and returned to the commenter.

Availability of NPRMs

Any person may obtain a copy of this NPRM by submitting a request to the FAA, Transport Airplane Directorate, ANM–103, Attention: Rules Docket No. 95–NM–200–AD, 1601 Lind Avenue, SW., Renton, Washington 98055–4056.

Discussion

On November 17, 1993, the FAA issued AD 93–23–07, amendment 39–8741 (58 FR 64112, December 6, 1993), applicable to all Airbus Model A300–600 series airplanes, to require inspections to detect cracks in the center spar sealing angles adjacent to the pylon rear attachment and in the adjacent butt strap and skin panel, and corrections of any discrepancies. That action was prompted by reports of cracking in the vertical web of the center spar sealing angles of the wing. The requirements of that AD are intended to prevent crack formation in the sealing angles; such cracks could rupture and lead to subsequent crack formation in the bottom skin of the wing, and resultant reduced structural integrity of the center spar section of the wing.

Actions Since Issuance of the Previous AD

Since the issuance of that AD, the manufacturer has advised the FAA that it has received additional reports of cracking in the vertical web of the center spar sealing angles of the wing. The reports indicated that the airplanes on which this cracking had been detected had accumulated between 5,540 and 21,200 landings and between 11,616 and 21,250 flight hours. These numbers of landings are less than those identified as the initial inspection threshold in AD 93–23–07.

Explanation of Relevant Service Information

Subsequent to the findings of this new cracking, Airbus issued Service Bulletin A300–57–6027, Revision 2, dated September 13, 1994. The revised service bulletin recommends that the initial inspection threshold be reduced. Revision 2 of the service bulletin also limits the effectivity to airplanes having certain manufacturer's serial numbers. The DGAC classified this service bulletin as mandatory and issued French airworthiness directive 91–253–128(B)R1, dated March 1, 1995, in order to assure the continued airworthiness of these airplanes in France.

FAA's Conclusions

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

Explanation of the Requirements of the Proposed AD

Since an unsafe condition has been identified that is likely to exist or develop on other airplanes of the same type design registered in the United States, the proposed AD would supersede AD 93–23–07 to continue to require inspections to detect cracks in the center spar sealing angles adjacent to the pylon rear attachment and in the adjacent butt strap and skin panel, and corrections of discrepancies. This proposed AD would reduce the initial inspection thresholds; and limit the applicability of the existing AD to certain airplanes. The actions would be required to be accomplished in accordance with the service bulletin described previously.

Differences Between the Proposed Rule and Relevant Service Information

Operators should note that, unlike the procedures described in Airbus Service Bulletin A300–57–6027, this proposed AD would not permit further flight if cracking of the center spar sealing angles adjacent to Rib 8 is detected. The FAA has determined that, due to the safety implications and consequences associated with such cracking, center spar sealing angles that are found to be cracked must be replaced prior to further flight.

Operators also should note that, unlike particular provisions in the service bulletin regarding adjustment of the compliance times, this proposed AD would permit certain adjustments of the inspection compliance times only with prior approval by the FAA. The FAA has determined that, in some cases, such adjustments would not address the unsafe condition in a timely manner.

Additionally, such adjustments may present difficulties in determining if the applicable inspections and modifications have been complied with in the appropriate time frame. In developing the appropriate inspection thresholds and repetitive inspection intervals for the proposed rule, the FAA considered the manufacturer's recommendation and the average utilization rate of the affected U.S. registered airplanes. In light of these factors, the FAA finds the compliance times specified in the proposed AD to be warranted. However, operators may request approval of an adjustment to the compliance time under the provisions of paragraph (g) of this proposed AD provided that such an adjustment provides an acceptable level of safety.

Cost Impact

There are approximately 34 Model A300–600 series airplanes of U.S. registry that would be affected by this proposed AD.

The requirements of this proposed AD will not add any new additional economic burden on affected operators, other than the costs that are associated with the initial inspection being required earlier than would have been required by AD 93–23–07 (inspection is now required within 4,638 total landings, rather than 12,000 total landings, for certain airplanes; and within 5,775 landings, rather than 15,000 total landings, for certain other airplanes). The current costs associated with AD 93–23–07 are reiterated in their entirety (as follows) for the convenience of affected operators.

The costs associated with the currently required inspections entail 8 work hours per airplane, per inspection, at an average labor rate of $60 per work hour. (This figure does not include the time necessary for gaining access and closing up.) Based on these figures, the cost impact of this proposed AD on U.S. operators is estimated to be $16,320, or $480 per airplane, per inspection.

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

Regulatory Impact

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

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

List of Subjects in 14 CFR Part 39

Air transportation, Aircraft, Aviation safety, Safety.

The Proposed Amendment

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

PART 39—AIRWORTHINESS DIRECTIVES

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

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

§39.13— [Amended]

2. Section 39.13 is amended by removing amendment 39–8741 (58 FR 64112, December 6, 1993), and by adding a new airworthiness directive (AD), to read as follows:

Airbus: Docket 95–NM–200–AD. Supersedes AD 93–23–07, Amendment 39–8741.

Applicability: Model A300–600 series airplanes, as listed in Airbus Service Bulletin A300–57–6027, Revision 2, dated September 13, 1994; 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 (g) of this AD. The request should include an assessment of the effect of the modification, alteration, or repair on the unsafe condition addressed by this AD; and, if the unsafe condition has not been eliminated, the request should include specific proposed actions to address it.

Compliance: Required as indicated, unless accomplished previously.

Note 2: Paragraphs (a) and (b) of this AD restate the requirements for initial and repetitive inspections contained in paragraph (a) and (c) of AD 93–23–07. Therefore, for operators who have previously accomplished at least the initial inspection in accordance with AD 93–23–07, paragraphs (a) and (b) of this AD require that the next scheduled inspection be performed within 2,625 landings after the last inspection performed in accordance with paragraph (a) or (c) of AD 93–23–07, or within 500 landings after the effective date of this AD, whichever occurs later.

To prevent crack formation in the sealing angles, which could rupture and lead to subsequent crack formation in the bottom skin of the wing, and resultant reduced structural integrity of the center spar section of the wing, accomplish the following:

Restatement of the Requirements of AD 93–23–07

(a) For those airplanes on which the modification described in Airbus Repair Drawing R571–40588 has not been accomplished: Perform high frequency eddy current (HFEC) inspections to detect cracks in the center spar sealing angles adjacent to Rib 8, in accordance with Airbus Industrie Service Bulletin No. A300–57–6027, dated October 8, 1991, or Revision 2, dated September 13, 1994, at the time specified in paragraph (a)(1), (a)(2), or (a)(3) of this AD, as applicable. After the effective date of this AD, only Revision 2 of the service bulletin shall be used.

(1) For airplanes that have accumulated less than 12,000 total landings as of January 5, 1994 (the effective date of AD 93–23–07, amendment 39–8741): Prior to the accumulation of 12,000 total landings or within 2,000 landings after January 5, 1994, whichever occurs later; and thereafter at intervals not to exceed 6,000 landings until the inspections required by paragraph (c) of this AD are accomplished.

(2) For airplanes that have accumulated 12,000 total landings or more, but less than 14,000 total landings as of January 5, 1994: Prior to the accumulation of 14,000 total landings or within 2,000 landings after January 5, 1994, whichever occurs later; and thereafter at intervals not to exceed 6,000 landings until the inspections required by paragraph (c) of this AD are accomplished.

(3) For airplanes that have accumulated 14,000 total landings or more as of January 5, 1994: Prior to the accumulation of 500 landings after January 5, 1994; and thereafter at intervals not to exceed 6,000 landings until the inspections required by paragraph (c) of this AD are accomplished.

(b) For those airplanes on which the modification specified in Airbus Repair Drawing R571–40588 has been accomplished: Prior to the accumulation of 15,000 landings after accomplishing the modification, or within 500 landings after January 5, 1994, whichever occurs later, perform a HFEC inspection to detect cracks in the center spar sealing angles adjacent to

Rib 8, in accordance with Airbus Industrie Service Bulletin No. A300–57–6027, dated October 8, 1991, or Revision 2, dated September 13, 1994. Thereafter, repeat this inspection at intervals not to exceed 6,000 landings until the inspection required by paragraph (d) of this AD is accomplished.

New Requirements of this AD

(c) For those airplanes on which Airbus modification 08609H5276 (Airbus Service Bulletin A300–57–6033), or the modification specified in Airbus Repair Drawing R571–40588 or R571–40942, has not been accomplished: Perform HFEC inspections to detect cracks in the center spar sealing angles adjacent to Rib 8, in accordance with Airbus Service Bulletin A300–57–6027, Revision 2, dated September 13, 1994, at the later of the times specified in paragraph (a)(1) and (a)(2) of this AD, as applicable. Repeat the inspection thereafter at intervals not to exceed 2,625 landings. Accomplishment of these inspections terminates the requirements of paragraph (a) of this AD.

(1) For airplanes on which HFEC inspections have not been accomplished in accordance with AD 93–23–07: Prior to the accumulation of 4,638 total landings; or within 500 landings after the effective date of this AD, whichever occurs later.

(2) For airplanes on which HFEC inspections have been accomplished in accordance with AD 93–23–07: Within 2,625 landings after accomplishment of the last inspection performed in accordance with the requirements of paragraph (a) of this AD, or within 500 landings after the effective date of this AD, whichever occurs later.

(d) For those airplanes on which Airbus Modification 08609H5276 (Airbus Service Bulletin A300–57–6033) or the modification specified in Airbus Repair Drawing R571–40588 or R571–40942 has been accomplished: Perform a HFEC inspection to detect cracks in the center spar sealing angles adjacent to Rib 8, in accordance with Airbus Service Bulletin No. A300–57–6027, Revision 2, dated September 13, 1994, at the later of the times specified in paragraphs (d)(1) and (d)(2) of this AD, as applicable. Repeat the inspection thereafter at intervals not to exceed 2,625 landings. Accomplishment of this inspection terminates the requirements of paragraph (b) of this AD.

(1) For airplanes on which HFEC inspections have not been accomplished in accordance with AD 93–23–07: Prior to the accumulation of 5,775 landings after accomplishing the modification, or within 500 landings after the effective date of this AD.

(2) For airplanes on which HFEC inspections have been accomplished in accordance with AD 93–23–07: Within 2,625 landings after accomplishment of the last inspection performed in accordance with the requirements of paragraph (b) of this AD, or within 500 landings after the effective date of this AD, whichever occurs later.

Corrective Action

(e) If any crack is found in the center spar sealing angles, including cracking entirely through the sealing angle, during the inspections required by paragraph (a), (b), (c), or (d) of this AD: Prior to further flight, replace the pair of sealing angles on the affected wing and cold work the attachment holes, in accordance with Airbus Repair Drawing R571–40589 or R571–40942; and perform the repetitive inspections required by paragraph (c) or (d) of this AD, as applicable.

(f) If any sealing angle is found to be cracked through entirely during the inspections required by paragraph (a), (b), (c), or (d) of this AD: Prior to further flight, perform additional inspections to detect cracks in the adjacent butt strap and skin panel, in accordance with paragraph 2.B.(5) of Airbus Service Bulletin A300–57–6027, Revision 2, dated September 13, 1994. If any crack is found in the adjacent butt strap and skin panel, prior to further flight, repair in accordance with Airbus Repair Drawing R571–40611.

(g)(1) 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, Standardization Branch, ANM–113, FAA, Transport Airplane Directorate. Operators shall submit their requests through an appropriate FAA Principal Maintenance Inspector, who may add comments and then send it to the Manager, Standardization Branch, ANM–113.

(2) Operators may request an extension of the compliance times of this AD in accordance with the adjustment for range formula found in paragraph 1(d) of Airbus Service Bulletin A300–57–6027, Revision 2, dated September 13, 1994. The average flight time per flight cycle in hours used in this formula should be for an individual airplane. Average flight time for a group of airplanes may be used if all airplanes in the group have flight times differing by no more than 10 percent. If compliance times are based on the average flight time for a group of airplanes, the individual airplane flight times of the group must be submitted to the Manager, Standardization Branch, ANM–113, for review.

Note 3: Information concerning the existence of approved alternative methods of compliance with this AD, if any, may be obtained from the Standardization Branch, ANM–113.

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

Issued in Renton, Washington, on July 11, 1997.

Darrell M. Pederson,

Acting Manager, Transport Airplane Directorate, Aircraft Certification Service.

[FR Doc. 97–15887 Filed 6–17–97; 8:45 am]

BILLING CODE 4910–13–U

DEPARTMENT OF LABOR

Employment Standards Administration

20 CFR Parts 718, 722, 725, 726 and 727

RIN 1215–AA99

Regulations Implementing the Federal Coal Mine Health and Safety Act of 1969, as Amended; Notice of Public Hearing

AGENCY: Employment standards Administration, Labor.

ACTION: Proposed rule; notice of public hearing.

SUMMARY: This notice schedules a second public hearing on the proposed regulations implementing the Black Lung Benefits Act which the Employment Standards Administration (ESA) issued on January 22, 1997 (62 FR 3338–3435). The first public hearing is scheduled for June 19, 1997 in Charleston, West Virginia (62 FR 27562; 62 FR 28760).

The proposed regulations reflect the program's suggestions for change in the processing and adjudication of individual claims for black lung benefits. The proposal also revises the criteria governing the responsibility of coal mine operators to secure the payment of benefits to their employees and reflects many decisions issued by the Benefits Review Board and U.S. courts of appeals over the past thirteen years. ESA proposed these regulations with the goal of improving services, streamlining the adjudication process and updating the regulations' content. The purpose of the hearings is to receive comments on the proposed changes.

DATES: The second hearing will be held in Washington, D.C. on Tuesday, July 22, 1997 beginning at 9:00 a.m. Persons seeking to testify at the public hearing based on medical, scientific, economic or other technical evidence must file a notice of intent to appear accompanied by three copies of the evidence upon which their testimony will be based. The notice and evidence must be received by Tuesday, July 8, 1997. Any other party desiring to participate must file a notice of intent to appear by Tuesday, July 15, 1997. Any party who has not filed a notice of intent to appear may be allowed to testify, at the discretion of the Administrative Law Judge, as time permits at the end of the hearing.

ADDRESSES: The second hearing will be held in the auditorium of the Frances Perkins Building, U.S. Department of Labor, 3rd Street and Constitution Avenue, N.W., Washington, D.C. 20210.

Notices of intent to appear and accompanying evidence, if any, must be sent to James L. DeMarce, Director, Division of Coal Mine Workers' Compensation, Room C–3520, Frances Perkins Building, 200 Constitution Avenue, N.W., Washington, D.C. 20210; FAX Number 202–219–8568.

FOR FURTHER INFORMATION CONTACT: James L. DeMarce, Director, Division of Coal Mine Workers' Compensation, (202) 219–6692.

SUPPLEMENTARY INFORMATION:

Filing of Notices of Intent To Appear and Evidence Before the Hearing

The notice of intent to appear must contain the following information:

1. The name, address, organization, and telephone number of each person to appear;
2. The capacity in which the person will appear;
3. The approximate amount of time required for the presentation;
4. A brief statement of the position that will be taken with respect to the proposed regulations;
5. Whether the party intends to testify based on medical, scientific, economic or technical evidence. If so, three copies of that evidence must be attached to the notice of intent to appear.

ESA will review each notice of intent to appear in light of the amount of time requested. In those instances when the requested amount of time exceeds 20 minutes, ESA will determine, in its sole discretion, whether the amount of time requested is supported by the accompanying documentation. If not, the participant will be notified of that fact prior to the hearing.

Conduct and Nature of the Hearing

The hearing will commence at 9:00 a.m. on July 22, 1997. At that time, the presiding officer, an Administrative Law Judge, will resolve any procedural matters relating to the hearing which are delegated to his discretion in this notice. It is ESA's intent to provide interested members of the public with an opportunity to make effective oral presentations and to insure that these presentations proceed expeditiously, without procedural restraints which might impede or protract the rulemaking process. The hearing is primarily for the purpose of information gathering and therefore will be an informal administrative proceeding rather than an adjudicative one. The formal rules of evidence will not apply. The hearing is also intended to facilitate the development of a clear, accurate and complete record. Thus, questions of relevance, procedure and participation generally will be decided so as to favor development of the record.

The order of appearance of persons who have filed notices of intent to appear will be determined by ESA. Only the Department may ask questions of witnesses. The presiding officer will make no decision or recommendation on the merits of ESA's proposal, but rather will be responsible for ensuring that the hearing proceeds at a reasonable pace and in an orderly manner. The presiding officer, therefore, will have all the powers necessary and appropriate to conduct a full and fair informal hearing, including the powers:

1. To regulate the course of the proceedings;
2. To dispose of procedural requests, objections and comparable matters;
3. To confine the presentations to pertinent and relevant matters; and
4. To regulate the conduct of those present at the hearing by appropriate means.

Individuals with disabilities, who need special accommodations, should contact James L. DeMarce by Tuesday, July 8 at the address indicated in this notice.

Contents of the Rulemaking Record

This rulemaking record will remain open through August 21, 1997 (62 FR 27000). A verbatim transcript of the hearing will be prepared and made a part of the record. It will be available for public inspection at the Office of the Solicitor, Division of Black Lung Benefits, 200 Constitution Avenue, NW., Suite N–2605, Washington, DC 20210. Members of the public may also arrange with the court reporter to purchase their own copies. All notices of intent to appear at the hearing and accompanying evidence, if any, will also be made a part of the record and will be available for public inspection at the above address. ESA will also accept additional written comments and other appropriate data from any interested party, including those not presenting oral testimony, until expiration of the comment period.

Signed at Washington, DC, this 12th day of June, 1997.

Gene Karp,

Deputy Assistant Secretary for Employment Standards.

[FR Doc. 97–15942 Filed 6–17–97; 8:45 am]

BILLING CODE 4510–27–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

21 CFR Parts 868, 884, and 890

[Docket No. 94N–0418]

Retaining Certain Preamendment Class III Devices in Class III

AGENCY: Food and Drug Administration, HHS.

ACTION: Proposed rule.

SUMMARY: The Food and Drug Administration (FDA) is proposing to retain the following preamendment class III devices in class III: Lung water monitor, powered vaginal muscle stimulator for therapeutic use, and stair-climbing wheelchair. Manufacturers of these referenced preamendment class III devices were requested, by an order published in the **Federal Register,** to submit a summary of, and a citation to, all information known or otherwise available to them respecting their devices, including adverse safety or effectiveness information concerning the devices that had not been submitted under the Federal Food, Drug, and Cosmetic Act (the act). FDA believes that these devices should remain in class III because insufficient information exists to determine that special controls would provide reasonable assurance of their safety and effectiveness, and/or these devices present a potential unreasonable risk of illness or injury.

DATES: Submit written comments by September 16, 1997. FDA proposes that any final rule that may issue based on this proposal become effective 30 days after the date of publication of the final rule.

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: Lisa A. Rooney, Center for Devices and Radiological Health (HFZ–403), Food and Drug Administration, 9200 Corporate Blvd., Rockville, MD 20850, 301–594–1190.

SUPPLEMENTARY INFORMATION:

I. Background

The act (21 U.S.C. 321 *et seq.*), as amended by the Medical Device Amendments of 1976 (the 1976 amendments) (Pub. L. 94–295) and the Safe Medical Devices Act of 1990 (the SMDA) (Pub. L. 101–629), established a comprehensive system for the regulation of medical devices intended for human

use. Section 513 of the act (21 U.S.C. 360c) established three classes of devices, depending on the regulatory controls needed to provide reasonable assurance of their safety and effectiveness. The three classes of devices are class I (general controls), class II (special controls), and class III (premarket approval). Generally, devices that were in commercial distribution before May 28, 1976 (the date of enactment of the 1976 amendments), and devices marketed on or after that date that are substantially equivalent to such devices, have been classified by FDA. This proposed rule refers to both the devices that were in commercial distribution before May 28, 1976, and the substantially equivalent devices that were in commercial distribution on or after that date, as ''preamendment devices.''

The SMDA added new section 515(i) (21 U.S.C. 360e(i)) to the act. This section requires FDA to order manufacturers of preamendment class III devices, for which no final regulation has been issued requiring the submission of premarket approval applications (PMA's), to submit to the agency a summary of, and a citation to, any information known or otherwise available to them respecting such devices, including adverse safety and effectiveness information that has not been submitted under section 519 of the act (21 U.S.C. 360i) (hereinafter referred to as ''515(i) orders).'' Section 519 of the act requires manufacturers, importers, and distributors to maintain records and to report information that reasonably suggests that one of its marketed devices may have caused or contributed to a death or serious injury, or that a malfunction of the device is likely to cause death or serious injury on recurrence. Section 515(i)(2) of the act directs FDA to publish proposed and final regulations when devices, subject to 515(i) orders, are to remain in class III or be reclassified into class I or class II. Section 515(i)(3) of the act directs FDA to establish a schedule for the issuance of rules requiring the submission of PMA's for devices remaining in class III.

Accordingly, in the **Federal Register** of August 14, 1995 (60 FR 41984), FDA issued an order under section 515(i) of the act requiring manufacturers of 27 preamendment class III devices to submit to FDA a summary of, and citation to, all information known or otherwise available to them respecting such devices, including adverse safety or effectiveness information concerning the devices that had not been submitted under section 519 of the act. FDA requested this information in order to determine, for each device, whether the classification of the device should be revised, or whether a regulation requiring the submission of PMA's for the device should be issued.

Based on the lack of safety and effectiveness information submitted in response to the section 515(i) order, FDA proposes that the devices discussed in sections I.A., B., and C of this document remain in class III because, for each of these devices: (1) Insufficient information exists to determine that general controls alone, or that general controls together with special controls, would provide reasonable assurance of the device's safety and effectiveness, and/or (2) these devices present a potential unreasonable risk of illness or injury.

A. Lung Water Monitor (21 CFR 868.2450)

In the **Federal Register** of November 2, 1979 (44 FR 63292 at 63341), FDA proposed to classify the lung water monitor into class III, in accordance with the recommendation of the Anesthesiology Device Classification Panel (the Panel). The lung water monitor is intended to monitor the trend of fluid volume changes in a patient's lung by measuring changes in thoracic electrical impedance by means of electrodes placed on the patient's chest. The Panel recommended classifying this device into class III because the Panel believed that the lung water monitor presented a potential unreasonable risk of illness or injury. The Panel also believed that insufficient information existed to determine whether performance standards would be adequate to provide reasonable assurance of the safety and effectiveness of the device. In accordance with the Panel's recommendation, FDA issued a final rule in the **Federal Register** of July 16, 1982 (47 FR 31130 at 31142) classifying the lung water monitor into class III.

The safety risks associated with the lung water monitor using a double indicator dilution technique include: (1) Typical risks associated with the placement of a catheter, such as thrombosis and hematomas; (2) electrical shock; (3) misdiagnosis if the device is not calibrated or does not accurately measure changes in lung fluid volume; and (4) inappropriate therapy. The safety risks associated with the lung water monitor using thoracic impedance include: (1) Electrical shock; (2) misdiagnosis; and (3) inappropriate therapy.

The Panel's original concerns regarding the clinical effectiveness of the technology have not been resolved. The literature that has been published has not produced clear results regarding the effectiveness of this device; it does suggest, however, that this device may have some potential use in certain specific diseases. Unfortunately, this information is based on the results of a lung water computer device that is no longer marketed. Alternative technology, such as pulmonary artery catheterization, chest x-ray, and echocardiography are now in common use for evaluation of congestive heart failure or pulmonary edema. Because insufficient information, i.e. lack of information regarding the technology, particularly the effectiveness of the technology, exists to determine either that general controls alone, or that general controls together with special controls would provide reasonable assurance of the device's safety and effectiveness, FDA proposes that the device remain in class III.

Furthermore, FDA concludes that this device continues to present the same potential unreasonable risk of illness or injury that was first identified by the original classification panel because the agency has not received any additional information regarding the safety and effectiveness of this device. FDA, therefore, proposes that this device remain in class III.

B. Powered Vaginal Muscle Stimulator for Therapeutic Use (21 CFR 884.5940)

In the **Federal Register** of April 3, 1979 (44 FR 19894 at 19969), FDA proposed to classify into class III, in accordance with the recommendation of the Obstetrical and Gynecological Device Classification Panel (the Ob/Gyn Panel), the powered vaginal muscle stimulator for therapeutic use intended to increase muscle tone and strength in the treatment of sexual dysfunction. The Ob/Gyn Panel recommended classifying this device into class III because the Ob/Gyn Panel believed that the satisfactory performance of the device had not been demonstrated. The Ob/Gyn Panel also questioned the usefulness of this device when used in the treatment of sexual dysfunction. In fact, only one citation in the clinical literature was referenced in FDA's proposed rule classifying the device and that one reference indicated that vaginal muscle stimulation in the treatment of sexual dysfunction had fallen into disuse. In accordance with the Ob/Gyn Panel's recommendation, FDA issued a final rule in the **Federal Register** of February 26, 1980 (45 FR 12684) classifying the powered vaginal muscle stimulator for therapeutic use into class III.

The safety risks associated with the powered vaginal muscle stimulator for

therapeutic use intended to increase muscle tone and strength in the treatment of sexual dysfunction include: (1) Electrical shock; (2) burns; (3) irritation, trauma, hemorrhage, and perforation; and (4) adverse tissue reaction.

FDA is unaware of any manufacturers who currently market powered vaginal muscle stimulators for treatment of sexual dysfunction. Only one manufacturer of this device was ever registered. That one manufacturer, however, is no longer registered. Moreover, no manufacturers responded to the 515(i) order requesting the submission of information and announcing FDA's intention to keep this device in class III.

In the absence of information from manufacturers, FDA conducted a thorough search of the medical literature, including clinical texts, on the treatment of sexual dysfunction using powered vaginal muscle stimulation. No references were identified by this search. In addition, review of the available information on this device shows that there is no evidence in the literature demonstrating the effectiveness of this device for the treatment of sexual dysfunction. As a result, FDA proposes that the powered vaginal muscle stimulator intended for the treatment of sexual dysfunction remain in class III because insufficient information exists to determine either that general controls alone or that general controls together with special controls would provide reasonable assurance of the device's safety and effectiveness.

Moreover, because FDA has not received any additional information regarding the safety and effectiveness of this device in response to the 515(i) order, FDA concludes that this device continues to present the same potential unreasonable risks of illness or injury that were first identified by the original classification panel. FDA, therefore, proposes that this device remain in class III.

C. Stair-Climbing Wheelchair (21 CFR 890.3890)

In the **Federal Register** of August 28, 1979 (44 FR 50497), FDA proposed to classify into class III, in accordance with the recommendation of the Physical Medicine Device Classification Panel (the Physical Medicine Panel), the stair-climbing wheelchair intended for medical purposes to provide mobility to persons restricted to a sitting position. The device is intended to climb stairs by means of two endless belt tracks that are lowered from under the chair and adjusted to the angle of the stairs. The Physical Medicine Panel recommended classifying this device into class III because it believed that satisfactory performance of the device had not been demonstrated, and, therefore, it is not possible to establish an adequate performance standard for the device. The Physical Medicine Panel also noted that the device was experimental, and data to support its safe and effective use were not available. Subsequently, in the **Federal Register** of November 23, 1983 (48 FR 53032 at 53047), FDA issued a final rule classifying into class III the stair-climbing wheelchair, in accordance with the recommendation of the Physical Medicine Panel.

The safety risks associated with the stair-climbing wheelchair include bodily injury. If the device fails the disabled patient could fall and be seriously or fatally injured.

To date, the agency has not received any information in response to the 515(i) order. Because the agency has not received any additional information regarding the safety and effectiveness of this device, FDA concludes that the satisfactory performance of the device still remains to be demonstrated. It is still not possible to establish adequate special controls for the device. Therefore, FDA proposes that the stair-climbing wheelchair remain in class III.

Furthermore, FDA concludes that this device continues to present the same potential unreasonable risks of illness or injury that were first identified by the original classification panel because the agency has not received any additional information regarding the safety and effectiveness of this device. Insufficient information exists to determine either that general controls alone or that general controls together with special controls would provide reasonable assurance of the safety and effectiveness of this device. FDA, therefore, proposes that this device remain in class III.

II. Environmental Impact

The agency has determined under 21 CFR 25.24(a)(8) 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.

III. Analysis of Impacts

FDA has examined the impacts of the proposed rule under Executive Order 12866 and the Regulatory Flexibility Act (Pub. L. 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, and other advantages; distributive impacts; and equity). The agency believes that this proposed rule is consistent with the regulatory philosophy and principles identified in the Executive Order. In addition, the proposed rule is not a significant regulatory action as defined by the Executive Order and so is not subject to review under the Executive Order.

The Regulatory Flexibility Act requires agencies to analyze regulatory options that would minimize any significant impact of a rule on small entities. Because this proposal simply retains class III devices in class III, the agency certifies that the proposed rule will not have a significant economic impact on a substantial number of small entities. Therefore, under the Regulatory Flexibility Act, no further analysis is required.

IV. Congressional Review

This rule is not a major rule under the congressional review provisions of Subtitle E of the Small Business Regulatory Enforcement Fairness Act of 1996 (Pub. L. 104–121).

V. Comments

Interested persons may, on or before September 16, 1997 submit to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857, written comments regarding this proposal. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. Received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

This proposed rule is issued under sections 513, 515(i), and 701(a) of the Federal Food, Drug, and Cosmetic Act (21 U.S.C. 360c, 360e(i), and 701(a)) and under authority of the Commissioner of Food and Drugs.

Dated: June 4, 1997.

D.B. Burlington,

Director, Center for Devices and Radiological Health.

[FR Doc. 97–15993 Filed 6–17–97; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF TRANSPORTATION

Federal Highway Administration

23 CFR Part 777

[Docket No. FHWA–97–2514]

RIN 2125–AD78

Mitigation of Impacts to Wetlands

AGENCY: Federal Highway Administration (FHWA), DOT.

ACTION: Supplemental notice of proposed rulemaking (SNPRM); request for comments.

SUMMARY: The FHWA is supplementing its June 17, 1996, notice of proposed rulemaking (NPRM) entitled, ''Mitigation of Impacts to Wetlands.'' This SNPRM would clarify the scope of the FHWA's wetlands regulations by specifying that they apply to all projects funded pursuant to the provisions of title 23, United States Code (Title 23). This rulemaking would also make a technical amendment to the text of the NPRM.

DATES: Comments must be received on or before August 18, 1997.

ADDRESSES: Submit written, signed comments to the docket number that appears in the heading of this document to the Docket Clerk, U.S. DOT Dockets, Room PL–401, 400 Seventh Street, SW., Washington, DC 20590–0001. All comments received will be available for examination at the above address between 10 a.m. and 5 p.m., e.t., Monday through Friday, except Federal holidays. Those persons or organizations who desire notification of receipt of comments must include a self-addressed, stamped envelope or postcard.

FOR FURTHER INFORMATION CONTACT: Mr. Paul Garrett, Office of Environment and Planning, HEP–42, (202) 366–9173, or Mr. Brett Gainer, Office of the Chief Counsel, HCC–31, (202) 366–1372, Federal Highway Administration, 400 Seventh Street, SW., Washington, DC. 20590. Office hours are from 7:45 a.m. to 4:15 p.m., e.t., Monday through Friday, except Federal holidays.

SUPPLEMENTARY INFORMATION: In an NPRM published on June 17, 1996 (61 FR 30553), the FHWA proposed to amend 23 CFR part 777, ''Mitigation of Impacts to Privately-owned Wetlands,'' in order to update the current, out-moded regulations in light of changes brought about by the Intermodal Surface Transportation Efficiency Act of 1991 (ISTEA). The ISTEA significantly altered the range and timing of alternatives eligible for Federal-aid participation for mitigation of wetland impacts due to Federal-aid highway projects. Accordingly, the June 17, 1996, NPRM would revise the current regulations to conform to the ISTEA's requirements, thereby providing more flexibility to State highway agencies in determining eligibility of mitigation alternatives for Federal participation. This proposal would also broaden the scope of the current regulation to encompass all wetlands mitigation projects eligible for Federal participation, not just those involving privately owned wetlands.

In the months since the NPRM was published, however, the FHWA has determined that certain language in the proposed regulation, carried over from the original rulemaking published in 1980, could be interpreted in an unnecessarily restrictive manner. Part 777, as now written, states that it applies to ''the evaluation and mitigation of adverse environmental impacts to privately owned wetlands caused by new construction of Federal-aid highway projects.'' 23 CFR 777.1. The NPRM would retain this language, with the exception of the words ''privately owned.'' The FHWA believes this provision is unnecessarily restrictive, because under current law Federal-aid funds may be used to improve or restore wetlands affected by past Federal-aid highway projects, even when no current Federal-aid project is taking place in the vicinity.

Four provisions of Title 23 sanction such ''historic wetlands'' restoration projects. First, both the National Highway System and Surface Transportation Programs, created by ISTEA, allow states to use Federal-aid funds for wetlands mitigation activities. 23 U.S.C. 103(i)(13) and 133(b)(11). These provisions are identically worded, and allow the expenditure of Federal-aid highway funds towards efforts to conserve, restore, enhance, and create wetlands. Both provisions state that ''[c]ontributions to such mitigation efforts may take place concurrent with or in advance of project construction.'' The FHWA believes this phrase may be fairly interpreted as permissive, rather than restrictive and, therefore, States are permitted by these two provisions to use Federal-aid funds for the stated purposes concurrent with or in advance of project construction. Nothing in the language of sections 103(i)(13) or 133(e)(11) forbids states from doing so after a project has been completed. No specific prohibition having been written into these provisions, the FHWA does not believe one should be implied.

Two other provisions of Title 23, when read together, also provide a basis for funding so-called historic wetlands restoration projects. The first is section 133(b)(1), which permits Surface Transportation Program (STP) funds to be spent for ''mitigation of damage to wildlife, habitat, and ecosystems caused by a transportation project funded under this Title.'' Under section 101 of Title 23, the term ''project'' means ''an undertaking to construct a particular portion of a highway, or if the context so implies, the particular portion of a highway so constructed.'' This definition is broad enough to encompass not just new or even recent projects, but any highway that has been constructed using Title 23 funds.

A final category of funding for which historic wetlands projects may be eligible is that available under the STP for transportation enhancement activities (TEAs). 23 U.S.C. 133(e)(8). The definition of TEAs (23 U.S.C. 101) does limit them to those related to particular ''projects'' (as defined in section101), but does not specify any particular time frame in which they must take place. Historic wetlands projects could qualify for STP funds if legitimately tied to one of the categories of TEAs set forth in the definition, such as scenic beautification or mitigation of water pollution due to highway runoff.

With all this in mind, the FHWA has decided to issue this SNPRM, which would further amend Part 777 by revising § 777.1 to read: ''To provide policy and procedures for evaluation and mitigation of adverse environmental impacts to wetlands resulting from projects funded pursuant to the provisions of title 23, United States Code.'' The FHWA invites comments on this new proposal.

This SNPRM also makes a technical amendment to the text of the June 17, 1996, NPRM. Although the NPRM would expand the application of part 777 to the mitigation of environmental impacts to both private and publicly owned wetlands, the regulatory text of the NPRM inadvertently retained the heading, ''Mitigation of Impacts to Privately Owned Wetlands.'' This SNPRM would correct that oversight by removing the words ''Privately Owned'' from the heading.

Rulemaking Analyses and Notices

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 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 issue a final rule 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.

Executive Order 12866 (Regulatory Planning and Review and DOT Regulatory Policies and Procedures)

The FHWA has considered the impact of this document and has determined that it is neither a significant rulemaking action within the meaning of Executive Order 12866 nor a significant rulemaking under the regulatory policies and procedures of the Department of Transportation. This rulemaking would supplement an NPRM proposing to amend FHWA regulations regarding mitigation of impacts to privately owned wetlands. These regulations have become outdated because of provisions in sections 1006 and 1007 of the ISTEA, which authorize greater flexibility for Federal participation in mitigating impacts to wetlands. These amendments have been codified at 23 U.S.C. 103 and 133.

This SNPRM would not cause any significant changes to the amount of funding available to the States under the STP or NHS programs or add to the process by which States receive funding. The provisions of this proposed rulemaking would not require the additional expenditure of Federal-aid or State highway funds. Instead, this SNPRM would merely clarify the scope of the FHWA's wetlands regulations by specifying that they apply to all projects funded pursuant to title 23, United States Code (Title 23). Thus, it is anticipated that the economic impact of this rulemaking would be minimal. In addition, it would not create a serious inconsistency with any other agency's action or materially alter the budgetary impact of any entitlements, grants, user fees, or loan programs; nor will amendment of this regulation raise any novel legal or policy issues. Therefore, a full regulatory evaluation is not required.

Regulatory Flexibility Act

In compliance with the Regulatory Flexibility Act (5 U.S.C. 601–612), the FHWA has evaluated the effects of this SNPRM on small entities and has determined it would not have a significant economic impact on a substantial number of small entities. Supplementing the FHWA's June 17, 1996, NPRM in this manner would not affect the amount of funding available to the States through the STP or NHS programs, or the procedures used to select the States eligible to receive these funds. Furthermore, States are not included in the definition of ''small entity'' set forth in 5 U.S.C. 601. For these reasons, and for those set forth in the analysis of E.O. 12866, the FHWA hereby certifies that this action will not have a significant economic impact on a substantial number of small entities.

Executive Order 12612 (Federalism Assessment)

This action has been analyzed in accordance with the principles and criteria contained in Executive Order 12612, and it has been determined that this action does not raise sufficient federalism implications to warrant the preparation of a federalism assessment. This SNPRM would not preempt any State law or State regulation. No additional costs or burdens would be imposed on the States as a result of this action, and the States' ability to discharge traditional State governmental functions would not be affected by this rulemaking.

Executive Order 12372

Catalog of Domestic Assistance Program Number 20.205, Highway Planning and Construction. The regulations implementing Executive Order 12372 regarding intergovernmental consultation on Federal programs and activities apply to this program.

Paperwork Reduction Act

This action does not create a collection of information requirement for the purposes of the Paperwork Reduction Act of 1995, 44 U.S.C. 3501–3520.

National Environmental Policy Act

The FHWA has analyzed this rulemaking for the purposes of the National Environmental Policy Act of 1969 (NEPA) (42 U.S.C. 4321–4347). This SNPRM would not, in and of itself, constitute a major Federal action significantly affecting the quality of the human environment. Instead, it would clarify the scope of the June 17, 1996, NPRM, which is intended to increase the flexibility available to States when deciding how to mitigate impacts to wetlands resulting from projects funded pursuant to the provisions of title 23, United States Code. Such impacts and appropriate mitigation measures would be evaluated pursuant to NEPA on a project-by-project basis by the States and the FHWA. Accordingly, promulgation of this SNPRM would not require the preparation of an environmental impact statement.

Regulatory Identification Number

A regulation identification number (RIN) is assigned to each regulatory action listed in the Unified Agenda of Federal Regulations. The Regulatory Information Service Center publishes the Unified Agenda in April and October of each year. The RIN contained in the heading of this document can be used to cross reference this action with the Unified Agenda.

List of Subjects in 23 CFR Part 777

Flood plains, Grant programs—transportation, Highways and roads, Wetlands.

Issued on: June 9, 1997.

Jane Garvey,

Acting Administrator for the Federal Highway Administration.

In consideration of the foregoing, the FHWA proposes to amend part 777 of title 23, Code of Federal Regulations, as follows:

PART 777—MITIGATION OF IMPACTS TO WETLANDS

1. The authority citation for part 777 is revised to read as follows:

Authority: 42 U.S.C. 4321 *et seq.*; 49 U.S.C. 303; 23 U.S.C. 101(a), 103, 109(h), 133(b)(1), 133(b)(11), 133(d)(2), 138, 315; E.O. 11990; DOT Order 5660.1A; 49 CFR 1.48(b).

2. The heading of part 777 is revised to read as set forth above

3. Section 777.1 is revised to read as follows:

§ 777.1 Purpose.

To provide policy and procedures for the evaluation and mitigation of adverse environmental impacts to wetlands resulting from projects funded pursuant to the provisions of title 23, United States Code.

[FR Doc. 97–15929 Filed 6–17–97; 8:45 am]

BILLING CODE 4910–22–P

FEDERAL EMERGENCY MANAGEMENT AGENCY

44 CFR Part 67

[Docket No. FEMA–7214]

Proposed Flood Elevation Determinations

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Proposed rule.

SUMMARY: Technical information or comments are requested on the proposed base (1% annual chance) flood elevations and proposed base flood elevation modifications for the

communities listed below. The base flood elevations and modified base flood elevations are the basis for the floodplain management measures that the community is required either to adopt or to show evidence of being already in effect in order to qualify or remain qualified for participation in the National Flood Insurance Program (NFIP).

DATES: The comment period is ninety (90) days following the second publication of this proposed rule in a newspaper of local circulation in each community.

ADDRESSES: The proposed base flood elevations for each community are available for inspection at the office of the Chief Executive Officer of each community. The respective addresses are listed in the following table.

FOR FURTHER INFORMATION CONTACT: Frederick H. Sharrocks, Jr., Chief, Hazard Identification Branch, Mitigation Directorate, 500 C Street SW., Washington, DC 20472, (202) 646–2796.

SUPPLEMENTARY INFORMATION: The Federal Emergency Management Agency proposes to make determinations of base flood elevations and modified base flood elevations for each community listed below, in accordance with Section 110 of the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and 44 CFR 67.4(a).

These proposed base flood and modified base flood elevations, together with the floodplain management criteria required by 44 CFR 60.3, are the minimum that are required. They should not be construed to mean that the community must change any existing ordinances that are more stringent in their floodplain management requirements. The community may at any time enact stricter requirements of its own, or pursuant to policies established by other Federal, State, or regional entities. These proposed elevations are used to meet the floodplain management requirements of the NFIP and are also used to calculate the appropriate flood insurance premium rates for new buildings built after these elevations are made final, and for the contents in these buildings.

National Environmental Policy Act

This proposed rule is categorically excluded from the requirements of 44 CFR Part 10, Environmental Consideration. No environmental impact assessment has been prepared.

Regulatory Flexibility Act

The Executive Associate Director, Mitigation Directorate, certifies that this proposed rule is exempt from the requirements of the Regulatory Flexibility Act because proposed or modified base flood elevations are required by the Flood Disaster Protection Act of 1973, 42 U.S.C. 4104, and are required to establish and maintain community eligibility in the NFIP. No regulatory flexibility analysis has been prepared.

Regulatory Classification

This proposed rule is not a significant regulatory action under the criteria of Section 3(f) of Executive Order 12866 of September 30, 1993, Regulatory Planning and Review, 58 FR 51735.

Executive Order 12612, Federalism

This proposed rule involves no policies that have federalism implications under Executive Order 12612, Federalism, dated October 26, 1987.

Executive Order 12778, Civil Justice Reform

This proposed rule meets the applicable standards of Section 2(b)(2) of Executive Order 12778.

List of Subjects in 44 CFR Part 67

Administrative practice and procedure, Flood insurance, Reporting and recordkeeping requirements.

Accordingly, 44 CFR part 67 is proposed to be amended as follows:

PART 67—[AMENDED]

1. The authority citation for part 67 continues to read as follows:

Authority: 42 U.S.C. 4001 *et seq.*; Reorganization Plan No. 3 of 1978, 3 CFR, 1978 Comp., p. 329; E.O. 12127, 44 FR 19367, 3 CFR, 1979 Comp., p. 376.

§ 67.4 [Amended]

2. The tables published under the authority of § 67.4 are proposed to be amended as follows:

State	City/town/county	Source of flooding	Location	#Depth in feet above ground. *Elevation in feet. (NGVD)	
				Existing	Modified
Arizona	Yavapai County (Unincorporated Areas).	Big Chino Wash	Just upstream of the Sullivan Lake Spillway.	None	*4,356
			Approximately 600 feet upstream of U.S. Route 89.	None	*4,364
		Chino Valley Stream	Approximately 3,650 feet downstream of U.S. Route 89.	None	*4,406
			Approximately 7,550 feet upstream of U.S. Route 89.	None	*4,494
		Chino Valley Stream (with levee).	Approximately 7,700 feet downstream of U.S. Route 89.	None	*4,378
			Approximately 50 feet downstream of U.S. Route 89.	None	*4,434
		Santa Cruz Wash	Approximately 4,200 feet downstream of Old U.S. Route 89.	None	*4,362
			Approximately 20,850 feet upstream of Old U.S. Route 89.	None	*4,489
Maps are available for inspection at the Yavapai County Flood Control District, 255 East Gurley Street, Prescott, Arizona.					
Send comments to The Honorable Carlton Camp, Chairperson, Yavapai County Board of Supervisors, 1015 Fair Street, Room 310, Prescott, Arizona 86301.					
Arkansas	Calhoun County (Unincorporated Areas).	Two Bayou Main Canal	Approximately 300 feet downstream of State Highway 4.	None	*113

State	City/town/county	Source of flooding	Location	#Depth in feet above ground. *Elevation in feet. (NGVD)	
				Existing	Modified
			Just downstream of a railroad spur located approximately 2,000 feet upstream of confluence of Dogwood Creek.	None	*123
			Just downstream of State Highway 274 ..	None	*127
			Approximately 200 feet upstream of divergence from Two Bayou Old Channel.	None	*135
			Approximately 900 feet downstream of State Highway 203 and East Camden and Highland Railroad.	None	*155
			Approximately 17,540 feet upstream of East Camden and Highland Railroad.	None	*185
		Two Bayou Old Channel ..	Approximately 300 feet downstream of State Highway 274.	None	*120
			At County Road	None	*128
			Approximately 1,000 feet downstream of divergence from Two Bayou Main Canal.	None	*134
		Dogwood Creek	Approximately 200 feet upstream of confluence with Two Bayou Main Canal.	None	*120
			Approximately 200 feet upstream of State Highway 274.	None	*135
			Approximately 200 feet upstream of State Highway 203.	None	*175
			Approximately 11,680 feet upstream of State Highway 203.	None	*205
		Dogwood Creek Tributary	Approximately 700 feet upstream of confluence with Dogwood Creek.	None	*145
			Just upstream of an unnamed road located approximately 8,240 feet above mouth.	None	*152

Maps are available for inspection at the Calhoun County Judge's Office, County Courthouse (in County Square), Second and Main Streets, Hampton, Arkansas.

Send comments to The Honorable Arthur Jones, County Judge, Calhoun County, County Courthouse, Second and Main Streets, Hampton, Arkansas 71744.

	Little River County and Incorporated Areas.	Red River	Approximately 5,000 feet upstream of the Union Pacific Railroad at County limit.	None	+261
			Approximately 10.5 miles upstream of Highway 41.	None	+317
		East Flat Creek	Just upstream of Burlington Northern Railroad.	None	+387
			Approximately 700 feet upstream of Second Street.	None	+425
		East Flat Creek Tributary A.	At confluence with East Flat Creek	None	+384
			Approximately 300 feet upstream of Third Avenue.	None	+404
		East Flat Creek Tributary B.	At confluence with East Flat Creek	None	+406
			Approximately 200 feet upstream of Third Avenue.	None	+417
		Lick Creek	Approximately 750 feet downstream of the Kansas City Southern Railroad.	None	+283
			Approximately 3,200 feet upstream of Highway 234.	None	+290

Maps are available for inspection at the City of Foreman, 200 Schuman, Foreman, Arkansas.

Send comments to The Honorable D.D. (Doc) Hector, Mayor, City of Foreman, P.O. Box 10, Foreman, Arkansas 71836.

Maps are available for inspection at the Little River County Courthouse, 351 North Second Street, Ashdown, Arkansas.

Send comments to The Honorable Clyde Wright, Judge, Little River County, 351 North Second Street, Ashdown, Arkansas 71822.

Send comments to The Honorable Jack Morrison, Mayor, City of Ogden, P.O. Box 98, Ogden, Arkansas 71863.

Send comments to The Honorable George S. Nixon, Jr., Mayor, City of Wilton, P.O. Box 10, Wilton, Arkansas 71865.

	Perry County and Incorporated Areas.	Cedar Creek	At confluence with Fourche La Fave River.	*282	+286

State	City/town/county	Source of flooding	Location	#Depth in feet above ground. *Elevation in feet. (NGVD)	
				Existing	Modified
			Approximately 700 feet upstream of Westgate Drive.	None	+366
		Casa Creek	At confluence with Big Creek	None	+326
			Approximately 3,500 feet upstream of Third Street (State Highway 10).	None	+398
		Grace Creek Tributary	Just downstream of Little Rock and Western Railroad.	None	+352
			Approximately 1,600 feet upstream of Third Street (State Highway 10).	None	+378
		West Fork Mill Creek	At State Highway 60	None	+283
			Approximately 2,000 feet upstream of Highway 113.	None	+294
		West Fork Mill Creek Tributary 1.	At confluence with West Fork Mill Creek	None	+283
		Houston Creek	Approximately 2,500 feet downstream of State Highway 60.	None	+283
			Approximately 1,700 feet upstream of Highway 113.	None	+340
		Rocky Cypress Creek	Approximately 2.2 miles downstream of confluence of Howell Creek.	None	+324
			Just downstream of confluence of Danner Creek.	None	+372
		Fourche La Fave River	At confluence with Arkansas River	None	+278
			Approximately 3.2 miles upstream of State Highway 10.	None	+287
		Arkansas River	At Perry-Pulaski County border	None	+275
			At Perry-Conway County border	None	+294

Maps are available for inspection at the Perry County Courthouse, Main Street, Perryville, Arkansas.
Send comments to The Honorable George McNeal, Perry County Judge, Perry County Courthouse, Main Street, Perryville, Arkansas 72126.
Maps are available for inspection at the Town of Bigelow Town Hall, North Front Street, Bigelow, Arkansas.
Send comments to The Honorable Lloyd Lane, Mayor, Town of Bigelow, Box 177, Bigelow, Arkansas 72016.
Maps are available for inspection at the City of Casa City Hall, State Highway 10, Casa, Arkansas.
Send comments to The Honorable Allan Harris, Mayor, City of Casa, P.O. Box 7, Casa, Arkansas 72025.
Maps are available for inspection at the Town of Fourche Town Hall, Fourche, Arkansas.
Send comments to The Honorable Clyde West, Jr., Mayor, Town of Fourche, P.O. Box 101, Bigelow, Arkansas 72016.
Maps are available for inspection at the City of Perryville City Hall, Pine Street, Perryville, Arkansas.
Send comments to The Honorable Charles Roland, Jr., Mayor, City of Perryville, P.O. Box 116, Perryville, Arkansas 72126.
Maps are available for inspection at the City of Adona City Hall, Adona, Arkansas.
Send comments to The Honorable Bill Greene, Mayor, City of Adona, P.O. Box 85, Adona, Arkansas 72001.
Maps are available for inspection at the Town of Houston Town Hall, Highway 60, Houston, Arkansas.
Send comments to The Honorable Jerry Lawson, Mayor, Town of Houston, P.O. Box 166, Houston, Arkansas 72070.

California	Ferndale (City) Humboldt County.	Eastside Channel	Approximately 850 feet upstream of Van Ness Avenue.	None	*28
			Approximately 1 mile upstream of Van Ness Avenue.	None	*39
		Francis Creek	Approximately 1,000 feet downstream of Turner Bridge.	None	*20
			Approximately 500 feet upstream of Berding Street.	None	*65

Maps are available for inspection at the City of Ferndale Public Works Department, City Hall, 834 Main Street, Ferndale, California.
Send comments to The Honorable Richard Lindsay, Mayor, City of Ferndale, P.O. Box 236, Ferndale, California 95536.

	San Jose (City)	Calabazas Creek	Approximately 600 feet downstream of Prospect Drive.	*290	*290
	Santa Clara County		Just downstream of Prospect Drive	*295	*297
		Alamitos Creek	At Percolation Pond	*196	*196
		Above	At Winfield Boulevard	None	*203
		Percolation Pond	800 feet upstream of Almaden Expressway.	None	*327
		Berryessa Creek	Just upstream of Morrill Avenue	None	*110
			Approximately 200 feet upstream of Piedmont Road.	None	*218
		South Babb Creek	Approximately 700 feet downstream of Clayton Road.	*200	*200
			At private drive 300 feet downstream of Clayton Road.	*207	*208
		Upper Silver Creek	At Yerba Buena Road	None	*170

State	City/town/county	Source of flooding	Location	#Depth in feet above ground. *Elevation in feet. (NGVD)	
				Existing	Modified
			Just above private drive near intersection of Silver Creek and Yerba Buena Roads.	None	*280

The subject Flood Insurance Rate Maps may be viewed at 801 North First Street (City Hall), in Room 308, San Jose, California. Ask for Mr. Jim Tanner.

Any person having knowledge of or wishing to comment on these changes should immediately notify Mr. Ralph A. Qualls, Jr., Director of Public Works, 801 North First Street, Room 320, San Jose, California 95110, Attention: James P. Tanner, Jr.

	St. Helena (City) .... Napa County	Sulphur Creek	At confluence with Napa River	*215	*215
			At Main Street	None	*236
			Approximately 300 feet upstream of Valley View Street.	None	*255
		Sulphur Creek Tributary ...	At confluence with Sulphur Creek	None	*238
			Approximately 300 feet upstream of Spring Street.	None	*264
		Charter Oak Avenue Split Flow.	Approximately 500 feet southwest of the intersection of Charter Oak Avenue and Main Street.	None	*238

Maps are available for inspection at the City of St. Helena City Hall, 1480 Main Street, St. Helena, California.

Send comments to The Honorable John Brown, Mayor, City of St. Helena, 1480 Main Street, St. Helena, California 94574.

Iowa	Marengo (City) Iowa County.	Ponding	Just south of the Chicago, Rock Island and Pacific Railroad, approximately 2,000 feet east of Eastern Avenue.	None	*735
			Approximately 1,000 feet east of Wallace Avenue.	None	*735
			North of North Street, between Court and Eastern Avenues.	None	*735

Maps are available for inspection at the City of Marengo City Hall, 153 East Main Street, Marengo, Iowa.

Send comments to The Honorable Richard Hautekeete, Acting Mayor, City of Marengo, City Hall, P.O. Box 245, Marengo, Iowa 52301.

Louisiana	Woodworth (Village). Rapides Parish	Bayou Boeuf	Just west of the Missouri-Pacific Railroad at the northern corporate limits.	None	*71

Maps are available for inspection at the Village of Woodworth City Hall, 27 Castor Plunge Road, Woodworth, Louisiana.

Send comments to The Honorable David C. Butler II, Mayor, Village of Woodworth, 27 Castor Plunge Road, Woodworth, Louisiana 71485.

Nebraska	Stanton County ..... (Unincorporated Areas).	Elkhorn River	At Cuming-Stanton County line	None	*1,401
			Just upstream of State Highway 15	None	*1,411
			At Madison-Stanton County line	None	*1,501

Maps are available for inspection at the Stanton County Courthouse, Planning and Zoning Office, 804 Ivy Street, Stanton, Nebraska.

Send comments to The Honorable Con Bernbeck, Chairperson, Stanton County Board of Commissioners, County Courthouse, P.O. Box 723, Stanton, Nebraska 68779.

Oklahoma	Chelsea (City) Rogers County.	North Tributary	Approximately 330 feet downstream of Sixth Street.	None	*692
			Just upstream of First Street	None	*699
			Approximately 2,000 feet upstream of Burlington Northern Railroad.	None	*710
		School Tributary	Just above State Route 28	None	*714
			Just upstream of Ash Street	None	*722
		South Tributary	Just upstream of Maple Avenue	None	*699
			Approximately 4,300 feet downstream of Fourth Street.	None	*714
		Town Tributary	Approximately 440 feet above confluence with South Tributary.	None	*697
			Approximately 660 feet above mouth	None	*698

Maps are available for inspection at the City of Chelsea City Hall, 637 Olive Street, Chelsea, Oklahoma.

Send comments to The Honorable Maurice E. Clark, Mayor, City of Chelsea, P.O. Box 48, Chelsea, Oklahoma 74016.

	Rogers County (Unincorporated Areas).	Boggy Creek	Approximately 1,400 feet downstream of 193rd Avenue East.	*580	*581
			At 96th Street North	None	*587
			Approximately 160 feet upstream of Dover Place.	None	*630

State	City/town/county	Source of flooding	Location	#Depth in feet above ground. *Elevation in feet. (NGVD)	
				Existing	Modified
			At 106th Street North	None	*657
		Dover Tributary 1	At Dover Place	None	*615
			At confluence approximately 2,800 feet upstream of Dover Place.	None	*647
		Dover Tributary 2	At confluence with Boggy Creek	None	*630
			Approximately 200 feet upstream of Dover Place.	None	*631
			Approximately 1,000 feet upstream of Dover Place.	None	*635
		Dover Tributary 3	At confluence with Boggy Creek	None	*630
			Just upstream of Stone Bridge Drive	None	*653
			Just upstream of 106th Street North	None	*657
		Dover Tributary 4	At confluence with Boggy Creek	None	*641
			Approximately 100 feet upstream of Ashford Lane.	None	*654
			Just upstream of 106th Street North	None	*656
		Pine Creek	At confluence with Elm Creek	*631	*631
			Approximately 1,000 feet upstream of 86th Street North.	None	*633
			Approximately 300 feet upstream of 92nd Street North.	None	*650
			Just upstream of 93rd Street North	None	*655
			Just upstream of 96th Street North	None	*679
	Pine Creek Tributiary.	At confluence with Pine Creek.	None	*656	
			Approximately 720 feet upstream of confluence with Pine Creek.	None	*663
		Pryor Creek	At the Rogers-Mayes County line	None	*686
			Approximately 0.5 mile upstream of confluence of Flood Retarding Structure 24 Tributary.	None	*694
		North Tributary	At confluence of South Tributary	None	*690
			Just upstream of Burlington Northern Railroad.	None	*708
			Just upstream of State Route 28, east-west crossing.	None	*732
		School Tributary	At confluence with North Tributary	None	*711
			Just downstream of Ash Street	None	*721
		South Tributary	At confluence with North Tributary	None	*690
			Just upstream of Fourth Street	None	*726
		Town Tributary	At confluence with South Tributary	None	*695
			Approximately 430 feet upstream of confluence.	None	*697

Maps are available for inspection at the Rogers County Planning Commission, Rogers County Courthouse, 219 South Missouri, Claremore, Oklahoma.

Send comments to The Honorable Jerry Payne, Chairman, Board of Commissioners, Rogers County, 219 South Missouri, Claremore, Oklahoma 74017.

	Wyandotte (Town) and Ottawa County (Unincorporated Areas).	Wyandotte Ditch	At confluence with Grand Lake o' the Cherokees.	#1	*756
			Just above Main Street	#1	*761
			At eastern corporate limit approximately 3,100 feet upstream of Main Street.	#1	*780
			Approximately 3,800 feet upstream of Main Street.	#1	*789

Maps are available for inspection at the Town of Wyandotte Town Hall, 14 North Main Street, Wyandotte, Oklahoma.

Send comments to The Honorable Thomas Derwin, Mayor, Town of Wyandotte, P.O. Box 240, Wyandotte, Oklahoma 74370.

Maps are available for inspection at the Ottawa County Courthouse, 102 East Central, Miami, Oklahoma.

Send comments to The Honorable James Leake, Chairman, Ottawa County Board of Commissioners, 102 East Central, Miami, Oklahoma 74354.

Texas	Collin County and Incorporated Areas.	Maxwell Creek	At Hooper Road	None	*508
			Just upstream of FM 544	*533	*533
			Approximately 100 feet upstream of McWhirte Road.	*578	*578

State	City/town/county	Source of flooding	Location	#Depth in feet above ground. *Elevation in feet. (NGVD)	
				Existing	Modified
		Bunny Run South Tributary.	At confluence with Maxwell Creek	*522	*522
			Approximately 4,600 feet upstream of confluence.	None	*556
		Bunny Run North Tributary.	At confluence with Bunny Run South Tributary.	None	*527
			Approximately 2,500 feet upstream of confluence.	None	*543
		McMillan Tributary	At confluence with Maxwell Creek	*561	*561
			Approximately 2,000 feet upstream of confluence.	None	*575
Maps are available for inspection at the Collin County Courthouse, 210 South McDonald Street, McKinney, Texas.					
Send comments to The Honorable Ron Harris, County Judge, Collin County, 210 South McDonald Street, McKinney, Texas 75069.					
Maps are available for inspection at the City of Murphy City Hall, 205 North Murphy Road, Murphy, Texas.					
Send comments to The Honorable Greg Singleton, Mayor, City of Murphy, 205 North Murphy Road, Murphy, Texas 75094.					
Maps are available for inspection at the City of Parker City Hall, 5700 East Parker Road, Parker, Texas.					
Send comments to The Honorable Jack Albritton, Mayor, City of Parker, 5700 East Parker Road, Parker, Texas 75002.					
	Murphy (City) Collin County.	Maxwell Creek	At intersection of Cherokee Drive and Maxwell Creek Road.	*519	*519
			Just downstream of McMillan Drive	*562	*562
		Bunny Run South Tributary.	At confluence with Maxwell Creek	*522	*522
			Approximately 4,600 feet upstream of confluence.	None	*556
		Bunny Run North Tributary.	At confluence with Bunny Run South Tributary.	None	*527
			Approximately 2,500 feet upstream of confluence.	None	*543
		McMillan Tributary	At confluence with Maxwell Creek	*561	*561
			Approximately 2,000 feet upstream of confluence.	None	*575
Maps are available for inspection at the City of Murphy City Hall, 205 North Murphy Road, Murphy, Texas.					
Send comments to The Honorable Greg Singleton, Mayor, City of Murphy, 205 North Murphy Road, Murphy, Texas 75094.					
Utah	St. George (City) Washington County.	Virgin River	Approximately 4,400 feet downstream of confluence with Middleton Wash.	*2,569	*2,567
			Approximately 2,700 feet upstream of confluence with Middleton Wash.	*2,591	*2,583
			Approximately 9,900 feet upstream of confluence with Middleton Wash.	*2,605	*2,601
Maps are available for inspection at the City of St. George Engineering Department, 175 East 200 North, St. George, Utah.					
Send comments to The Honorable Daniel D. McArthur, Mayor, City of St. George, 175 East 200 North, St. George, Utah 84770.					

(Catalog of Federal Domestic Assistance No. 83.100, ''Flood Insurance'')

Dated: June 12, 1997.

Richard W. Krimm,

Executive Associate Director, Mitigation Directorate.

[FR Doc. 97–15948 Filed 6–17–97; 8:45 am]

BILLING CODE 6718–04–P

Notices

Federal Register

Vol. 62, No. 117

Wednesday, June 18, 1997

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.

COMMISSION ON CIVIL RIGHTS

Agenda and Notice of Public Meeting of the District of Columbia Advisory Committee

Notice is hereby given, pursuant to the provisions of the rules and regulations of the U.S. Commission on Civil Rights, that a meeting of the District of Columbia Advisory Committee to the Commission will convene at 9:00 a.m. and adjourn at 12:30 p.m. on Thursday, July 31, 1997, at the JC Penney Government Relations Office, Board Room, Suite 1015, 1156 15th Street, N.W., Washington, DC 20036. The purpose of the meeting is to (1) receive updates from the project subcommittee members concerning their contact with Latino community representatives, police department, and Better Business Bureau officials; (2) discuss the status of the mortgage lending discrimination report; and (3) continue planning for FY 1997 and FY 1998 projects.

Persons desiring additional information, or planning a presentation to the Committee, should contact Committee Chairperson Steven Sims, 202–862–4815, or Ki-Taek Chun, Director of the Eastern Regional Office, 202–376–7533 (TDD 202–376–8116). Hearing-impaired persons who will attend the meeting and require the services of a sign language interpreter should contact the Regional Office at least five (5) working days before the scheduled date of the meeting.

The meeting will be conducted pursuant to the provisions of the rules and regulations of the Commission.

Dated at Washington, DC, June 10, 1997.

Carol-Lee Hurley,

Chief, Regional Programs Coordination Unit.

[FR Doc. 97–15974 Filed 6–17–97; 8:45 am]

BILLNG CODE 6335–01–P

COMMISSION ON CIVIL RIGHTS

Agenda and Notice of Public Meeting of the Kansas Advisory Committee

Notice is hereby given, pursuant to the provisions of the rules and regulations of the U.S. Commission on Civil Rights, that a meeting of the Kansas Advisory Committee to the Commission will convene at 10:00 a.m. and adjourn at 2:00 p.m. on July 1, 1997, at the Central Regional Office, 400 State Avenue, Suite 908, Kansas City, KS 66101. The purpose of the meeting is to hold new member orientation and plan future activities.

Persons desiring additional information, or planning a presentation to the Committee, should contact Melvin L. Jenkins, Director of the Central Regional Office, 913–551–1400 (TDD 913–551–1414). Hearing-impaired persons who will attend the meeting and require the services of a sign language interpreter should contact the Regional Office at least five (5) working days before the scheduled date of the meeting.

The meeting will be conducted pursuant to the provisions of the rules and regulations of the Commission.

Dated at Washington, DC, June 9, 1997.

Carol-Lee Hurley,

Chief, Regional Programs Coordination Unit.

[FR Doc. 97–15975 Filed 6–17–97; 8:45 am]

BILLNG CODE 6335–01–P

DEPARTMENT OF COMMERCE

Submission for OMB Review; Comment Request

The Department of Commerce (DOC) has submitted to the Office of Management and Budget (OMB) for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35).

Agency: International Trade Administration.

Title: Format for Petition Requesting Relief Under U.S. Countervailing Duty Law.

Agency Form Number: ITA–366P.

OMB Approval Number: 0625–0148.

Type of Request: Revision-regular submission.

Burden: 200 hours.

Number of Respondents: 5.

Avg. Hours Per Response: 40.

Needs and Uses: The International Trade Administration, Import Administration, AD/CVD Enforcement, implements the U.S. anti-dumping and countervailing duty law. Import Administration investigates allegations of unfair trade practices by foreign governments and producers and, in conjunction with the U.S. International Trade Commission, can impose duties on the product in question to offset the unfair practices. Form ITA 366–P—Format for Petition Requesting Relief Under the U.S. Countervailing Duty Law—is designed for U.S. companies or industries that are unfamiliar with the countervailing duty law and the petition process. The Form is designed for potential petitioners that believe a foreign competitor is being subsidized unfairly. Since a variety of detailed information is required under the law before initiation of a countervailing duty investigation, the Form is designed to extract such information in the least burdensome manner possible. Several revisions were made to the Form in an attempt to make it more ''user friendly'' and to ensure that the format complies with the Uruguay Round Agreement.

Affected Public: Businesses or other for-profit organizations.

Frequency: On occasion.

Respondent's Obligation: Required to obtain or retain a benefit.

OMB Desk Officer: Victoria Baecher-Wassmer, (202) 395–7340.

Copies of the above information collection proposal can be obtained by calling or writing Linda Engelmeier, Departmental Forms Clearance Officer, (202) 482–3272, Department of Commerce, Room 5327, 14th and Constitution Avenue, NW., Washington, DC 20230.

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to Victoria Baecher-Wassmer, OMB Desk Officer, Room 10202, New Executive Office Building, Washington, DC 20503.

Dated: June 12, 1997.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 97–15978 Filed 6–17–97; 8:45 am]

BILLNG CODE 3510–DS–P

DEPARTMENT OF COMMERCE

Submission For OMB Review; Comment Request

DOC has submitted to the Office of Management and Budget (OMB) for clearance the following proposal for collection of information under the provisions of the Paperwork Reduction Act (44 U.S.C. chapter 35).

Agency: Bureau of the Census.

Title: Census 2000 Dress Rehearsal—Integrated Coverage Measurement Activities (Independent Listing).

Form Number(s): DX–1302.

Agency Approval Number: None.

Type of Request: New collection.

Burden: 1,075 hours.

Number of Respondents: 31,000.

Avg. Hours Per Response: 2 minutes.

Needs and Uses: The Bureau of the Census developed the Integrated Coverage Measurement (ICM) approach for measuring coverage during the decennial census and has been testing this approach in test census situations since 1995. We plan to further test the ICM approach during the 2000 Dress Rehearsal. We will conduct an Independent Listing using Form DX–1302 as a first step to obtain a complete housing unit inventory of all addresses within the 2000 Dress Rehearsal sites just before the dress rehearsal commences. The Independent Listing will undergo a quality assurance operation to ensure that the work performed is of acceptable quality and to verify that the correct block was visited.

The listings will be matched to the census list of addresses; the unmatched cases will be sent to the field for reconciliation during a Housing Unit Follow-up operation. The resultant address listing will be used in the next phase of the ICM, the ICM Person Interview. An additional personal interview (the Evaluation Interview) will be conducted to measure the quality of the ICM itself. These activities, and the associated forms, will be submitted separately for OMB review.

Affected Public: Individuals or households.

Frequency: One time.

Respondent's Obligation: Mandatory.

Legal Authority: Title 13 U.S.C., Sections 141, 193 and 221.

OMB Desk Officer: Jerry Coffey, (202) 395–7314.

Copies of the above information collection proposal can be obtained by calling or writing Linda Engelmeier, DOC Forms Clearance Officer, (202) 482–3272, Department of Commerce, room 5312, 14th and Constitution Avenue, NW., Washington, DC 20230.

Written comments and recommendations for the proposed information collection should be sent within 30 days of publication of this notice to Jerry Coffey, OMB Desk Officer, room 10201, New Executive Office Building, Washington, DC 20503.

Dated: June 13, 1997.

Linda Engelmeier,

Departmental Forms Clearance Officer, Office of Management and Organization.

[FR Doc. 97–15979 Filed 6–17–97; 8:45 am]

BILLNG CODE 3510–07–P

DEPARTMENT OF COMMERCE

National Oceanic and Atmospheric Administration

[I.D. 061097C]

Marine Fisheries Advisory Committee; Public Meetings

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

ACTION: Notice of public meetings.

SUMMARY: Notice is hereby given of meetings of the Marine Fisheries Advisory Committee (MAFAC), from July 8 to July 10, 1997.

DATES: The meetings are scheduled as follows:

1. July 8, 1997, 8:00 a.m. - 5 p.m.
3. July 9, 1997, 8:30 a.m. - 5 p.m.
4. July 10, 1997, 8:30 a.m. - 5 p.m.

ADDRESSES: The meetings will be held at the Cavanaugh's on Fifth Avenue, Seattle, WA. Requests for special accommodations may be directed to MAFAC, Office of Operations, Management and Information, NMFS, 1315 East-West Highway, Silver Spring, MD 20910.

FOR FURTHER INFORMATION CONTACT: Richard Wheeler, Executive Secretary; telephone: (301) 713–2252.

SUPPLEMENTARY INFORMATION: As required by section 10(a)(2) of the Federal Advisory Committee Act, 5 U.S.C. App. (1982), notice is hereby given of meetings of MAFAC or MAFAC Subcommittees. MAFAC was established by the Secretary of Commerce (Secretary) on February 17, 1971, to advise the Secretary on all living marine resource matters that are the responsibility of Commerce. This Committee ensures that the living marine resource policies and programs of this Nation are adequate to meet the needs of commercial and recreational fisheries, and environmental, state, consumer, academic, and other national interests.

Matters to be Considered

July 8, 1997

(1) Update on internal rules and operating procedures.

(2) Meetings of the Commercial and Recreational Fisheries Subcommittees, the Habitat and Protected Resources Subcommittee, the Bycatch Subcommittee, the Trade Subcommittee and the Environmental Justice Task Force.

July 9, 1997

(1) Discussion of Role of MAFAC.

(2) Briefing and discussion of the findings of the Environmental Justice Task Force.

(3) Formal Report on the Field Trip of the Bycatch Subcommittee to the Full Committee.

(4) Report and discussion of NMFS and Coast Guard Fishery Enforcement Programs.

July 10, 1997

(1) Report on Industry's Code of Responsible Fishing.

(2) Report on Status of West Coast listed Salmon.

(3) Subcommittee Reports and Recommendations.

Special Accommodations

These meetings are physically accessible to people with disabilities. Requests for sign language interpretation or other auxiliary aids should be directed to MAFAC (see **ADDRESSES**).

Dated: June 12, 1997.

Charles Karnella,

Acting Director, Office of Operation, Management and Information, National Marine Fisheries Service.

[FR Doc. 97–15955 Filed 6–17–97; 8:45 am]

BILLING CODE 3510–22–F

DEPARTMENT OF DEFENSE

Office of the Secretary

Submission for OMB Review, Comment Request

ACTION: Notice.

The Department of Defense has submitted to OMB for clearance, the following proposal for collection of information under the provisions of the Paperwork Reduction Act (440 U.S.C. Chapter 35).

Title and Association Forms: Enlistee Financial Statement, NAVCRUIT Form 1130/13, OMB Number 0730–0020

Type of Request: Reinstatement With Change.

Number of Respondents: 86,600.
Responses per Respondent: 1.
Annual Responses: 86,600.
Average Burden per Response: 33 minutes.
Annual Burden Hours: 47,630.
Needs and Uses: All persons interested in entering the U.S. Navy or U.S. Naval Reserve who have someone either fully or partially dependent on them for financial support, must provide information on their current financial situation which will determine if the individual will be able to meet his/her financial obligations on Navy pay. The information is provided by the prospective enlistee during an interview with a Navy recruiter. The information provided on NAVCRUIT Form 1130/13 is used by Navy recruiters and by recruiting management personnel in assessing the Navy applicant's ability to meet financial obligations, thereby preventing the enlistment of, and subsequent management difficulties with people who cannot reasonably expect to meet their financial obligations on Navy pay.
Affected Public: Individuals or households.
Frequency: On occasion.
Respondents Obligation: Required to Obtain or Retain Benefits.
OMB Desk Officer: Mr. Edward Springer. Written comments and recommendations on the proposed information collection should be sent to Mr. Springer at the Office of Management and Budget, Desk Officer for DoD, Room 10236, New Executive Office Building, Washington, DC. 20503.
DOD Clearance Officer: Mr. Robert Cushing. Written requests for copies of the information collection proposal should be sent to Mr. Cushing, WHS/DIOR, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202–4302.

Dated: June 12, 1997.

Patricia L. Toppings,

Alternate OSM Federal Register Liaison Officer, Department of Defense.

[FR Doc. 97–15882 Filed 6–17–97; 8:45 am]

BILLING CODE 5000–04–M

DEPARTMENT OF DEFENSE

Office of the Secretary

National Defense Panel Meeting

AGENCY: DoD, National Defense Panel.

ACTION: Notice.

SUMMARY: This notice sets forth the schedule and summary agenda for the meeting of the National Defense Panel on June 23 and 24, 1997. In accordance with Section 10(d) of the Federal Advisory Committee Act, Public Law 92–463, as amended [5 U.S.C. App. II, (1982)], it has been determined that this National Defense Panel meeting concerns matters listed in 5 U.S.C. 552b(c)(1)(1982), and that accordingly this meeting will be closed to the public from 0830–1700, June 23, 1997 and from 0830–1700 June 24, 1997 in order for the Panel to discuss classified material.

DATES: June 23 and 24, 1997.

ADDRESSES: Suite 532, 1931 Jefferson Davis Hwy, Arlington VA.

SUPPLEMENTARY INFORMATION: The National Defense Panel was established on January 14, 1997 in accordance with the Military Force Structure Review Act of 1996, Public Law 104–201. The mission of the National Defense Panel is to provide the Secretary of Defense and Congress with an independent, non-partisan assessment of the Secretary's Quadrennial Defense Review and an Alternative Force Structure Analysis. This analysis will explore innovative ways to meet the national security challenges of the twenty-first century.

Proposed Schedule and Agenda: The National Defense Panel will meet in closed session from 0830–1700 on June 23 and from 0830–1700 on June 24, 1997. During the closed sessions the Panel will be getting briefings on Stealth Technology & Programs, Joint Fighter Program, and Information Operations. (The determination to close the meeting is based on the consideration that it is expected that discussion will involve classified matters of national security concern throughout). On June 24, 1997 from 0930–1230 the Panel will meet, in closed session, with senior National Security Council representatives at the White House.

FOR FURTHER INFORMATION: Please contact the National Defense Panel at (703) 602–4175/6.

Dated: June 11, 1997.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 97–15880 Filed 6–17–97; 8:45 am]

BILLING CODE 5000–04–M

DEPARTMENT OF DEFENSE

Department of the Army

Army Science Board; Notice of Closed Meeting

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), announcement is made of the following Committee Meeting:

Name of Committee: Army Science Board (ASB).
Date of Meeting: 10 & 11 July 1997.
Time of Meeting: 0900–1600, 10 Jul 97; 0900–1700, 11 Jul 97.
Place: Pentagon—Washington, DC.
Agenda: The Army Science Board (ASB) Study on ''Technical Architecture for Army Command Control, Communications, Computers & Intelligence (C4I) Systems'' will meet for discussions on ASB business. These meetings will be closed to the public in accordance with Section 552b(c) of title 5, U.S.C., specifically subparagraph (4) thereof, and Title 5, U.S.C., Appendix 2, subsection 10(d). The proprietary matters to be discussed are so inextricably intertwined so as to preclude opening any portion of these meetings. For further information, please contact our office at (703) 695–0781.

Wayne Joyner,

Program Support Specialist, Army Science Board.

[FR Doc. 97–15891 Filed 6–17–97; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF DEFENSE

Department of the Army

Army Science Board; Notice of Open Meeting

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), announcement is made of the following Committee Meeting:

Name of Committee: Army Science Board (ASB).

Date of Meeting: 23 & 24 June 1997.

Time of Meeting: 0800–1600, 23 Jun 97; 0800–1400, 24 Jun 97.

Place: Institute for Defense Analysis—Alexandria, VA.

Agenda: The Army Science Board (ASB) study on ''Human Behavior in Combat'' will visit Ft. Leavenworth, Kansas. The purpose is to discuss various human and organizational behavior issues with the TRADOC Analysis Center, National Simulation Center, Center for Army Leadership, and the TRADOC Force Design Directorate and Battle Command Battlelab.'' These meetings will be open to the public. Any interested person may attend, appear before, or file statements with the committee at the time and in the manner permitted by the committee. For further information, please call our office at (703) 695–0781.

Wayne Joyner,

Program Support Specialist, Army Science Board.

[FR Doc. 97–15892 Filed 6–17–97; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF DEFENSE

Department of the Army

Army Science Board; Notice of Closed Meeting

In accordance with Section 10(a)(2) of the Federal Committee Act (Pub. L. 92–463), announcement is made of the following Committee Meeting:

Name of Committee: Army Science Board (ASB).

Date of Meeting: 9–11 July 1997.

Time of Meeting: 0900–1600, 9 Jul 97; 0830–1600, 10 Jul 97; 0800–1100, 11 Jul 97.

Place: Washington, DC.

Agenda: The Army Science Board (ASB) Issue Group Study on ''Barriers to the Implementation of Acquisition Reform'' will continue its study regarding the Terms of Reference. This meeting will consist of interviews with selected acquisition personnel on a non-attribution basis and will include discussions of proprietary government information. These meetings will be closed to the public in accordance with Section 552b(c) of title 5, U.S.C., specifically subparagraph (4) thereof, and Title 5, U.S.C., Appendix 2, subsection 10(d). The proprietary matters to be discussed are so inextricably intertwined so as to preclude opening any portion of these meetings. For further information, please contact our office at (703) 695–0781.

Wayne Joyner,

Program Support Specialist, Army Science Board.

[FR Doc. 97–15893 Filed 6–17–97; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF DEFENSE

Department of the Army

Army Science Board; Notice of Closed Meeting

In accordance with Section 10(a)(2) of the Federal Advisory Committee Act (Pub. L. 92–463), announcement is made of the following Committee Meeting:

Name of Committee: Army Science Board (ASB).

Date of Meeting: 23 June 1997.

Time of Meeting: 0800–1500.

Place: Huntsville, AL.

Agenda: The Army Science Board's (ASB) Ad Hoc Study on ''Hit-to-Kill Interceptor Lethality'' will meet on the study subject. This meeting will be closed to the public in accordance with Section 552b(c) of Title 5, U.S.C., specifically paragraph (1) thereof, and Title 5, U.S.C., Appendix 2, subsection 10(d). The classified and unclassified matters to be discussed are so inextricably intertwined so as to preclude opening any portion of this meeting. For further information, please contact our office at (703) 695–0781.

Wayne Joyner,

Program Support Specialist, Army Science Board.

[FR Doc. 97–15894 Filed 6–12–97; 8:45 am]

BILLING CODE 3710–08–M

DEPARTMENT OF DEFENSE

Office of the Secretary

Defense Intelligence Agency, Scientific Advisory Board Closed Meeting

AGENCY: Department of Defense, Defense Intelligence Agency.

ACTION: Notice.

SUMMARY: Pursuant to the provisions of Subsection (d) of Section 10 of Public Law 92–463, as amended by Section 5 of Public Law 94–409, notice is hereby given that a closed meeting of the DIA Scientific Advisory Board has been scheduled as follows:

DATES: June 24, 1997 (800 am to 1600 pm).

ADDRESSES: The Defense Intelligence Agency, Bolling AFB, Washington, D.C. 20340–5100.

FOR FURTHER INFORMATION CONTACT: Maj. Michael W. Lamb, USAF, Executive Secretariat, DIA Scientific Advisory Board, Washington, D.C. 20340–1328, (202) 231–4930.

SUPPLEMENTARY INFORMATION: The entire meeting is devoted to the discussion of classified information as defined in Section 552b(c)(I), Title 5, of the U.S. Code and therefore will be closed to the public. The Board will receive briefings on and discuss several current critical intelligence issues and advise the Director, DIA, on related scientific and technical matters.

Dated: June 11, 1997.

L.M. Bynum,

Alternate OSD Federal Register Liaison Officer, Department of Defense.

[FR Doc. 97–15881 Filed 6–17–97; 8:45 am]

BILLING CODE 5000–04–M

DELAWARE RIVER BASIN COMMISSION

Notice of Commission Meeting and Public Hearings

Notice is hereby given that the Delaware River Basin Commission will hold a public hearing on Wednesday, June 25, 1997. The hearing will be part of the Commission's regular business meeting which is open to the public and scheduled to begin at 1:30 p.m. in the Goddard Conference Room of the Commission's offices at 25 State Police Drive, West Trenton, New Jersey.

An informal conference among the Commissioners and staff will be held at 10:30 a.m. at the same location and will include a presentation on New Jersey's statewide watershed management implementation strategy, a Natural Resources Conservation Service presentation on Basinwide digitization of soils data, and a status report on the Commission's GIS program.

In addition to the subjects listed below which are scheduled for public hearing at the business meeting, the Commission will also address the following: Minutes of the May 28, 1997 business meeting; announcements; General Counsel's report; report on Basin hydrologic conditions; a resolution concerning FY '97 budget adjustments; a resolution providing for the election of the Commission offices of Chair, Vice Chair and Second Vice Chair and public dialogue.

The subjects of the hearing will be as follows:

Current Expense and Capital Budgets. A proposed current expense budget for the fiscal year beginning July 1, 1997, in the aggregate amount of $3,445,500 and a capital budget reflecting revenues of $2,187,500 and expenditures of $2,074,500. Copies of the current expense and capital budgets are available from the Commission on request by contacting Richard C. Gore. This hearing was deferred at the January 22, 1997 business meeting.

Applications for Approval of the Following Projects Pursuant to Article 10.3, Article 11 and/or Section 3.8 of the Compact

1. Chester County Water Resources Authority D–73–87 CP Revision 3

A project to modify the outlet structure of the applicant's existing Barneston Flood Control Project (Pennsylvania Dam 432) on the East Branch Brandywine Creek in Wallace Township, Chester County, Pennsylvania. The facility is a dry dam serving Chester County providing flood control by reducing the rate of flood water flow in the East Branch Brandywine Creek via a single-stage riser and a concrete conduit. A new conduit will be installed to replace the existing deteriorating riser/conduit outlet, and no change in the dam's functions or operation is proposed. The

new conduit will continue to allow the passage of fish.

2. Fawn Lake Forest Water Company D–81–61 CP Renewal 3

An application for the renewal of a ground water withdrawal project to supply up to 4.5 million gallons (mg)/30 days of water to the applicant's distribution system from Well Nos. 1, 2, 3, 4 and 5. Commission approval on May 20, 1992 was limited to five years. The applicant requests that the total withdrawal from all wells remain limited to 4.5 mg/30 days. The project is located in Lackawaxen Township, Pike County, Pennsylvania.

3. Borough of Allentown D–89–32 CP Renewal

An application for the renewal of a ground water withdrawal project to supply up to 9 mg/30 days of water to the applicant's distribution system from Well Nos. 1 and 2. Commission approval on June 28, 1989 was limited to seven years. The applicant requests that the total withdrawal from all wells remain limited to 9 mg/30 days. The project is located in Allentown Borough, Monmouth County, New Jersey.

4. Elastimold, Inc. D–95–54

An application for approval of an increase in ground water withdrawal to supply up to 5.83 mg/30 days of water to the applicant's industrial facility from existing Well No. 3, and to limit the withdrawal to 5.83 mg/30 days. The project is located in Washington Township, Morris County, New Jersey.

5. Jefferson Township Sewer Authority D–97–6 CP

A project to construct a 410,000 gallons per day (gpd) sewage treatment plant (STP) to serve communities throughout Jefferson Township, Lackawanna County, Pennsylvania; including Mount Cobb, Moosic Lakes and Lake Spangenberg, and the residential developments of Happy Acres, Belair Acres, Floral Estates, Jefferson Heights and High View Terrace. The STP will provide tertiary treatment prior to discharge to an unnamed tributary of the West Branch Lake Wallenpaupack Creek. The STP will be situated approximately 1,000 feet south of State Route 348 and just east of Mount Cobb in Jefferson Township. An importation of wastewater of approximately 21,000 gpd is projected from the Happy Acres service area which is located in the Susquehanna River Basin.

Documents relating to these items may be examined at the Commission's offices. Preliminary dockets are available in single copies upon request. Please contact Thomas L. Brand concerning docket-related questions. Persons wishing to testify at this hearing are requested to register with the Secretary prior to the hearing.

Other Scheduled Hearings

By earlier notice, the Commission announced its schedule of public hearings on proposed amendments to its Ground Water Protected Area Regulations for Southeastern Pennsylvania concerning the establishment of numerical ground water withdrawal limits for subbasins in the protected area. The proposed limits, based upon hydrologic budget analyses, would initially be specified for the 14 subbasins in the Neshaminy Creek Basin. Limits for the remaining 52 subbasins within the protected area would be developed upon completion of additional hydrologic budget analyses scheduled to be completed late in 1997.

The public hearings are scheduled as follows:

June 24, 1997 beginning at 3:00 p.m. and continuing until 5:00 p.m., as long as there are people present wishing to testify. The hearing will resume at 7:00 p.m. and continue until 9:00 p.m., as long as there are people present wishing to testify. The hearings will be held in the Goddard Conference Room of the Commission's offices at 25 State Police Drive, West Trenton, New Jersey.

Copies of the full text of the proposed amendments as well as the Commission's Ground Water Protected Area Regulations for Southeastern Pennsylvania may be obtained by contacting Susan M. Weisman, Commission Secretary, at (609) 883–9500 ext. 203.

Persons wishing to testify are requested to notify the Secretary in advance. Written comments on the proposed amendments should be submitted to the Secretary at the Delaware River Basin Commission, P.O. Box 7360, West Trenton, New Jersey 08628.

Dated: June 10, 1997.

Susan M. Weisman,

Secretary.

[FR Doc. 97–15971 Filed 6–17–97; 8:45 am]

BILLING CODE 6360–01–P

DEPARTMENT OF ENERGY

Office of Environment, Safety and Health; Notice of Availability of Funds and Request for Applications for Radiation Health Effects Studies in the Russian Federation

AGENCY: Office of Environment, Safety and Health, DOE.

ACTION: Notice of availability of funds and request for applications.

SUMMARY: The Office of International Health Programs, Office of Health Studies, U.S. Department of Energy (DOE), announces that it is accepting applications for cooperative agreements to support population-based studies on low dose-rate radiation health effects in the Russian Federation. This Notice is issued subsequent to the more general Continuation of Solicitation for Epidemiology and Other Health Studies Financial Assistance Program published in the **Federal Register** (61 FR 53903) on October 16, 1996.

DATES: The deadline for receipt of formal applications is September 16, 1997.

ADDRESSES: U.S. Department of Energy, Office of International Health Programs, EH–63/270CC, 19901 Germantown Road, Germantown, Maryland 20874–1290

FOR FURTHER INFORMATION CONTACT: Requests for further information and application forms may be directed to Dr. Ruth Neta, Office of International Health Programs (EH–63), U.S. Department of Energy, telephone: (301) 903–1757; facsimile: (301) 903–1413. Applications may be submitted to Dr. Neta at the above address.

SUPPLEMENTARY INFORMATION:

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I. Purpose

The Office of International Health Programs funds, in partnership with the Russian Federation, epidemiologic studies of cohorts of workers and populations to evaluate the health consequences (cancer and other diseases) of exposure to low-dose rate ionizing radiation. These ongoing studies are coordinated through the Joint Coordinating Committee for Radiation Effects Research (JCCRER). Section II (''Background'') below

provides a description of the JCCRER and Section III (''Project Description'') sets forth a description of the populations currently being studied in the Russian Federation under research funded by DOE and other U.S. agencies.

Relatively few U.S. scientists and institutions have collaborative relationships with scientists and institutions in the Russian Federation for radiation health effects studies. These relationships have taken years to establish and are generally limited to traditional epidemiologic studies of health effects. One purpose of this Notice is to encourage U.S. scientists and institutions, who are on the cutting edge of molecular biology and other newly developing approaches and technologies, but who may not have an established record in radiation health effects research or collaborative relationships with Russian scientists, to apply these newly developed approaches and technologies to health effects studies in the Russian Federation.

The following are examples of areas where newly developed technology and new research approaches may be applied to ongoing radiation health effects studies:

- Molecular epidemiology;
- Biomarkers and biodosimetry;
- Biological tissue (including blood) sample banks; and
- Epidemiology.

For example, molecular epidemiology studies could look for potential molecular changes associated with low dose-rate, radiation-induced carcinogenesis and other radiation-induced diseases (if they exist) in the MAYAK cohorts described below in Section III.A.2. (''MAYAK Workers Cohort''). Such new research holds promise for identifying the molecular mechanisms and processes of radiogenic cancer and other diseases. In addition, DOE is interested in identifying biological markers of low dose-rate radiation exposures (biomarkers and biodosimetry) and in projects that will provide a framework for preserving biological samples and necessary records for future studies.

The other purpose of this Notice is to encourage research that builds upon epidemiologic work conducted by the JCCRER that is already underway (e.g., MAYAK cohorts), or that applies to epidemiologic studies in the Russian Federation not currently coordinated by the JCCRER (i.e., studies in the Russian Federation in which DOE is not involved) but where epidemiologic and dosimetry data are available. Here, cost and other economies can be realized because the epidemiologic databases are already available. Augmenting ongoing studies coordinated by the JCCRER or other epidemiologic studies in the Russian Federation therefore will be a program policy factor considered in the selection process. (See Section IV.B. ''Evaluation and Selection'' below.)

Information from these augmented studies is expected to be of major importance to DOE's mission to protect U.S. workers and populations from risks of exposures that may be associated with the Department's current and future activities. Studies funded under this Notice will be conducted jointly with scientists from the Russian Federation.

II. Background

The JCCRER is a bilateral government committee representing agencies from the United States and the Russian Federation established to implement the Agreement on Cooperation in Research on Radiation Effects for the Purpose of Minimizing the Consequences of Radioactive Contamination on Health and the Environment signed on January 1, 1994, by U.S. Secretary of State Warren Christopher and Russian Foreign Minister Andrey Kozyrev to support and facilitate joint cooperative research.

Radiation research conducted jointly with the Russian Federation provides a unique opportunity to learn more about possible risks to groups of people from lengthy exposure to radiation. This could include people receiving exposure from uranium mining, operations of nuclear facilities, transport and disposal of radioactive materials, the testing and dismantling of nuclear weapons, radiation accidents, and grossly contaminated sites or facilities.

Currently, the JCCRER and DOE are focusing on population and worker studies in the Southern Urals region of the Russian Federation. In 1948, a nuclear weapons production complex, ''MAYAK,'' was established by the Soviet Union in Southern Urals, about 100 km northeast of the city of Chelyabinsk. Large amounts of radioactive materials were released into the environment between 1948 and 1957. Liquid discharges into the Techa River from the MAYAK operational facility occurred from 1949–1956. As a result, thousands of square kilometers have been contaminated and hundreds of thousands of people have received significant radiation exposures. Furthermore, because of limited and inadequate (by today's standards) radiation protection measures and procedures, thousands of MAYAK workers and the population along the Techa River were seriously overexposed to radiation.

The studies of Southern Ural's populations may provide an opportunity to answer the question of whether chronic low-level exposures pose a risk different from that previously assumed. Most of DOE's knowledge of health effects and risks associated with radiation exposures is based on studies of atomic bomb survivors in Japan and patients treated with radiation therapy. These individuals, however, were exposed to very short bursts of external radiation, unlike the pattern of exposure normally encountered or expected in the nuclear industry and with other uses of radiation. The Southern Urals' populations experienced chronic exposures over a much longer period. The exposures were also from both external radiation and internally deposited radioactive compounds. Definitive studies on the Southern Urals populations, coupled with comparisons with U.S. nuclear worker data, may prove to be a key factor in future development of radiation protection standards and regulations in the United States and worldwide. Thus, the preservation, restoration and analysis of radiation exposure, medical and environmental data in the Southern Urals are extremely important to the United States and to the world.

The current U.S. JCCRER members are the:

- U.S. Department of Energy (DOE);
- U.S. Nuclear Regulatory Commission (NRC);
- U.S. Department of Health and Human Services (HHS);
- U.S. Centers for Disease Control and Prevention (CDC);
- U.S. Department of Defense (DoD);
- U.S. National Aeronautics and Space Administration (NASA); and
- U.S. Environmental Protection Agency (EPA).

The current Russian JCCRER members are the:

- Ministry for Civil Defense Affairs, Emergencies and Elimination of Consequences of Natural Disasters (EMERCOM);
- Ministry of Atomic Energy (MINATOM); and
- Ministry of Health (MINZDRAV).

The Russian institutions currently participating in JCCRER-coordinated studies are the:

- Nuclear Safety Institute (IBRAE) of Russian Academy of Sciences, Moscow;
- Branch #1 of Moscow Biophysics Institute (FIB–1), Ozersk;
- ''MAYAK'' Scientific and Production Association, Ozersk;
- Urals Research Center for Radiation Medicine (URCRM), Chelyabinsk;

• Institute of Marine Transport Hygiene, St. Petersburg; and
• Institute of Metal Physics, Ekaterinburg.

III. Project Description

A. Description of Cohorts

Two different epidemiologic research directions currently are supported by the JCCRER: studies of populations who live near the Techa River and studies of workers at the MAYAK facility.

1. Techa River Population Cohort

The liquid discharges to the Techa River from the MAYAK operational facility (due to inadequate storage of radioactive waste) occurred from 1949–56, with 95 percent released in an 18-month period (March 1950 to November 1951), for a total release of about 3 million Ci.

The cohort registry consists of individuals born in 1949 or earlier, who lived for at least one (1) month during 1950 to 1952 in the villages along the Techa River. The cohort includes 28,000 individuals, about 20 percent of which have been estimated to have had average effective doses of exposure of more than 0.5 sievert (Sv). Thirty percent of the cohort members were 0 to 14 years old at the time of exposure.

The external exposure was due from contaminated sediments in the river; the internal exposure (measured by whole body counts and conducted for half of the members of the cohort) was mainly due to intake of river water and milk and included Sr 89, 90, and Cs 137.

Published reports indicate a statistically significant increase in leukemia in the exposed versus control populations. Other cancers, including stomach, esophagus, and lung were also studied, but the results have not been conclusive.

2. MAYAK Workers Cohort

The computerized registry of 19,000 MAYAK workers contains: occupational histories, vital status, current place of residence or date and causes of death, annual and cumulative data doses, plutonium body burdens, and internal doses to the main organs (lungs, liver and bone marrow). In this cohort, 14,000 have known vital status; 4,000 are dead; 1,000 died of cancer; and more than 4,000 have known plutonium body burdens. The average value of the equivalent dose to the lung for all workers with measured plutonium (Pu 239) body burden of 7.06 Sv, with external gamma doses of 0.88 gray (Gy) for all workers included in the registry. Radiation doses decreased significantly with time, for example:

Years hired	Average exposure
1948–53	1.57 Gy.
1954–58	0.57 Gy.
1959–63	0.27 Gy.
1964–72	0.15 Gy.

More than 1,800 occupational diseases were diagnosed by 1959, 92 percent of which were noted between 1949 and 1953. Eighty-three percent of these were diagnosed as ''chronic radiation sickness'' caused by radiation exposures of 1 to 10 Gy. Forty-one cases were diagnosed as ''acute radiation syndrome,'' four of which were fatal. Burns and other local radiation injury were reported for 188 workers. In addition, 110 cases of pnemosclerosis (66 in individuals whose internal lung exposure exceeded 4.0 Gy) were diagnosed.

B. JCCRER Directions

The JCCRER has initiated projects to study the Techa and MAYAK cohorts called Directions. Direction 1 studies the Techa population and Direction 2 studies the MAYAK workers. These projects are jointly conducted by both U.S. and Russian principal investigators and their respective teams of researchers, and are summarized below.

Direction 1: ''Medical Aspects of Radiation Exposure Effects on Population''

Project 1.1, ''Dose Reconstruction for the Population Subjected to Radiation in the Urals''

Objectives: To reconstruct, validate and analyze data on individual radiation doses received by the population so that these can be used in studies assessing the risks of developing cancer in exposed populations.

Project 1.2, ''Risk Estimation of the Carcinogenic Effects in the Population Residing in the Region of the Industrial Association ''MAYAK''

Objectives: To conduct studies to determine the risk of cancer in population groups exposed to radioactive contaminants in the region, to characterize the quality and validity of the data for conducting such studies, and to preserve the existing data using modern technologies.

Direction 2: ''Medical Consequences of Occupational Exposure to Radiation''

Project 2.1, ''Metabolism and Dosimetry of Plutonium Industrial Compounds''

Objectives: To conduct a joint analysis of the data collected by the U.S. Transuranium and Uranium Registry (USTUR) and the dosimetry registry at MAYAK on deceased people with occupational exposure to radiation. The results would be useful for validating and improving radiation protection standards.

Project 2.2, ''Risk Estimation for Cancerous Effects of Occupational Exposure''

Objectives: To determine risk estimates for cancer as a result of prolonged occupational exposure to radiation, from both external sources and internally-deposited radioactive compounds.

Project 2.3, ''Non-Cancerous Effects of Occupational Exposure to Radiation''

Objectives: To validate and analyze the data on acute and chronic effects of radiation, other than cancer, observed in a large number of workers at the MAYAK facility.

Applicants are encouraged to augment any of the projects in Directions 1 and 2.

C. Structure of Cooperative Agreements

Cooperative agreements funded under this announcement will generally have two phases. Initial funding for each new cooperative agreement will be for a phase I feasibility assessment. Up to 15 cooperative agreements may be awarded, totalling approximately $1.5 million. Phase I may last up to one (1) year. Phase II, if warranted, will be funded through continuation awards under the same cooperative agreement. Phase II could continue up to four (4) years, renewable annually. Continuation awards for phase II, if made, will be based on the results from phase I, the availability of funds, and negotiation of the costs for phase II. Only those who participate in phase I will be eligible to participate in phase II.

Phase I

During phase I, awardees will conduct a feasibility assessment. The feasibility assessment will include a review of site-specific information and an analysis of this and other information to demonstrate the feasibility of conducting the proposed research. DOE will play an active role in facilitating awardees' access to Russian scientists as described in Section VII (''DOE's Role'') below. During phase I, investigators will conduct the following tasks:

1. Establish cooperative relationships with Russian scientists and institutions;
2. Identify existing information relevant to exposure and health outcomes among target populations;
3. Determine the most significant impediments to conducting the proposed project and propose strategies to overcome them;

4. Demonstrate the feasibility of conducting the proposed project;
5. Develop a detailed technical proposal and budget for phase II; and
6. Attend annual DOE-coordinated meetings to share information on projects.

Using the information developed in tasks 1–4, investigators will be expected to produce a feasibility assessment, as well as a technical proposal and proposed budget for phase II. The feasibility assessment, technical proposal, and proposed phase II budget should be delivered to DOE at least sixty (60) days prior to the conclusion of phase I. The process and the criteria used by the DOE to review these documents will be described in detail in the award documents for phase I. This process is intended to provide a seamless transition to phase II.

Phase II

DOE will determine the need for phase II activities as described above and, if appropriate, will support these efforts through continuation awards. Where phase II plans are approved by DOE, the investigators will conduct the following tasks:

1. Conduct the research project developed in phase I;
2. Periodically communicate results to the DOE;
3. Publish the research results in peer reviewed scientific journals; and
4. Attend annual DOE-coordinated meetings of researchers to share information on projects.

IV. Applications

This Notice of Availability is issued pursuant to DOE regulations contained in 10 CFR part 602: ''Epidemiology and Other Health Studies Financial Assistance Program,'' as published in the **Federal Register** on January 31, 1995 (60 FR 5841). The Catalog of Federal Domestic Assistance number for 10 CFR part 602 is 81.108, and its solicitation control number is EOHSFAP 10 CFR part 602. 10 CFR part 602 contains the specific requirements for applications, evaluation, and selection criteria. Only those applications following these specific criteria and forms will be considered. Application forms and information on the Russian institutions currently participating in JCCRER-coordinated studies, set forth in Section II (''Background''), may be obtained at the address cited above.

A. Proposal Format

The formal proposal shall contain two sections, technical and cost. Technical proposals shall be no more than twenty-five (25) pages in length; resumes of proposed key personnel should be submitted as an appendix to the technical proposal and will not be counted against the page limit. Cost proposals shall have no page limit. It is imperative that the proposals be organized into phase I and phase II. Because the scope of phase II is dependent on the results of phase I, the technical description for phase II may be less specific than that for phase I, but must clearly demonstrate a capability to conduct phase II. The following format must be followed:

a. Abstract—This should be a 1 page summary of the specific aims, background, significance, and research design and methods.

b. Specific Aims—State the long-term objectives and describe what the specific research in this plan is intended to accomplish and the hypothesis to be tested.

c. Project Description—Describe the research design and the procedures to be used to accomplish the specific aims of the project. At a minimum, the tasks listed under Section III.C. above (''Structure of Cooperative Agreements'') must be described (in detail for phase I tasks and more generally for phase II tasks). The project description must include clear statements of what is known, what is uncertain, and what new knowledge would be added by the proposed study.

d. Personnnel—Proposals must demonstrate the competency of research personnel and the adequacy of resources. Proposals must demonstrate that the applicant has the experience and capability to plan, organize, manage, and implement the proposed work. Proposals must identify the technical and scientific staff that will actually conduct the studies and detail their professional experience. Proposals must demonstrate that the offeror has a demonstrated skill in planning and scheduling projects of comparable magnitude to the project it is proposing under this Notice.

e. Cost—The cost proposal for phase I must include a summary breakdown of all costs and provide a detailed breakdown of costs on a task-by-task basis. Costs for phase II tasks may be more general estimates since the initial award will be for phase I only. Any expectation concerning cost sharing with non-DOE entities must be clearly stated. The cost proposal for phase I shall include an estimate of the costs of Russian scientists and institutions.

B. Evaluation and Selection

Formal applications will be subjected to formal merit review (peer review) and will be evaluated against the following criteria listed in descending order of importance and codified at 10 CFR 602.9(d):

1. Scientific and technical merit of the proposed research;
2. Appropriateness of the proposed method or approach;
3. Competency of research personnel and adequacy of proposed resources; and
4. Reasonableness and appropriateness of the proposed budget.

Formal applications will be peer reviewed by evaluators apart from DOE employees and contractors as described in the Office of Environment, Safety and Health's Merit Review System (57 FR 55524, November 25, 1992) and at 10 CFR 602.9(c). Submission of an application constitutes agreement that this is acceptable to the investigator(s) and the submitting institution. In accordance with 10 CFR 602.9(e), and as described in above in Section II (''Background''), a program policy factor for DOE that will be considered in selection is the economies introduced when a project builds upon existing epidemiologic studies. Specifically, DOE will not consider funding new radiation health effects studies ''starting from scratch'' where most of the epidemiologic and dosimetry data need to be developed *de novo.*

V. DOE's Policy on Protection of Human Subjects Reviews

The Federal Policy for the Protection of Human Subjects, in 10 CFR part 745 (the ''Common Rule''), has special provisions for international research which apply to any awards made under this Notice of Availability. DOE approval of research conducted outside of the United States is subject to the ''Common Rule,'' or equivalent laws and regulations of the country in which research is conducted, whichever represents the greater level of protection for the research subject. DOE will work with awardees during phase I, as necessary, to ensure that research conducted by Russian scientists collaborating with phase I awardees comports with the required level of protection of human subjects and adequately addresses the issue of informed consent. Information on protecting human research subjects (within DOE) can be obtained from Dr. Ruth Neta at the address listed above.

VI. Applicants

Applicants for the cooperative agreements may include domestic nonprofit and for profit organizations, universities, medical centers, research institutions, other public and private organizations, including small, minority or women-owned businesses. Consortiums of interested organizations

are encouraged to apply. Awardees for each study will need to work cooperatively with Russian scientists, and governmental and non-governmental institutions and organizations.

VII. DOE's Role

For DOE to use cooperative agreements for these studies, there must be substantial involvement between DOE and any awardee. DOE established the subject area for these projects, the core tasks for phase I and prepared this Notice of Availability. DOE will conduct the evaluation, selection, and award process for applications submitted pursuant to this Notice. If necessary, DOE will facilitate contact between phase I awardees with scientists and institutions in the Russian Federation listed in Section II (''Background''). DOE will evaluate the results of phase I and, where warranted and subject to available funding, authorize and fund phase II continuation awards. In addition, DOE will establish requirements for data collection and handling. DOE also will consult with project investigators and coordinate annual meetings. Finally, DOE will monitor and evaluate the results of the projects to determine how these studies will contribute to DOE's ongoing efforts to improve health and safety programs for its workers.

Issued in Washington, D.C., on June 10, 1997.

Paul J. Seligman,

Deputy Assistant Secretary for Health Studies.

[FR Doc. 97–15960 Filed 6–17–97; 8:45 am]

BILLING CODE 6450–01–P

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. ER97–2311–000]

Delmarva Power & Light Company; Notice of Filing

June 12, 1997.

Take notice that on May 23, 1997, Delmarva Power & Light Company tendered for an amendment in the above-referenced docket.

Any person desiring to be heard or to protest said filing should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, in accordance with rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 18 CFR 385.214). All such motions or protests should be filed on or before June 25, 1997. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection.

Lois D. Cashell,

Secretary.

[FR Doc. 97–15896 Filed 6–17–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP97–314–001]

East Tennessee Natural Gas Company; Notice of Tariff Filing

June 12, 1997.

Take notice that on June 9, 1997, East Tennessee Natural Gas Company (East Tennessee), filed Sub Original Sheet No. 66 in compliance with the Order Accepting Tariff Sheets Subject To Conditions issued by the Commission on May 28, 1997 in this proceeding (May 28 Order) requiring East Tennessee to file revised tariff provisions revising its proposed scheduling priority of pooled gas transportation. East Tennessee proposes an effective date of June 1, 1997 for the revised sheet.

East Tennessee states that the revised tariff sheet reflects the conforming change to East Tennessee's tariff which is required to comply with the Commission's directive in the May 28 Order regarding scheduling priority of pooled volumes.

East Tennessee states that copies of the fling have been mailed to all affected customers and state regulatory commissions.

Any person desiring to protest this filing should file a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, DC 20426, in accordance with Section 385.211 of the Commission's Regulations. All such protests must be filed as provided in Section 154.210 of the Commission's Regulations. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to this proceeding. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

Linwood A. Watson, Jr.

Acting Secretary.

[FR Doc. 97–15909 Filed 6–17–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP97–20–007]

El Paso Natural Gas Company; Notice of Compliance Filing

June 12, 1997.

Take notice that on June 9, 1997, El Paso Natural Gas Company (El Paso) tendered for filing and acceptance, pursuant to Subpart C of 154 of the Commission's Regulations Under the Natural Gas Act and in compliance with the Commission's order issued May 29, 1997 at Docket No. RP97–20–006, the following tariff sheets to its FERC Gas Tariff.

Second Revised Volume No. 1–A

Original Sheet No. 309A
Original Sheet Nos. 445–458
Sheet Nos. 459–499

El Paso states that the tariff sheets are being tendered to implement a pro forma Trading Partner Agreement for the electronic exchange of information pursuant to the Commission's directive. The tendered tariff sheets are proposed to become effective July 9, 1997.

El Paso states that copies of the filing were served upon all parties of record in this proceeding, all interstate pipeline system customers and affected state regulatory commissions.

Any person desiring to protest said filing should file a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Section 385.211 of the Commission's Rules and Regulations. All such protests must be filed in accordance with Section 154.210 of the Commission's Regulations. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 97–15903 Filed 6–17–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP97–295–002]

Gasdel Pipeline Systems, Inc.; Notice of Proposed Changes in FERC Gas Tariff

June 12, 1997.

Take notice that on June 9, 1997, Gasdel Pipeline System, Inc. (Gasdel) tendered for filing as part of its FERC Gas Tariff, First Revised Volume No. 1–A, certain tariff sheets to be effective June 1, 1997.

Gasdel states that the purpose of the filing is to comply with the Commission's letter order on Gasdel's Order No. 587 compliance filing, issued May 28, 1997 in Docket No. RP97–295–000.

Gasdel requests waiver of the Commission's regulations to the extent necessary to permit the tariff sheets submitted to become effective June 1, 1997, consistent with the Commissions May 28, 1997 order.

Gasdel states that copies of the filing are being mailed to its jurisdictional customers and interested stated regulatory agencies.

Any persons desiring to protest this filing should file a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Section 385.211 of the Commission's Regulations. All such protests must be filed in accordance with Section 154.210 of the Commission's Regulations. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 97–15908 Filed 6–17–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. ER97–2239–000]

Kentucky Utilities Company; Notice of Filing

June 12, 1997.

Take notice that on April 22, 1997 and May 23, 1997, Kentucky Utilities Company tendered for amendments in the above-referenced docket.

Any person desiring to be heard or to protest said filing should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 18 CFR 385.214). All such motions or protests should be filed on or before June 23, 1997. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection.

Lois D. Cashell,

Secretary.

[FR Doc. 97–15898 Filed 6–17–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP97–144–003]

K N Wattenberg Transmission Ltd. Liability Co.; Notice of Tariff Filing

June 12, 1997.

Take notice that on June 9, 1997, K N Wattenberg Transmission Ltd. Liability Co. (Wattenberg) tendered for filing as part of its FERC Gas Tariff, Original Volume No. 1, the following revised tariff sheets, to be effective June 1, 1997:

Original Sheet No. 17A
First Revised Sheet No. 18
Original Sheet No. 18B
First Revised Sheet No. 33
Original Sheet No. 33A
First Revised Sheet No. 34
Original Sheet No. 34A
Original Sheet No. 66A

Wattenberg states that these tariff sheets are being filed to comply with the Commission's letter order, issued May 20, 1997, in Docket No. RP97–144–001.

Wattenberg states that copies of the filing were served upon Wattenberg's jurisdictional customers, interested public bodies, and all parties to the proceedings.

Any person desiring to protest said filing should file a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Section 385.211 of the Commission's Rules of Practice and Procedure. All such protests must be filed as provided in Section 154.210 of the Commission's Regulations. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make the protestants parties to the proceeding. Copies of this filing are on file with the Commission and are available for public inspection.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 97–15906 Filed 6–16–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP97–538–000]

Koch Gateway Pipeline Company; Notice of Petition

June 12, 1997.

Take notice that on May 21, 1997, Koch Gateway Pipeline Company (Koch Gateway), 600 Travis Street, Houston, Texas 77251–1478, filed in Docket No. CP97–538–000 a petition, pursuant to Rule 207(a)(5) of the Commission's Rules of Practice and Procedure, 18 CFR 385.207(a)(5), and Section 7(c)(1)(B) of the Natural Gas Act seeking temporary exemption from certificate requirements, all as more fully set forth in the petition which is on file with the Commission and open to public inspection.

Specifically, Koch Gateway seeks an exemption so as to allow the temporary cessation of operation of six 1,000 horsepower reciprocating compressor units located at its Magasco Compressor Station in Sabine County, Texas for up to 18 months from the filing date of this petition. According to Koch Gateway, these six units were originally installed in 1925 and certificated in Koch Gateway's grandfather certificate in FPC Docket No. G–232.

Koch Gateway states that inactivating these units will not affect current services on its system.

Any person desiring to be heard or to protest with reference to said petition should on or before July 3, 1997, 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 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 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.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 97–15900 Filed 6–17–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. EL97–41–000]

Madison Gas & Electric Company v. Wisconsin Power & Light Company; Notice of Filing

June 12, 1997.

Take notice that on June 3, 1997, Madison Gas & Electric Company (MGE) tendered for filing a complaint against Wisconsin Power & Light Company (WPL) alleging that WPL wrongfully canceled MGE's 50 MW firm reservation.

Any person desiring to be heard or to protest said filing should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 18 CFR 385.214). All such motions or protests should be filed on or before July 14, 1997. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection. Answers to the complaint shall be due on or before July 14, 1997.

Lois D. Cashell,

Secretary.

[FR Doc. 97–15899 Filed 6–17–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP97–563–000]

Michigan Gas Storage Company; Notice of Application

June 12, 1997.

Take notice that on June 6, 1997, Michigan Gas Storage Company (Applicant), 212 West Michigan Avenue, Jackson, MI 49201, filed in Docket No. CP97–563–000, an application pursuant to Section 7c of the Natural Gas Act for a certificate to construct and operate certain pipeline facilities in the Cranberry Lake Storage Field and authorization pursuant to Section 7b of the Natural Gas Act for abandonment of certain pipeline facilities being replaced, as more fully set forth in the application which is on file with the Commission and open for public inspection.

Specifically, Applicant requests Commission authorization to replace and upgrade 1.3 miles of 8-inch, 6-inch and 4-inch piping which makes up Lateral 63 East of Applicant's Cranberry Lake Storage Field located in Winterfield Township and Summerfield Township, Clare County, Michigan.

It is stated that the existing 6-inch and 4-inch piping segments would be replaced with 8-inch and 2-inch piping segments, respectively, and the 8-inch segment of the lateral would be made piggable. The purpose of this project is to replace corroded sections of pipe and allow for cleaning and inspection of the lateral with pigging devices.

Applicant estimates the cost of replacing the piping at approximately $257,400. Applicant proposes to recover the construction and operation costs of the piping replacement in a future Section 4 rate filing with the Commission, on a rolled-in basis.

Any person desiring to be heard or make any protest with reference to said application should, on or before July 3, 1997, file with the Federal Energy Regulatory Commission, Washington, DC 20426, a petition 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 the proceeding or to participate as a party in any hearing therein must file a petition to intervene in accordance with the Commission's rules.

Take further notice that, pursuant to the authority contained in and subject to the jurisdiction conferred upon the Federal Energy Regulatory Commission by Sections 7 and 15 of the Natural Gas Act and the Commission's Rules of Practice and Procedure, a hearing will be held without further notice before the Commission on this application if no petition to intervene is filed within the time required herein if the Commission on its own review of the matter finds that a grant of the authority requested is required by the public convenience and necessity. If a petition for leave to intervene is timely filed, or if the Commission on its own motion believes that a formal hearing is required, further notice of such hearing will be duly given.

Under the procedure herein provided for, unless otherwise advised, it will be unnecessary for Applicant to appear or be represented at the hearing.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 97–15902 Filed 6–17–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP97–316–001]

Midwestern Gas Transmission Company; Notice of Tariff Filing

June 12, 1997.

Take notice that on June 9, 1997, Midwestern Gas Transmission Company (Midwestern), filed Sub Original Sheet No. 43 in compliance with the Order Accepting Tariff Sheets Subject To Conditions issued by the Commission on May 28, 1997 in this proceeding (May 28 Order) requiring Midwestern to file revised tariff provisions revising its proposed scheduling priority of pooled gas transportation. Midwestern proposes an effective date of June 1, 1997 for the revised sheet.

Midwestern states that the revised tariff sheet reflects the conforming change to Midwestern's tariff which is required to comply with the Commission's directive in the May 28 Order regarding scheduling priority of pooled volumes.

Midwestern states that copies of the filing have been mailed to all affected customers and state regulatory commissions.

Any person desiring to protest this filing should file a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, DC 20426, in accordance with Section 385.211 of the Commission's Regulations. All such protests must be filed as provided in Section 154.210 of the Commission's Regulations. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to this proceeding. Copies of this filing are on file with the Commission and are available for public

inspection in the Public Reference Room.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 97–15910 Filed 6–17–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP97–201–006]

National Fuel Gas Supply Corporation; Notice of Compliance Filing

June 12, 1997.

Take notice that on June 10, 1997, National Fuel Gas Supply Corporation (National Fuel) tendered for filing as part of its FERC Gas Tariff, Third Revised Volume No. 1, Sub. Original Sheet No. 344, to be effective April 1, 1997.

National Fuel states that the purpose of this filing is to comply with the Commission's Letter Order Issued May 21, 1997, in Docket No. RP97–201–004.

National Fuel states that it is serving copies of this filing with its firm customers, interested state commissions and each person designated on the official service list compiled by the Secretary. National Fuel states that copies are also being served on all interruptible customers as of the date of the filing.

Any person desiring to protest this filing should file a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Section 385.211 of the Commission's Rules of Practice and Procedure. All such protests must be filed in accordance with Section 154.210 of the Commission's Regulations. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Copies of this filing are on file with the Commission and are available for public inspection.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 97–15907 Filed 6–17–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP97–136–005]

Paiute Pipeline Company; Notice of Compliance Filing

June 12, 1997.

Take notice that on June 9, 1997, Paiute Pipeline Company (Paiute) tendered for filing as part of its FERC Gas Tariff, the following tariff sheets:

Pro Forma Second Revised Volume No. 1–A.

Substitute First Revised Sheet No. 56B*
Substitute Original Sheet No. 56C
Substitute First Revised Sheet No. 58B*
Fourth Revised Sheet No. 62
Substitute First Revised Sheet No. 63C*
Substitute Second Revised Sheet No. 63C
Substitute First Revised Sheet No. 98A*
Substitute Second Revised Sheet No. 114*

Paiute proposes an effective date of August 1, 1997, for the tariff sheets noted with an asterisk. For all of the other tendered tariff sheets, Paiute proposes an effective date of November 1, 1997.

Paiute indicates that the purpose of the tendered tariff sheets is to replace certain of the pro forma tariff sheets filed by Paiute on May 1, 1997 in Docket No. RP97–136–002. Paiute states that in its May 1 filing, Paiute tendered for filing various pro forma tariff sheets to comply with the Commission's directives in Order No. 587–C, to be effective August 1, 1997 and November 1, 1997.

Paiute further states that as a result of a letter order issued on May 7, 1997, in Docket No. RP97–136–001, certain of the pro forma tariff sheets included in Paiute's May 1 filing require revision in order to be consistent with the directives of the letter order.

Any person desiring to protest this filing should file a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Section 385.211 of the Commission's Rules and Regulations. All such protest must be filed in accordance with Section 154.210 of the Commission's Regulations. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Copies of this filing are on file with the Commission and are available for public inspection in the Public Reference Room.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 97–15904 Filed 6–17–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. ER96–2572–001]

Public Service Company of Colorado; Notice of Filing

June 12, 1997.

Take notice that on April 11, 1997, the Public Service Company of Colorado tendered for its resolution procedures in compliance with the Commission's March 12, 1997 order issued in Docket No. EC96–2–000.

Any person desiring to be heard or to protest said filing should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street N.E., Washington, D.C. 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 18 CFR 385.214). All such motions or protests should be filed on or before June 23, 1997. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection.

Lois D. Cashell,

Secretary.

[FR Doc. 97–15897 Filed 6–17–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. RP97–143–003]

TCP Gathering Co.; Notice of Tariff Filing

June 12, 1997.

Take notice that on June 9, 1997, TCP Gathering Co. (TCP) tendered for filing as part of its FERC Gas Tariff, Original Volume No. 1, the following revised tariff sheets, to be effective June 1, 1997:

First Revised Sheet No. 18
Original Sheet No. 18A
Original Sheet No. 18B
First Revised Sheet No. 46
First Revised Sheet No. 47
Original Sheet No. 47A
First Revised Sheet No. 103

TCP states that these tariff sheets are being filed to comply with the Commission's letter order, issued May 20, 1997, in Docket No. RP97–143–001.

TCP states that copies of the filing were served upon TCP's jurisdictional customers, interested public bodies, and all parties to the proceedings.

Any person desiring to protest said filing should file a protest with the Federal Energy Regulatory Commission, 888 First Street, N.E., Washington, D.C. 20426, in accordance with Section 385.211 of the Commission's Rules and Regulations. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make the protestants parties to the proceeding. Copies of this filing are on file with the Commission and are available for public inspection.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 97–15905 Filed 6–17–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. CP97–543–000]

Williams Natural Gas Company; Notice of Request Under Blanket Authorization

June 12, 1997.

Take notice that on May 22, 1997, as amended June 10, 1997, Williams Natural Gas Company (WNG), P.O. Box 3288, Tulsa, Oklahoma 74101, filed in Docket No. CP97–543–000 a request pursuant to Sections 157.205 and 157.212 of the Commission's Regulations (18 CFR 157.205, 157.212) under the Natural Gas Act (NGA) for authorization to operate existing delivery point facilities constructed under the authorization of Section 311 of the Natural Gas Policy Act of 1978 (NGPA) in Noble County, Oklahoma, for Part 284 transportation services by WNG for Transok, Inc. (Transok), under WNG's blanket certificate issued in Docket No. CP82–479–000, pursuant to Section 7 of the NGA, all as more fully set forth in the request that is on file with the Commission and open to public inspection.

WNG proposes to operate the existing facilities, which were installed for WNG to receive gas from Transok, an intrastate pipeline, for deliveries to Transok as well as receipt from Transok. It is stated that the facilities were installed in 1988 as a receipt point under WNG's blanket certificate authority and modified in 1997 under NGPA Section 311 authority to be bidirectional. It is estimated that deliveries will be 65,000 dt equivalent of gas on a peak day and 20,000,000 dt equivalent on an annual basis. It is asserted that the deliveries will have no impact on WNG's peak day or annual deliveries. It is further asserted that the volume of gas delivered to Transok will not exceed the volume authorized prior to the request. It is explained that the cost of constructing the facilities was approximately $63,864, and that WNG was fully reimbursed for the cost by Transok. It is stated that the proposal is not prohibited by WNG's existing tariff and that WNG has sufficient capacity to accomplish the proposed deliveries without detriment or disadvantage to its other customers.

Any person or the Commission's staff may, within 45 days after issuance of the instant notice by the Commission, file pursuant to Rule 214 of the Commission's Procedural Rules (18 CFR 385.214) a motion to intervene or notice of intervention and pursuant to Section 157.205 of the Regulations under the Natural Gas Act (18 CFR 157.205) a protest to the request. If no protest is filed within the time allowed therefor, the proposed activity shall be deemed to be authorized effective the day after the time allowed for filing a protest. If a protest is filed and not withdrawn within 30 days after the time allowed for filing a protest, the instant request shall be treated as an application for authorization pursuant to Section 7 of the Natural Gas Act.

Linwood A. Watson, Jr.,

Acting Secretary.

[FR Doc. 97–15901 Filed 6–17–97; 8:45 am]

BILLING CODE 6717–01–M

DEPARTMENT OF ENERGY

Federal Energy Regulatory Commission

[Docket No. ER97–2069–000, et al.]

Minnesota Power & Light Company, et al.; Electric Rate and Corporate Regulation Filings

June 11, 1997.

Take notice that the following filings have been made with the Commission:

1. Minnesota Power & Light Company

[Docket No. ER97–2069–000]

Take notice that on June 5, 1997, Minnesota Power & Light Company tendered for filing an amendment in the above-referenced docket.

Comment date: June 24, 1997, in accordance with Standard Paragraph E at the end of this notice.

2. Atlantic City Electric Company; Baltimore Gas and Electric Company; Delmarva Power & Light Company; Jersey Central Power & Light Co.; Metropolitan Edison Company; Pennsylvania Electric Company; Pennsylvania Power & Light Company; Potomac Electric Power Company; Public Service Electric and Gas; Company

[Docket No. EC97–38–000]

Take notice that on June 2, 1997, Atlantic City Electric Company, Baltimore Gas and Electric Company, Delmarva Power & Light Company, Jersey Central Power & Light Company, Metropolitan Edison Company, Pennsylvania Electric Company, Pennsylvania Power & Light Company, Potomac Electric Company, and Public Service Electric and Gas Company filed an application pursuant to Section 203 of the Federal Power Act to permit PJM Interconnection, L.L.C. to be recognized as an independent System Operator. The same companies also submitted a related filings concurrently in Docket No. ER97–3189–000.

Copies have been served on the regulatory commissions of Delaware, the District of Columbia, Maryland, New Jersey and Virginia, on the parties to Docket Nos. OA97–261–000 and ER97-1082–000, on those who have executed Service Agreements under the PJM Tariff, and on the Members of PJM Interconnection, L.L.C.

Comment date: July 3, 1997, in accordance with Standard Paragraph E at the end of this notice.

3. Minnesota Power & Light Company

[Docket No. ER97–2562–000]

Take notice that on June 5, 1997, Minnesota Power & Light Company tendered for filing an amendment in the above-referenced docket.

Comment date: June 24, 1997, in accordance with Standard Paragraph E at the end of this notice.

4. Cleveland Electric Illuminating Company and The Toledo Edison Company

[Docket No. ER97–2790–000]

Take notice that the Centerior Service Company as Agent for The Cleveland Electric Illuminating Company and The Toledo Edison Company tendered for filing on May 1, 1997, Service Agreements to provide Non-Firm Point-to-Point Transmission Service for Pennsylvania Power & Light, the Transmission Customer. Services are being provided under the Centerior Open Access Transmission Tariff submitted for filing by the Federal Energy Regulatory Commission in

Docket OA96–204–000. The proposed effective date under the Service Agreement is April 1, 1997. Centerior amended its May 1, 1997 filing on May 19, 1997.

Comment date: June 24, 1997, in accordance with Standard Paragraph E at the end of this notice.

5. Dayton Power and Light Company

[Docket No. ER97–2831–000]

Take notice that on June 3, 1997, Dayton Power & Light Company tendered for filing an amendment in the above-referenced docket.

Comment date: June 25, 1997, in accordance with Standard Paragraph E at the end of this notice.

6. Atlantic City Electric Company; Baltimore Gas and Electric Company; Delmarva Power & Light Company; Jersey Central Power & Light Co.; Metropolitan Edison Company; Pennsylvania Electric Company; Pennsylvania Power & Light Company; Potomac Electric Power Company; Public Service Electric and Gas; Company

[Docket No. ER97–3189–000]

Take notice that on June 2, 1997, Atlantic City Electric Company, Baltimore Gas and Electric Company, Delmarva Power & Light Company, Jersey Central Power & Light Company, Metropolitan Edison Company, Pennsylvania Electric Company, Pennsylvania Power & Light Company, Potomac Electric Company, and Public Service Electric and Gas Company filed the following documents: (1) Amended and Restated Operating Agreement of PJM Interconnection, L.L.C.; (2) a revised Transmission Owners Agreement; and (3) a revised PJM Open Access Transmission Tariff (PJM Tariff). The same companies also filed a Reliability Assurance Agreement Among Load Serving Entities. The companies also submitted a related filing concurrently in Docket No. EC97–38–000.

Comment date: July 3, 1997, in accordance with Standard Paragraph E at the end of this notice.

Standard Paragraph

E. Any person desiring to be heard or to protest said filing should file a motion to intervene or protest with the Federal Energy Regulatory Commission, 888 First Street, NE., Washington, DC 20426, in accordance with Rules 211 and 214 of the Commission's Rules of Practice and Procedure (18 CFR 385.211 and 18 CFR 385.214). All such motions or protests should be filed on or before the comment date. Protests will be considered by the Commission in determining the appropriate action to be taken, but will not serve to make protestants parties to the proceeding. Any person wishing to become a party must file a motion to intervene. Copies of this filing are on file with the Commission and are available for public inspection.

Lois D. Cashell,

Secretary.

[FR Doc. 97–15895 Filed 6–17–97; 8:45 am]

BILLING CODE 6717–01–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–5843–1]

Agency Information Collection Activities

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice.

SUMMARY: In compliance with the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*), this notice announces that EPA is planning to submit the following proposed and/or continuing Information Collection Requests (ICRs) to the Office of Management and Budget (OMB). Before submitting the ICRs to OMB for review and approval, EPA is soliciting comments on specific aspects of the proposed information collections as described below. There are no new requirements associated with these regulations.

DATES: Comments must be submitted on or before August 18, 1997.

ADDRESSES: U.S. Environmental Protection Agency, 401 M Street SW, Mail code 2223A, OECA/OC/METD, Washington, DC 20460. A copy of these ICRs may be obtained without charge from Sandy Farmer (202) 260–2740.

FOR FURTHER INFORMATION CONTACT: NSPS subpart G; Jeffery KenKnight at (202) 564–7033 or via E-mail (KENKNIGHT.JEFFERY@EPAMAIL.EPA.GOV). NSPS subpart QQQ; Dan Chadwick, (202) 564–7054, Fax (202) 564–0050, Email chadwick.dan@epamail.epa.gov. MACT subpart N; Scott Throwe at (202) 564–7013; Fax: (202) 564–0050; E-MAIL: throwe.scott@epamail.epa.gov. MACT subpart O; Ginger Gotliffe at (202) 564–7072 or via e-mail (gotliffe.ginger@epamail.epa.gov). MACT subpart R; Julie Tankersley at 202–564–7002 (phone), 202–564–0050 (fax) or tankersley.julie@epamail.epa.gov (e-mail). MACT subpart T; Tracy Back, (202) 564–7076; Facsimile number, (202) 564–0009; E-mail address ''back.tracy@epamail.epa.gov''. MACT subpart EE; Steve Hoover 202–564–7007 (phone), 202–564–0050 (fax) or Hoover.Steve@epamail.epa.gov (e-mail). RCRA subpart CC; Everett Bishop at 202–564–7032 (phone), 202–564–0050 (fax) or Bishop.Everett@epamail.epa.gov

NSPS Subpart G: Nitric Acid Plants

Supplementary Information Affected entities: Entities potentially affected by this action are those which are subject to the New Source Performance Standards (NSPS) for Nitric Acid Plants, Subpart G. Title: NSPS for Nitric Acid Plants, Subpart G, OMB number 2060–0019, expires December 31, 1997.

Abstract: This ICR contains recordkeeping and reporting requirements that are mandatory for compliance with 40 CFR part 60.70, subpart G, Standards of Performance for Nitric Acid Plants. This information is used by the Agency to identify sources subject to the standards and to insure that the best demonstrated technology is being properly applied. The standards require periodic recordkeeping to document process information relating to the sources' ability to meet the requirements of the standard and to note the operation conditions under which compliance was achieved.

In the Administrator's judgment, NO_X emissions from nitric acid plants cause or contribute to air pollution that may reasonably be anticipated to endanger public health or welfare. Therefore, NSPS were promulgated for this source category.

Owners or operators of the affected facilities described must make the following one-time-only reports: notification of the date of construction or reconstruction; notification of the anticipated and actual dates of startup; notification of any physical or operational change to an existing facility which may increase the regulated pollutant emission rate; notification of demonstration of the continuous monitoring system (CMS); notification of the date of the initial performance test; and the results of the initial performance test. Owners or operators are also required to maintain records of the occurrence and duration of any startup, shutdown, or malfunction in the operation of an affected facility, or any period during which the monitoring system is inoperative. These notifications, reports and records are required, in general, of all sources subject to NSPS.

Monitoring requirements specific to nitric acid plants provide information on nitrogen oxide emissions. The owners or operators are required to record the production rate of nitric acid

produced, the hours of operation of the source, and the levels of nitrogen oxides emitted into the atmosphere.

Owners or operators of affected facilities are required to install, calibrate, maintain, and operate a continuous monitoring system (CMS) for the measurement and recording of nitrogen oxides.

Therefore, the recordkeeping requirements for nitric acid plants consist of the occurrence and duration of any startup and malfunctions as described. They include the initial performance test results including information necessary to determine the conditions of the performance test, and performance test measurements and results, including the emission rate and concentration of NO_2 and the volumetric flow rate of the effluent gas. Records of startups, shutdowns, and malfunctions should be noted as they occur. Any owner or operator subject to the provisions of this subpart shall maintain a file of all measurements, including continuous monitoring system, monitoring device, and performance testing measurements; all continuous monitoring system performance evaluations; all continuous monitoring system or monitoring device calibration checks; and all other information required by this part recorded in a permanent form suitable for inspection. The file shall be retained for at least two years.

The reporting requirements for this industry currently include the initial notifications listed, the initial performance test results, and semiannual reports of instances of excess emissions and a monitoring system performance report. Periods of excess emissions that shall be reported are defined as any 3-hour period during which the average nitrogen oxides emissions (arithmetic average of three contiguous 1-hour periods) as measured by a continuous monitoring system exceed the standard. Semiannual excess emission reports and monitoring system performance reports shall include the date and time of the exceedence or deviance, the nature and cause of the malfunction (if known) and corrective measures taken, and identification of the time period during which the CMS was inoperative (this does not include zero and span checks nor typical repairs/adjustments).

All reports are sent to the delegated State or local authority. In the event that there is no such delegated authority, the reports are sent directly to the EPA Regional Office. Notifications are used to inform the Agency or delegated authority when a source becomes subject to the standard. The reviewing authority may then inspect the source to check if the pollution control devices are properly installed and operated and the standard is being met. Performance test reports are needed as these are the Agency's records of a source's initial capability to comply with the emission standard, and note the operating conditions under which compliance was achieved. The semiannual reports are used for problem identification, as a check on source operation and maintenance, and for compliance determinations.

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 listed in 40 CFR part 9.

The EPA would like to solicit comments to:

(i) 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;

(ii) 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;

(iii) Enhance the quality, utility, and clarity of the information to be collected; and

(iv) 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.

Burden Statement: The Agency computed the burden for each of the recordkeeping and reporting requirements applicable to the industry for the currently approved ICR. Where appropriate, the Agency identified specific tasks and made assumptions, while being consistent with the concept of burden under the Paperwork Reduction Act.

The burden estimates for NSPS Subpart G:

The estimate was based on the assumption that there is approximately 30 sources subject to the standards and there would be 1 new affected facility each year. That would account for an annual average of 32 affected facilities over each of the next three years covered by the ICR. For new sources, it was estimated that it would take: 1 person hours to read the instructions, 60 person hours to conduct the initial performance tests (assuming that 20% of the tests must be repeated), and 7 person hours to gather the information and write the initial reports. For all sources, it was estimated that it would take: 192 person hours to fill out semiannual reports and 2,664 person hours to enter information for records of operating parameters.

The annual average burden to industry for the three-year period covered by this ICR from recordkeeping and reporting requirements has been estimated at 2,941 person hours. The respondents cost were calculated on the basis of $21.00 per hour plus 110% overhead. The total annual burden to industry is estimated at $129,731.

Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. No additional third party burden is associated with this ICR.

NSPS Subpart QQQ: Petroleum Refinery Wastewater Systems

Supplementary Information: Affected entities: Entities potentially affected by this action are those petroleum refinery wastewater systems located in petroleum refineries for which construction, modification, or reconstruction commenced after May 4, 1987. More specifically affected facilities include individual drain systems, oil-water separators and aggregate facilities (individual drain systems together with downstream sewer lines and oil-water separators).

Title: New Sources Performance Standards (NSPS) for Petroleum Refinery Wastewater Systems (Subpart QQQ)—Reporting and Recordkeeping (EPA ICR No. 1136.04; OMB No. 2060–0172)

Abstract: Owners or operators of the affected facilities described must provide EPA, or the delegated State regulatory authority with the following one-time-only reports (specified in 40 CFR 60.698). Notification of construction, modification, startup, shutdown, malfunction, and the date and results of the initial performance test. Owners and operators are also

required to keep records of design and operating specifications of all equipment installed to comply with the standards such as water seals, covers, roof seals, and control devices. Owners and operators must submit semiannual certification reports indicating that all emission detection tests and visual inspections required by the standards are carried out. EPA or the delegated State regulatory authority uses this information to ensure that equipment design and operating specifications are met. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR part 9.

The EPA would like to solicit comments to:

(i) 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;

(ii) 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;

(iii) Enhance the quality, utility, and clarity of the information to be collected; and

(iv) 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.

Burden Statement: The Agency computed the burden for each of the recordkeeping and reporting requirements applicable to the industry for the currently approved Information Collection Request (ICR). Where applicable, the Agency identified specific tasks and made assumptions, while being consistent with the concept of burden under the Paperwork Reduction Act.

The estimate was based on the assumption that there would be 30 new effected facilities subject to subpart QQQ per year. Approximately 210 sources are currently subject to these standards. The annual burden of reporting and recordkeeping for facilities subject to subpart QQQ are summarized by the following information. The reporting requirements for all subpart QQQ affected facilities are as follows: Read instructions (1 person-hour), Notification of construction (2 person-hours), Notification of anticipated start-up (2 person-hours), Notification of actual start-up (2 person-hours), Semiannual report (8 person-hours). The reporting requirements for facilities that have oil-water separators and process drain systems are as follows: Monthly inspection (2 person-hours), Semiannual inspection (8 person-hours), Performance test (330 person-hours), Design specifications and compliance certifications (40 person-hours). The recordkeeping requirements for all subpart QQQ affected facilities are; Time to enter information (1.5 person-hours).

This estimate includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

MACT Subpart N: National Emission Standards for Chromium Emissions from Hard and Decorative Chromium Electroplating and Chromium Anodizing Tanks

Supplementary Information: Affected entities: Entities potentially affected by this action are facilities performing hard chromium electroplating, decorative chromium electroplating or chromium anodizing.

Background: The Administrator has judged that chromium emissions from hard chromium electroplating, decorative chromium electroplating or chromium anodizing cause or contribute to air pollution that may reasonably be anticipated to endanger public health or welfare. Owners/operators of hard chromium electroplating, decorative chromium electroplating or chromium anodizing facilities must notify EPA of construction, modification, startups, shut downs, date and results of initial performance test and excess emissions. In order to ensure compliance with the standards promulgated to protect public health, adequate reporting and recordkeeping is necessary. In the absence of such information enforcement personnel would be unable to determine whether the standards are being met on a continuous basis, as required by the Clean Air Act.

An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR part 9.

The EPA would like to solicit comments to:

(i) 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;

(ii) 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;

(iii) Enhance the quality, utility, and clarity of the information to be collected; and

(iv) 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.

Burden Statement: The annual public reporting and recordkeeping burden for this collection of information is estimated to average 30 hours per reporting response and 59.3 hours for recordkeeping. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

Respondents/Affected Entities: 5020.

Estimated Number of Respondents: 5020.

Frequency of Response: 3.

Estimated Number of Responses: 15060.

Estimated Total Annual Hour Burden (recordkeeping and reporting): 748,896 hours.

Estimated Total Annualized Cost Burden (recordkeeping and reporting): $16,663,000.00

MACT Subpart O: Ethylene Oxide Emissions Standards for Sterilization Facilities

Supplementary Information: Affected entities: Entities potentially affected by this action are those which are subject to NESHAP subpart O, or operators of new and existing commercial ethylene oxide (EO) sterilization and fumigation facilities that use air pollution control devices that are in operation after promulgation of the NESHAP in 1994.

Title: NESHAP Subpart O: National Emission Standards for Hazardous Air Pollutants (NESHAP) for Commercial Ethylene Oxide Sterilization and Fumigation Operations, OMB number 2060–0283.

Abstract: The Agency is required under section 112(d) of the Clean Air Act, as amended, to regulate emissions of hazardous air pollutants listed in section 112(b).

In the Administrator's judgement, EO emitted from commercial EO sterilization and fumigation operations causes, or contributes significantly to air pollution that may reasonably be anticipated to endanger public health or welfare. Consequently, NESHAP for EO emissions have been developed for this source category.

Certain records and reports are necessary to enable the Administrator to: (1) Identify new, modified, reconstructed, and existing sources subject to the standards and (2) ensure that the standards, which are based on maximum achieveable control technology (MACT) and generally available control technology (GACT), are being achieved. These records and reports are required under the General Provisions of 40 CFR part 63, subpart A [as authorized under sections 101, 112, 114, 116, and 301 of the Clean air Act as amended by Public Law 101–549 (U.S.C. 7401, 7412, 7414, 7416, 7601)].

The NESHAP for Commercial Ethylene Oxide Sterilization and fumigation Operations were promulgated on December 6, 1994. These standards apply to new and existing commercial ethylene oxide (EO) sterilization and fumigation facilities that use air pollution control devices that are in operation after promulgation of the NESHAP. There are an estimated total of 181 commercial EO sterilization and fumigation operations nationwide. Of this total, approximately 114 use greater than 907 kilograms per year (kg/yr) [2,000 pounds per year (lb/yr)] and would be required to control emissions from the sterilization chamber vent and limit emissions from the chamber exhaust vent. Approximately 47 use greater than 9,070 kg/yr (20,000 lb/yr) and would be required to control emissions from the aeration room vent and the chamber exhaust vent. The number of new operations is expected to be low because no net growth is predicted for this industry. It is expected that new sterilizers will only be added to replace or expand existing capacity and that few new facilities will be constructed.

Owners or operators of the affected facilities described must submit one-time reports of start of construction, anticipated or actual startup dates, and physical or operation changes to existing facilities. In addition, owners or operators of existing commercial EO sterilization and fumigation operations will submit one-time reports of actual annual EO use. Owners or operators of new commercial EO sterilization and fumigation operations will submit one-time reports of estimated annual EO use.

Reports of initial emissions testing are necessary to determine that the applicable emission limit is being met. The owner or operator of a commercial EO sterilization and fumigation operation that uses an air pollution control device to meet the emission limit is required to maintain records of the site-specific monitoring parameters as well as daily and monthly inspections of the control device.

The emissions test reports and other records must be kept at the facility for a minimum of 5 years and be made available to the Administrator upon request. All reports and records must comply with the General Provisions to 40 CFR part 63. Owners or operators of a source subject to these standards will provide a semi-annual report of excess emissions that includes the monitored operating parameter value readings required by the standards. The respondent's State or local agency can be delegated enforcement authority by EPA and also request these reports. The information is used to determine that all sources subject to these NESHAP are achieving the standards.

The record keeping requirements are: (1) 5 year retention or records (63.367(a)), (2) records of daily and monthly inspections (63.367(a)), (3) emission testing (63.367(a)), and (4) records of EO use (63.367 (b) and (c)). The reporting requirements are: (1) Reports of startup, construction or modification (63.366(a)), (2) notification and report of emission tests and results (63.366 (a) and (c)), (3) notification of report of EO use (63.366(b)), (4) notification and report of compliance status (63.366(a)), (5) notification and report for waiver applications (63.366(a)), and (6) notification and report of non-compliance (63.366(d)).

All reports are sent to the delegated State or local authority. In the event that there is no such delegated authority, the reports are sent directly to the EPA Regional Office. Notifications are used to inform the Agency or delegated authority when a source becomes subject to the standard. The reviewing authority may then inspect the source to check if the pollution control devices are properly installed and operated and the standard is being met. Performance test reports are needed as these are the Agency's record of a source's initial capability to comply with the emission standard. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection or information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR part 9 and 48 CFR chapter 15.

The EPA would like to solicit comments to:

(i) 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;

(ii) 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;

(iii) Enhance the quality, utility, and clarity of the information to be collected; and

(iv) 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.

Burden Statement: The Agency computed the burden for each of the recordkeeping and reporting requirements applicable to the industry for the currently approved 1994 Information Collection Request (ICR). Where appropriate, the Agency identified specific tasks and made assumptions, while being consistent with the concept of burden under the Paper Reduction Act. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information;

adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

This estimate is based on the assumption that there would not be any new affected facilities over the three years of the existing ICR and that there were approximately 114 sources in existence at the start of the three years covered by the ICR who must control emissions from the sterilization chamber vent and limit emissions from the chamber exhaust vent. Approximately 47 facilities use greater than 9070 kg/yr and must control emissions from the aeration room vent and the chamber exhaust vent. The annual burden of reporting and recordkeeping requirements for facilities subject to subpart O are summarized by the following information. The reporting requirements are as follows: Read Instructions (1 person-hour), Initial performance test (280 person-hours). It is assumed that 20% of tests are repeated due to failure. Estimates for report writing are: Notification of construction/reconstruction (2 person-hours), Notification of anticipated startup (2 person-hours), Notification of actual startup (2 person-hour), Compliance status information report (2 person-hours), waiver application (6 person-hours), Alternative method/ monitoring application (6 person-hours), Preparation of site-specific test plan and report of initial test (included in reporting requirements listed above), Report of periods of noncompliance (6 person-hours). Records must be kept for a period of five years. Many of these requirements are one time occurances and with our estimate of no new facilities, will not have any estimated burden hours associated with them for the next three year period. The average hourly burden to industry over the next three years of the ICR from these recordkeeping and reporting requirements is estimated to be 168.6 person hours. The respondent costs have been calculated on the basis of $14.50 per hour plus 110 percent overhead ($15.95), for a total of $30.45 per hour. The average annual cost burden to industry over the next three year period of the ICR is estimated to be $5,133.87.

MACT Subpart R: NESHAP for Gasoline Distribution Facilities

Supplementary Information: Affected entities: Entities potentially affected by this action are new and existing bulk gasoline terminals and pipeline breakout stations that are major sources of hazardous air pollutants (HAP) emissions or are located at sites that are major sources of HAP emissions.

Title: NESHAP for Gasoline Distribution Facilities (63–R), OMB control number 2060–0325, expiring December 31, 1997.

Abstract: Effective enforcement of this rule is necessary due to the hazardous nature of benzene (a known human carcinogen) and the toxic nature of the other 10 HAP's emitted from gasoline distribution facilities. The EPA is charged under section 112 of the Clean Air Act (CAA or Act), as amended, to establish national emission standards for hazardous air pollutants (NESHAP). Section 114 of the Act allows the Administrator to require inspections, monitoring, and entry into facilities to ensure compliance with a section 112 emission standard. Records and reports are necessary to enable the EPA to identify facilities that may not be in compliance with the standards. The information will be used by agency personnel to: (1) Identify sources subject to the standards; (2) ensure that leakage emissions from cargo tanks and process piping equipment components (both liquid and vapor) during loading are being minimized; (3) ensure that emission control devices are being properly operated and maintained; and (4) ensure that emissions from storage vessels are minimized and rim seal and fitting defects are repaired on a timely basis. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR part 9.

The EPA would like to solicit comments to:

(i) 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;

(ii) 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;

(iii) Enhance the quality, utility, and clarity of the information to be collected; and

(iv) 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.

Burden Statement: Based upon the latest available figures, the Agency estimated the number of pipeline breakout station respondents to be 20 with a burden of 68.35 hours for each respondent. For Reporting Requirements, it was estimated to take 45 hours to complete necessary storage tank seal and seal gap inspections, read, gather and write the necessary reports. For Recordkeeping Requirements, 23.35 hours were estimated to develop a recordkeeping system (8 hours), time to enter the information into the system (3.35 hours), personnel training (8 hours)and conduct audits (4 hours). The Agency estimated the number of bulk gasoline terminals to be 243 with a burden of 445.85 hours for each respondent. For Reporting Requirements, it was estimated to take 404 hours to complete initial and repeat performance tests, complete necessary storage tank seal and seal gap inspections, read, gather and write the necessary reports. For Recordkeeping Requirements, 41.85 hours were estimated to file, update and cross-reference cargo tank inspection records (12.5 hours), develop a recordkeeping system (8 hours), time to enter the information into the system (3.35 hours), personnel training (12 hours) and conduct audits (6 hours). This estimate includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

MACT Subpart T: Halogenated Solvent Cleaning

Supplementary Information: Affected entities: Entities potentially affected by this action are those which operate individual batch vapor, in-line vapor, in-line cold, and batch cold solvent cleaning machines that use any solvent containing methylene chloride, perchloroethylene, 1,1,1-trichloroethane, carbon tetrachloride, or chloroform or any combination of these halogenated HAP solvents, in a total concentration greater than 5 percent by weight, as a cleaning and/or drying agent.

Title: NSPS Subpart T: National Emission Standards for Halogenated Solvent Cleaning, OMB control Number 2060–0273, expires December 31, 1997.

Abstract: This ICR contains recordkeeping and reporting requirements that are mandatory for compliance with 40 CFR 63.460, et seq., subpart T, National Emission Standards for Hazardous Air Pollutants (NESHAP) for Halogenated Solvent Cleaning. This information notifies EPA when a source becomes subject to the regulations, informs the Agency if a source is in compliance when it begins operation, and informs the Agency if the source remained in compliance during any period of operation. In the Administrator's judgment, emissions of hazardous air pollutants (HAPs) from halogenated solvent cleaners may cause or contribute to air pollution that may reasonably be anticipated to endanger public health or welfare. Therefore, NESHAP standards were promulgated for this source category, as required under section 112 of the Clean Air Act.

HAP emissions from halogenated solvent cleaners are the result of inadequate equipment design and work practices. These standards rely on the proper design and operation of halogenated solvent cleaners such as working-mode covers, freeboard ratio of 1.0, and reduced room draft to reduce solvent emissions from halogenated solvent cleaners. Certain records and reports are necessary to enable EPA to identify sources subject to the standards and to ensure that the standards are being achieved. Owners/operators of halogenated solvent cleaners must provide EPA with an initial notification of existing or new solvent cleaning machines, initial statement of compliance, an annual control device monitoring report (owners/operators of batch vapor and in-line cleaning machines), an annual solvent emission report (owners/operators of batch vapor and in-line cleaning machines complying with the alternative standard), and exceedance of monitoring parameters or emissions. The records that the facilities maintain indicate to EPA whether they are operating and maintaining the halogenated solvent cleaners properly to control emissions. In order to ensure compliance with the standards promulgated to protect public health, adequate reporting and recordkeeping is necessary. In the absence of such information enforcement personnel would be unable to determine whether the standards are being met on a continuous basis, as required by the Clean Air Act.

An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR part 9.

The EPA would like to solicit comments to:

(i) 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;

(ii) 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;

(iii) Enhance the quality, utility, and clarity of the information to be collected; and

(iv) 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.

Burden Statement: The annual public reporting and recordkeeping burden for this collection of information is estimated to average 43 hours per reporting response and 95 hours for recordkeeping. To minimize the burden, much of the information the EPA would need to determine compliance is recorded and stored at the facility. Minimal reporting is necessary unless a violation occurs. This estimate includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

Respondents/Affected Entities: 9,423.

Estimated Number of Respondents: 9,423.

Frequency of Response: 3.

Estimated Number of Responses: 28,269.

Estimated Total Annual Hour Burden (recordkeeping and reporting): 392,529 hours.

Estimated Total Annualized Cost Burden (recordkeeping and reporting): $13,050,014.

MACT Subpart EE: Magnetic Tape Manufacturing

Supplementary Information: Affected entities: Entities potentially affected by this action are those which are subject to NESHAP subpart EE, owners and operators of new and existing magnetic tape manufacturing operations located at major sources of hazardous air pollutants (HAP) as defined in section 112 of the Clean Air Act.

Title: National Emission Standards for Magnetic Tape Manufacturing Operations—Subpart EE, OMB Number 2060–0326, expires December 15, 1997.

Abstract: The EPA is required under section 112(d) of the Clean Air Act (Act), as amended, to regulate emissions of HAP listed in section 112(b) of the Act. In addition, section 114(a) states that:

> * * * the Administrator may require any owner or operator subject to any requirement of this Act to (A) Establish and maintain such records, (B) make such reports, (C) install, use and maintain such monitoring equipment or methods (in accordance with such methods at such locations, at such intervals, and in such manner as the Administrator shall prescribe), and (D) provide such other information, as he may reasonably require.

Certain records and reports are necessary to enable the Administrator to identify sources subject to the standards, and ensure that the standards, which are based on maximum achievable control technology (MACT), are being achieved. The Agency will use the information to ensure that MACT is being properly applied, and ensure that the emission control system is being properly operated and maintained and that the standards are being achieved on a continual basis. Records and reports are necessary to enable the Agency to identify facilities that may not be in compliance with the standards. Based on reported information, the Agency can decide which facilities should be inspected and what records or processes should be inspected at the facilities. The records that facilities maintain would indicate to the Agency whether owners or operators are in compliance with the standards and whether plant personnel are operating and maintaining control equipment properly.

In the Administrator's judgment, HAP emissions from magnetic tape manufacturing operations cause or contribute to air pollution that may reasonably be anticipated to endanger public health or welfare. The predominant HAP used in magnetic tape operations include methyl ethyl ketone, toluene, methyl isobutyl ketone, and magnetic particles containing

chromium dioxide and cobalt compounds. Other less frequently used HAP are xylene and ethyl benzene. Therefore, the National Emission Standards for Hazardous Air Pollutants (NESHAP) for Magnetic Tape Manufacturing Operations were proposed on March 11, 1994, and promulgated on December 15, 1994. These standards apply to new and existing magnetic tape manufacturing operations located at major sources of HAP.

Owners or operators of the affected facilities described must make the following reports: Notification of intent to construction or reconstruction, report construction date and notification of anticipated and actual startup (40 CFR 63.707(a)). The owner or operator must provide notification of applicability of the standards (40 CFR 63.707 (a), (b), and (c)); and notification and report of performance tests and results (40 CFR 707 (a)). They must also develop startup, shutdown, malfunction plan and submit reports (40 CFR 707 (a) and (i)); and develop a quality control plan for continuous monitoring system. In addition, the owner or operator must report when exceeding HAP usage cutoff or when area source becomes major (40 CFR 707(j)); and provide notification and report of compliance status and waiver application (40 CFR 707(a)). They must also report quarterly monitoring exceedances and excess emissions and semiannual reports of no excess emissions (40 CFR 707 (a) and (i)).

Recordkeeping specific to this subpart require 5 year retention of records (40 CFR 63.706 (a) and (h)). The owner or operator shall maintain records of monitored values, maintenance, startup, shutdown, malfunction, CMS maintenance and calibration (40 CFR 63.706(a)). Additional records requirements include the freeboard ratio (40 CFR 63.706(b)); records of performance tests (40 CFR 63.705 and 63.706(a)); records of material balance calculation (40 CFR 63.706 (a) and (d)); and records of HAP usage (40 CFR 63.706(c)).

An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a current valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR part 9 and 48 CFR chapter 15.

The EPA would like to solicit comments to:

(i) 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;

(ii) 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;

(iii) Enhance the quality, utility, and clarity of the information to be collected; and

(iv) 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.

Burden Statement: The Agency computed the burden for the currently approved 1994 Information Collection Request (ICR). Where appropriate, the Agency identified specific tasks and made assumptions, while being consistent with the concept of burden under the Paperwork Reduction Act. Burden means the total time, effort, or financial resources expended by persons to generate, maintain, retain, or disclose or provide information to or for a Federal agency. This includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

This estimate was based on the assumption that there would be 14 sources covered by the ICR during the first year, and only 12 facilities were required to comply in year 2 and an additional source in year three. The annual burden of reporting and recordkeeping requirements for facilities subject to subpart EE are summarized by the following information. The reporting requirements are as follows: Read Instructions (1 person-hour), Initial performance test for air pollution control device (445 person-hours). It is assumed that 20 percent of tests are repeated due to failure. The initial performance test for total enclosure (215 person-hours) and performance test for VOC CEMs (175 person-hours). Quarterly VOC CEMs audits (10 person-hours) Estimates for report writing are: Notification of construction/reconstruction (2 person-hours), Notification of intent to construct/reconstruct (6 person-hours), Notification of anticipated startup (2 person-hours), Notification of actual startup (2 person-hours), Notification of initial performance test (1 person-hours), Notification of applicability of the standard-new/reconstructed sources and existing sources (1 person-hour), Notification of compliance status (4 person-hours), submit startup, shutdown, malfunction plan (20 person-hours), develop and implement quality control plan for continuous monitoring systems (CMS) (50 person-hours). In addition, facilities must report when they exceed HAP usage cutoff (or report area source becoming major source)(2 person-hours), waiver application (6 person-hours), report of monitoring exceedances and periods of noncompliance, including inconsistencies with the startup, shutdown, malfunction plan (16 person-hours), and report of no excess emissions, including startup, shutdown, and malfunction reports. The facility must also develop a record keeping system (40 person-hours), and adjust and calibrate CMS and maintain records of this and any CMS malfunction that occurs (6 person-hours).

The average burden to industry over the three years of the current ICR from these recordkeeping and reporting requirements was estimated to be 10,200 person-hours on an annual basis. The respondent costs have been calculated on the basis of estimated hourly rates of technical at $33, management at $49, and clerical at $15. The average annual burden to industry over the three year period of the ICR was estimated to be $327,734.

RCRA Subpart CC: Organic Air Emission Standards for Tanks, Surface Impoundments and Containers at Hazardous Waste Treatment, Storage and Disposal Facilities and Hazardous Waste Generators

Supplementary Information: Affected entities: Those entities subject to the Resource Conservation and Recovery Act requirements; treatment, storage and disposal facilities and generators are affected by this action in which hazardous wastes are stored in tanks, surface impoundments and containers that emit organic air emissions.

Title: Organic Air Emission Standards for Tanks, Surface Impoundments and Containers at Hazardous Waste Treatment, Storage and Disposal Facilities and Hazardous Waste Generators, OMB Number 2060–0318, expiring November 9, 1994.

Abstract: Organic air emissions have effects upon human health as well as

reacting with other compounds in the atmosphere to form ozone. Ozone is a major air quality problem in many cities throughout the United States. The collection of this information is used by the EPA to ensure that appropriate environemntal rules are being complied with and that emission control devices are properly operated and maintained. Reports required under this collection authority are used by the Agency to monitor compliance as well as targeting treatment, storage and disposal facilities for inspection. Section 3004(n) of the Hazardous and Solid Waste Amendments (HSWA) directed the EPA to promulgate regulations for monitoring and control of air emissions from treatment, storage and disposal facilities, as necessary, to protect human health and the environment. An Agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for EPA's regulations are listed in 40 CFR part 9.

The EPA would like to solicit comments to:

(i) 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;

(ii) 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;

(iii) Enhance the quality, utility, and clarity of the information to be collected; and

(iv) 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.

Burden Statement: Based upon the latest available figures, the Agency estimated the number of respondents to be 9,526 with a burden of 62.5 hours for each respondent. For Reporting Requirements, it was estimated to take 9 hours to read, gather and write the necessary reports. For Recordkeeping Requirements, 53.5 hours were estimated to complete the necessary testing and inspecting of tanks, surface impoundments and containers (21.5 hours), develop a recordkeeping system (16 hours), time to enter the information into the system (8 hours) and personnel training (8 hours). This estimate includes the time needed to review instructions; develop, acquire, install, and utilize technology and systems for the purposes of collecting, validating, and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information.

Dated: June 2, 1997.

Bruce Weddle,

Acting Director, Office of Compliance.

[FR Doc. 97–15983 Filed 6–17–97; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–5843–5]

Toxic Chemicals; Chemical-Specific Rules; Submission of ICR No. 1198 to OMB; Agency Information Collection Activities

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of submission to OMB.

SUMMARY: In compliance with the Paperwork Reduction Act (44 U.S.C. 3501 *et seq.*), this notice announces that the Information Collection Request (ICR) entitled: TSCA Section 8(a) Chemical-Specific Rules [EPA ICR No. 1198.05; OMB Control No. 2070–0067] has been forwarded to the Office of Management and Budget (OMB) for review and approval pursuant to the OMB procedures in 5 CFR 1320.12. The ICR, which is abstracted below, describes the nature of the information collection and its estimated cost and burden.

The Agency is requesting that OMB renew for 3 years the existing approval for this ICR, which is scheduled to expire on August 31, 1997. A **Federal Register** notice announcing the Agency's intent to seek the renewal of this ICR and the 60-day public comment opportunity, requesting comments on the request and the contents of the ICR, was issued on February 26, 1997 (62 FR 8725). EPA did not receive any comments on this ICR during the comment period.

DATES: Additional comments may be submitted on or before July 18, 1997.

FOR FURTHER INFORMATION OR A COPY CONTACT: Sandy Farmer at EPA by phone on (202) 260–2740 or by e-mail: ''farmer.sandy@epamail.epa.gov,'' and refer to EPA ICR No. 1198.05 and OMB Control No. 2070–0067.

ADDRESSES: Send comments, referencing EPA ICR No. 1198.05 and OMB Control No. 2070–0067, to the following addresses:

Ms. Sandy Farmer, U.S. Environmental Protection Agency, Regulatory Information Division (Mailcode: 2137), 401 M Street, S.W., Washington, DC 20460

And to:

Office of Information and Regulatory Affairs, Office of Management and Budget (OMB), Attention: Desk Officer for EPA, 725 17th Street, N.W., Washington, DC 20503.

SUPPLEMENTARY INFORMATION:

Review Requested: This is a request to renew a currently approved information collection pursuant to 5 CFR 1320.12.

ICR Numbers: EPA ICR No. 1198.05; OMB Control No. 2070–0067.

Current Expiration Date: Current OMB approval expires on August 31, 1997.

Title: TSCA Section 8(a) Chemical-Specific Rules.

Abstract: Section 8(a) of the Toxic Substances Control Act (TSCA) authorizes the Administrator of EPA to promulgate rules that require persons who manufacture, import or process chemical substances and mixtures, or who propose to manufacture, import, or process chemical substances and mixtures, to maintain such records and submit such reports to EPA as may be reasonably required. Any chemical covered by TSCA for which EPA or another Federal agency has a reasonable need for information and which cannot be satisfied via other sources is a proper potential subject for a chemical-specific TSCA section 8(a) rulemaking. Information that may be collected under TSCA section 8(a) includes, but is not limited to, chemical names, categories of use, production volume, byproducts of chemical production, existing data on deaths and environmental effects, exposure data, and disposal information. Generally, EPA uses chemical-specific information under TSCA section 8(a) to evaluate the potential for adverse human health and environmental effects caused by the manufacture, importation, processing, use or disposal of identified chemical substances and mixtures. Additionally, EPA may use TSCA section 8(a) information to assess the need or set priorities for testing and/or further regulatory action. To the extent that reported information is not considered confidential, environmental groups, environmental justice advocates, state

and local government entities and other members of the public will also have access to this information for their own use.

Responses to the collection of information are mandatory (see 40 CFR part 704). Respondents may claim all or part of a notice confidential. EPA will disclose information that is covered by a claim of confidentiality only to the extent permitted by, and in accordance with, the procedures in TSCA section 14 and 40 CFR part 2.

Burden Statement: The annual public reporting burden for this collection of information is estimated to range between approximately 67 and 275 hours per response for an estimated four respondents making one or more submissions of information annually. These estimates include the time needed to review instructions; develop, acquire, install and utilize technology and systems for the purposes of collecting, validating and verifying information, processing and maintaining information, and disclosing and providing information; adjust the existing ways to comply with any previously applicable instructions and requirements; train personnel to be able to respond to a collection of information; search data sources; complete and review the collection of information; and transmit or otherwise disclose the information. No person is required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control numbers for these regulations are displayed in 40 CFR Part 9.

Respondents/Affected Entities: Entities potentially affected by this action are those persons who manufacture, import or process chemical substances and mixtures, or who propose to manufacture, import, or process chemical substances and mixtures, in the United States.

Estimated No. of Respondents: 4.

Estimated Total Annual Burden on Respondents: 275 hours.

Frequency of Collection: On occasion.

Changes in Burden Estimates: There is a decrease of 1,665 hours in the total estimated respondent burden as compared with that identified in the information collection request most recently approved by OMB, from 1,940 hours currently to an estimated 275 hours. At the time of the last clearance of this ICR in May 1994, EPA estimated the burden for respondents to be 276 hours annually, a decrease of 1,940 hours from the burden total in the OMB inventory at the time. However, OMB's action notice approving this ICR, dated August 8, 1994, appears to transpose these two numbers: the action notice indicates a new status of 1,940 burden hours and a difference of -275 hours. EPA believes that this was a simple inversion mistake made at the time the approval was processed.

The current request for renewal estimates a total burden to respondents of 275 hours, a difference of one hour from that estimated in EPA's 1994 request for renewal. However, the current burden estimate of 275 hours represents a decrease of 1,665 hours from the (incorrect) burden total in the current OMB inventory. Note that the reason for the reduction in burden at the time of the 1994 clearance of this ICR was that the estimate for the number of TSCA section 8(a) chemical-specific rules to be promulgated annually was reduced from an anticipated ten rules per year to one rule per year.

According to the procedures prescribed in 5 CFR 1320.12, EPA has submitted this ICR to OMB for review and approval. Any comments related to the renewal of this ICR should be submitted within 30 days of this notice, as described above.

Dated: June 12, 1997.

Joseph Retzer,

Director, Regulatory Information Division.

[FR Doc. 97–15986 Filed 6–17–97; 8:45 am]

BILLNG CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–5843–8]

Performance Evaluation Reports for Fiscal Year 1996 Section 105 Grants; Missouri, Kansas, Iowa, Nebraska

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of availability of grantee performance evaluation reports.

SUMMARY: The EPA's grant regulations (40 CFR 35.150) require the Agency to conduct yearly performance evaluations on the progress of the approved State/EPA Agreements. The EPA's regulations (40 CFR 56.7) require that the Agency make available to the public the evaluation reports. The EPA has conducted evaluations on the Missouri Department of Natural Resources, Nebraska Department of Environmental Quality, Iowa Department of Natural Resources, and Kansas Department of Health and Environment. These evaluations were conducted to assess the agencies' performance under the grants made to them by the EPA pursuant to section 105 of the Clean Air Act.

EFFECTIVE DATE: June 18, 1997.

ADDRESSES: Copies of the evaluation reports are available for public inspection at the EPA's Region VII Air, RCRA, and Toxics Division; 726 Minnesota Avenue; Kansas City, Kansas 66101.

FOR FURTHER INFORMATION CONTACT: John Pawlowski at (913) 551–7920.

Dated: June 4, 1997.

William Rice,

Acting Regional Administrator.

[FR Doc. 97–15987 Filed 6–17–97; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[FRL–5844–2]

Environmental Statistics Subcommittee of the National Advisory Council for Policy and Technology; Public Meeting

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of public meeting.

SUMMARY: Pursuant to the Federal Advisory Committee Act, Public Law 92–463, notice is hereby given that the Environmental Statistic Subcommittee (of the Environmental Information, Economics and Technology Committee) of the National Advisory Council on Environmental Policy and Technology (NACEPT) will hold a one day meeting of the full Subcommittee.

The Environmental Statistics Subcommittee was formed to provide key recommendations and strategic advice on the statistical products and activities necessary to enhance the Agency's knowledge about environmental statistics and trends, and to explore information gaps from the perspective of the users/products of these data products. The meeting is being held to discuss and offer critical advice on initiatives of the Office of Strategic Planning and Environmental Data.

Scheduling constraints preclude oral comments from the public during the meeting. Written comments can be submitted by the mail, and will be transmitted to Committee members for consideration.

DATES: The public meeting will be held on July 22, 1997 from 9:00 a.m. to 5:00 p.m. The meetings will be held at Loews L'Enfant Plaza Hotel 480 L'Enfant Plaza, S.W. 2nd Floor Renoir Conference Room Washington, D.C. 20024. This meeting is open to the public. Due to limited space, seating at the meeting will be on a first-come basis.

ADDRESSES: Written comments should be sent to: N. Phillip Ross, Office of Strategic Planning and Environmental Data, U.S. Environmental Protection Agency, Mail Code 2161, 401 M Street, S.W., Washington, DC 20460.

FOR FURTHER INFORMATION CONTACT: N. Phillip Ross, Designated Federal Official, Direct Line (202) 260–0250, General Line (202) 260–5244, FAX (202) 260–8550.

Dated: June 13, 1997.

Barry D. Nussbaum,

Acting Designated Federal Official.

[FR Doc. 97–15982 Filed 6–17–97; 8:45 am]

BILLING CODE 6560–50–M

ENVIRONMENTAL PROTECTION AGENCY

[FRL–5843–3]

Notice of Public Meetings on the Pesticide Formulating, Packaging and Repackaging Effluent Limitations Guidelines and Standards' Pollution Prevention Alternative

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of meetings.

SUMMARY: The Office of Science and Technology announces five meetings on the Pollution Prevention (P2) Alternative, a compliance alternative of the November 1996 effluent guidelines for the Pesticide Formulating, Packaging, and Repackaging (PFPR) Industry (61 FR 57518). The meetings were designed for the regulated community and the state/local regulators to provide guidance on this compliance alternative. These meetings will *not* cover implementation of the zero discharge limitations and standards for ''Refilling Establishments'' (Subcategory E) facilities (i.e., facilities regulated by 40 CFR 455.60).

DATES: EPA will conduct five public meetings on the Pollution Prevention Alternative on: Tuesday, July 15, 1997, and Wednesday, July 16, 1997, in Chicago, Illinois; on Thursday, July 24, 1997, and Friday, July 25, 1997, in Atlanta, Georgia; on Tuesday, August 26, 1997, and Wednesday, August 27, 1997, in Dallas, Texas; on Monday, September 22, 1997, and Tuesday, September 23, 1997, in Portland, Oregon; and on Thursday, September 25, 1997, and Friday, September 26, 1997, in Kansas City, Missouri.

ADDRESSES: The workshop on July 15–16, 1997, will be held at the Hotel Inter-Continental, 505 North Michigan Avenue, Chicago, Illinois. The workshop on July 24–25, 1997, will be held at the Harvey Hotel—Atlanta Powers Ferry, 6345 Powers Ferry Road, NW, Atlanta, Georgia. The workshop on August 26–27, 1997, will be held at the Fairmont Hotel, 1717 North Akard Street, Dallas, Texas. The workshop on September 22–23, 1997, will be held at the Doubletree Portland—Columbia River, 1401 North Hayden Island Drive, Portland, Oregon. The workshop on September 25–26, 1997, will be held at the Adam's Mark Hotel, 9103 East 39th Street, Kansas City, Missouri.

FOR FURTHER INFORMATION CONTACT: Shari Zuskin by facsimile at (202) 260–7185, or by E-mail: zuskin.shari@epamail.epa.gov.

SUPPLEMENTARY INFORMATION:

Meeting/Hotel Arrangements

Meeting arrangements are being coordinated by DynCorp, Inc. For information on registration and a registration form, contact Cindy Simbanin, 300 N. Lee Street, Suite 500, Alexandria, VA 22314. Phone: (703) 519–1386. Facsimile number: (703) 684-0610. Space is limited and reservations are being taken on a first come, first served basis. No fees will be charged to attend. Attendees must fax or mail a completed registration form to Cindy Simbanin. Please note that participants will be encouraged to select a first and second choice workshop location; however, if you are choosing to attend the Chicago or Atlanta meetings make your hotel reservation immediately, do not wait for your workshop registration confirmation. Upon receipt of your registration form, a confirmation will be faxed, mailed, or e-mailed to you.

Hotel reservations for Chicago may be made by contacting the Inter-Continental Hotel, (312) 944–4100. Guest rates are $119 single and $142 double occupancy, including tax. Reservations must be made by June 21, 1997. When making reservations, you must specify that you are affiliated with the EPA PFPR Workshop to qualify for the quoted rate.

For the Atlanta meeting, hotel reservations may be made by contacting the Harvey Hotel—Atlanta Powers Ferry at (770) 955–1700. Tax exempt government guest rates are $96 single and $116 double occupancy. Non-government, tax inclusive guest rates are $108.48/single and $131.08/double occupancy. Reservations must be made by July 10, 1997, and you must reference the event as the EPA PFPR Workshop.

Hotel reservations for the Dallas meeting may be made by contacting the Fairmont Hotel at (800) 527–4727. Ask for reservations and identify the group as the EPA PFPR Workshop. The tax exempt government room rate is $84 single/double occupancy. The non-government, tax inclusive rates are $134.47/single and $145.77/double occupancy. To receive the group rates quoted above all reservations must be made by August 1, 1997.

For the Portland meeting, reservations may be made by contacting the Doubletree Portland—Columbia River, (800) 733–5466, ask for the Reservations Department, and identify the group as the EPA PFPR Workshop. Reservations must by made by August 31, 1997. Tax exempt government room rates are $87/single and $105/double occupancy. Non-government, tax inclusive rates are $95.00/single and $114.45/double occupancy.

Hotel reservations for the Kansas City meeting may be made by contacting the Adam's Mark Hotel, (816) 737–0200, ask for Reservations, and identify the group as the EPA PFPR Workshop. Reservations must be made by August 29, 1997. Tax exempt government rates are $78/single and $88/double. Non-government rates are $106.38/single and $117.57/double occupancy, inclusive of taxes.

Accommodations are limited at each location, so please make your reservations early. Contact Cindy Simbanin for information on government tax exempt rates, guarantee, and cancellation policies for the hotels listed above. Phone: (703) 519–1386; Facsimile: (703) 684–0610.

Background

On November 6, 1996, EPA published the final rule: Pesticide Formulating, Packaging, and Repackaging (PFPR) Industry Effluent Limitations Guidelines and Standards (61 FR 57518). The regulation provides Subcategory C facilities (approximately 1,500 facilities) a choice between zero discharge and a compliance alternative, named the ''Pollution Prevention (P2) Alternative.'' This structure provides a compliance option to PFPR facilities who agree to implement certain pollution prevention, recycle and reuse practices (and wastewater treatment when necessary). Facilities choosing and implementing the P2 Alternative will receive a discharge allowance.

The P2 Alternative is the first of its kind to be utilized in an effluent guideline. For this reason, EPA will provide guidance on implementing the P2 Alternative at the five regional meetings and in manual titled, ''Pollution Prevention (P2) Guidance Manual for the Pesticide Formulating, Packaging, and Repackaging Industry: Implementing the P2 Alternative.'' The

guidance manual can be obtained by contacting Shari Zuskin by facsimile at (202)260–7185, or by E-mail: zuskin.shari@epamail.epa.gov.

The P2 Alternative is based on a list of specified pollution prevention, recycle, and reuse practices which are listed on Table 8 (61 FR 57553) of the final rule. Modification of these practices is allowed with acceptable justification (as listed on Table 8 or as approved by the permitting/control authority). The Alternative also requires certain paperwork for compliance with the alternative (i.e., initial certification, periodic certification, and on-site compliance paperwork). This paperwork documents the facility's choice between zero discharge and the P2 Alternative; any justifications allowing modification to the listed P2 practices on Table 8; the treatment technologies that are being used to obtain a ''P2 allowable discharge,'' as defined in the regulation; the method by which the facility has chosen to demonstrate that the treatment system is well operated and maintained; and the rationale for choosing the method of demonstration.

The PFPR Meetings (and the guidance manual) have been designed to provide detailed guidance to industry and Regional/State/Local regulators, including guidance on conducting the P2 audit, completing/approving the compliance paperwork for the regulation, selecting/approving the ''appropriate'' treatment technologies, setting up treatability tests, evaluating test results, and demonstrating/enforcing compliance in lieu of analytical methods and national numerical limitations.

The agenda and breakout session summaries for the meetings are as follows:

Preliminary Agenda for the Pesticide Formulating, Packaging, and Repackaging Pollution Prevention Workshops

(**Note:** Agenda is subject to change prior to first workshop)

Day 1

8:00 am Registration and Check-in
9:00 am Welcome and Workshop Structure
9:20 am Overview of PFPR Effluent Guidelines and Standards

A basic overview of effluent guidelines and standards, pollution prevention (P2), the EPA P2 hierarchy, PFPR operations, and compliance with the PFPR rule.

10:30 am Break
10:45 am Pollution Prevention Equipment and Practices

A discussion of the P2 equipment and practices effective for PFPR operations.

12:00 pm Lunch On Your Own
1:15 pm The PFPR Pollution Prevention Audit

Explanations of compliance with the P2 Alternative through the P2 Audit. Introduction to the audit checklist and an example audit.

3:00 pm Break
3:15 PM P2 Audit Group Exercise

Participants work in groups to complete audit tables for an example facility.

4:00 pm Description of Treatment Technologies
5:00 pm Day 1 Wrap-up

Day 2

8:30 am Day 2 Introduction
8:45 am The PFPR Treatability Test

Discussion of various treatability test issues, including how to determine if a treatability test is necessary, how to plan the test, how to document and evaluate the test results, and how to make a final compliance decision.

10:30 am Break
10:45 am Compliance Documentation

Discussion of the required compliance documentation, including initial and periodic certification statements and on-site compliance paperwork required by the rule.

11:45 am Lunch On Your Own
1:00 pm Breakout Session I

Registrants attend a breakout session offered during this time period.

2:00 pm Breakout Session II

Registrants attend a breakout session offered during this time period.

3:00 pm Break

Day 2—continued

3:15 pm Workshop Conclusion

Summarize the highlights of breakout sessions. Provide sources of additional information and answer remaining questions.

Day 2 Breakout Sessions—Topic Descriptions

1. Approval of Modifications to P2 Practices and Use of BPJ: Review a case study of a fictitious facility referencing listed modifications from Table 8 of the final rule and a case study of a facility seeking approval for an unlisted modification. Explore the issues of proper documentation and the approval process for unlisted modifications.

2. Treatability Test Results Evaluation and Determination of Equivalent Systems: Work through a detailed example using treatability test data from an EPA-sponsored test using wastewater from an actual PFPR facility. Explore how to determine whether a system is equivalent to Table 10 technologies, how to choose a compliance scheme, and how treatability test data may be useful in determining permit or pretreatment agreement limits. Evaluate the data from both the facility and permitting control authority perspective.

3. Installation and Optimization of Treatment Systems: Open discussion on the issues surrounding treatment system installation and operation. Review case study materials on useful operating parameters, issues involved with scale-up, and cost considerations.

4. How to Determine Whether a System Is Well Operated and Maintained: Complete a group exercise on treatment system compliance issues. Develop the rationale for the operation and maintenance of a PFPR treatment system, and review the proper documentation of and approval process for the treatment system compliance methodology.

Dated: June 5, 1997.

James Hanlon,

Acting Director, Office of Science and Technology.

[FR Doc. 97–15984 Filed 6–17–97; 8:45 am]

BILLING CODE 6560–50–P

ENVIRONMENTAL PROTECTION AGENCY

[OPP–00485; FRL–5724–4]

Proposed Reduced-Risk Initiative Guidelines

AGENCY: Environmental Protection Agency (EPA).

ACTION: Notice of availability.

SUMMARY: EPA is soliciting comments on a proposed expedited review policy as required by the Food Quality Protection Act of 1996. The proposal is available in a draft Pesticide Registration (PR) Notice entitled ''Draft Guidelines for Expedited Review of Conventional Pesticides under the Reduced-Risk Initiative and for Biological Pesticides'' which is available upon request.

DATES: Written comments, identified by the docket control number ''OPP–00485,'' must be received on or before July 18, 1997.

ADDRESSES: The PR Notice is available by contacting the person whose name appears under FOR FURTHER INFORMATION CONTACT. Submit written comments identified by the docket control number OPP–00485 by mail to: Public Information and Records Integrity Branch, Information Resources and Services Division (7506C), Office of Pesticide Programs, Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. In person, bring comments directly to the OPP docket which is located in Rm. 1132 of Crystal Mall #2, 1921 Jefferson Davis Highway, Arlington, VA.

Comments and data may also be submitted electronically by following the instructions under Unit V. of this

document. No Confidential Business Information (CBI) 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 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. All written comments will be available for public inspection in Rm. 1132 at the Virginia address given above from 8:30 a.m. to 4 p.m., Monday through Friday, excluding legal holidays.

FOR FURTHER INFORMATION CONTACT: By mail: Richard Keigwin (7505C), Environmental Protection Agency, 401 M St., SW., Washington, DC 20460. Office location, telephone number, and e-mail address: Rm. 713A, CM #2, 1921 Jefferson Davis Highway, Arlington, VA, (703) 305–5447, e-mail: keigwin.richard@epamail.epa.gov.

SUPPLEMENTARY INFORMATION:

Electronic Availability: Electronic copies of this document and the draft PR Notice are available from the EPA home page at the Environmental Sub-Set entry for this document under ''Regulations'' (http://www.epa.gov/fedrgstr/).

This **Federal Register** notice announces the availability of the draft PR Notice and solicits comment on the proposed policy. If, after reviewing any comments, EPA determines that changes to the Notice are warranted, the Agency will revise the draft PR Notice prior to release.

I. Purpose

The Food Quality Protection Act of 1996 (FQPA) requires EPA, not later than 1 year after enactment, to develop procedures and guidelines, and to expedite the review of applications for registration that meet such guidelines. An application for registration or amendment of either a conventional or a biological pesticide shall qualify for expedited review if the proposed use of the pesticide may reasonably be expected to accomplish one or more of the following:

1. Reduce the risks of pesticides to human health.
2. Reduce the risks of pesticides to nontarget organisms.
3. Reduce the potential for contamination of groundwater surface water or other valued environmental resources.
4. Broaden the adoption of integrated pest management strategies, or make such strategies more available or more effective.

The purpose of the proposed PR Notice is to provide the process and criteria to guide applicants in developing their reduced-risk submissions. This proposed PR Notice will supersede the criteria published in **Federal Register** Notices of July 20, 1992 (57 FR 32140) and January 22, 1993 (58 FR 5854), and PR Notice 93-9, July 21, 1993. The goal of the Reduced-Risked Pesticide Initiative and of the Biopesticides and Pollution Prevention Division is to encourage the development, registration, and use of lower-risk pesticide products which would result in reduced risks to human health and the environment when compared to existing alternatives. The major incentive which EPA offers for reduced-risk pesticides is expedited registration review.

II. Applicability

The proposed PR Notice will apply to all applicants seeking any type of registration action for a biological pesticide and to all applicants seeking to register as reduced-risk certain chemical pesticide products containing a new active ingredient, or a new use of an active ingredient.

III. Contents of the PR Notice

The main sections of the proposed PR Notice address the following topics:

1. *Characteristics of acceptable and unacceptable submissions.* A review of most reduced-risk submissions received by the Agency to date serves as the basis for guidance on what reduced-risk rationales have been found acceptable and on what problems caused rejection of the application.

2. *Guidelines for reduced-risk rationales.* In this section, the required organization and substance of a reduced-risk application are described in detail. Basically, a full discussion of the characteristics and potential risks of the pesticide must be provided in a standard format, with appropriate references to applicable data.

3. *Guidelines for FQPA rationale.* An explanation of how the proposed application complies with the requirements of FQPA is necessary. Appendix A to the notice gives additional guidance.

IV. Issues

The Agency invites comments on any issues regarding these proposed Reduced-Risk Pesticide guidelines. In particular, the Agency invites comments on the following issues.

1. The Agency's reduced-risk program initially sought to develop ''bright line'' criteria that clearly indicated what criteria a pesticide had to meet to be considered safe. Instead, experience indicated that reduced-risk was more readily defined in relative terms through comparisons with relevant alternatives. The Agency seeks comment on the appropriateness of determining reduced-risk status using a weight-of-evidence approach that relies heavily on comparative criteria rather than relying on more absolute criteria that would define a ''safe'' pesticide.

2. While a new active ingredient may have a similar chemical structure to chemicals already on the market, it may not necessarily share a common mode of toxicity. Such a determination will be made during the tolerance reassessment process over the next 10 years. In the absence of a formal determination by the Agency on common mode of toxicity, should the reduced-risk committee accept candidates that meet all of the other reduced-risk criteria but may share a common mode of toxicity with other pesticides already on the market?

3. Members of the Food Quality Protection Act Advisory Committee expressed concerns that if the scope of the reduced-risk program is expanded too broadly, too many applications will qualify, the program will be overwhelmed, and the average review time will grow thereby negating the only incentive available for companies to develop reduced-risk pesticides. The Agency invites comments on the trade off between expanding the scope of the program and slower registration times.

4. How should EPA measure success of its reduced-risk pesticide initiative?

5. What other incentives beyond expedited registration should the Agency consider to increase the development and registration of reduced-risk pesticides, biopesticides, and other safer pest management tools?

V. Public Record

The official record for this document, as well as the public version, has been established for this document under docket control number ''OPP–00485'' (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 rulemaking 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 control number ''OPP–00485.'' Electronic comments on this document may be filed online at many Federal Depository Libraries.

List of Subjects

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

Dated: June 12, 1997.

Stephen L. Johnson,

Acting Director, Office of Pesticide Programs.

[FR Doc. 97–15980 Filed 6–17–97; 8:45 am]

BILLING CODE 6560–50–F

FEDERAL ELECTION COMMISSION

Sunshine Act Meeting

FEDERAL REGISTER NUMBER: 97–15453.

PREVIOUSLY ANNOUNCED DATE & TIME: Thursday, June 19, 1997, l0:00 a.m., Meeting open to the public.

THE FOLLOWING ITEM WAS ADDED TO THE AGENDA: Final Draft of the Second National Voter Registration Act Report to Congress.

DATE & TIME: Tuesday, June 24, 1997 at 10:00 a.m.

PLACE: 999 E Street, NW., Washington, DC.

STATUS: This meeting will be closed to the public.

ITEMS TO BE DISCUSSED:

Compliance matters pursuant to 2 U.S.C. § 437g.
Audits conducted pursuant to 2 U.S.C. § 437g, § 438(b), and Title 26, U.S.C.
Matters concerning participation in civil actions or proceedings or arbitration.
Internal personnel rules and procedures or matters affecting a particular employee.

DATE & TIME: Thursday, June 26, 1997 at 10:00 a.m.

PLACE: 999 E Street, NW., Washington, DC (Ninth Floor).

STATUS: This meeting will be open to the public.

ITEMS TO BE DISCUSSED:

Correction and Approval of Minutes.
Advisory Opinion 1997–7: Sue Harris DeBauche, State Chair, The Virginia Reform Party aka The Virginia Independent Party.
Advisory Opinion 1997–8: Grace M. Anderson, Campaign/Finance Director, Texans for Lamar, Smith.
Regulations: Who Qualifies as a ''Member'' of a Membership Association: Advance Notice of Proposed Rulemaking.
Administrative Matters.

PERSON TO CONTACT FOR INFORMATION: Mr. Ron Harris, Press Officer, Telephone: (202) 219–4155.

Marjorie W. Emmons,

Secretary of the Commission.

[FR Doc. 97–16134 Filed 6–16–97; 3:02 p.m.]

BILLING CODE 6715–01–M

FEDERAL EMERGENCY MANAGEMENT AGENCY

[FEMA–1163–DR]

Kentucky; 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 Kentucky, (FEMA–1163-DR), dated March 4, 1997, and related determinations.

EFFECTIVE DATE: June 3, 1997.

FOR FURTHER INFORMATION CONTACT: Magda Ruiz, 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 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 March 4, 1997:

Clay County for Public Assistance and Hazard Mitigation.

(Catalog of Federal Domestic Assistance No. 83.516, Disaster Assistance)

Lacy E. Suiter,

Executive Associate Director, Response and Recovery Directorate.

[FR Doc. 97–15946 Filed 6–17–97; 8:45 am]

BILLING CODE 6718–02–P

FEDERAL EMERGENCY MANAGEMENT AGENCY

Open Meeting, Board of Visitors for the National Fire Academy

AGENCY: Federal Emergency Management Agency (FEMA).

ACTION: Notice of open meeting.

SUMMARY: In accordance with section 10 (a)(2) of the Federal Advisory Committee Act, 5 U.S.C. App. 2, FEMA announces the following committee meeting:

NAME: Board of Visitors for the National Fire Academy.

DATES OF MEETING: August 17–19, 1997.

PLACE: Building J, Room 268, National Emergency Training Center, Emmitsburg, Maryland.

TIME: August 17, 1997, 8:30 a.m.–9:00 p.m.; August 18, 1997, 8:30 a.m.–5:00 p.m.; August 19, 1997, 8:30 a.m.–5:00 p.m.

PROPOSED AGENDA: August 17–19, 1997 Review National Fire Academy Program Activities.

SUPPLEMENTARY INFORMATION: The meeting will be open to the public with seating available on a first-come, first-served basis. Members of the general public who plan to attend the meeting should contact the Office of the Superintendent, National Fire Academy, U.S. Fire Administration, 16825 South Seton Avenue, Emmitsburg, MD 21727, (301) 447–1117, on or before August 4, 1997.

Minutes of the meeting will be prepared and will be available for public viewing in the Office of the Administrator, U.S. Fire Administration, Federal Emergency Management Agency, Emmitsburg, MD 21727. Copies of the minutes will be available upon request 30 days after the meeting.

Dated: June 6, 1997.

Carrye B. Brown,

U.S. Fire Administrator.

[FR Doc. 97–15945 Filed 6–16–97; 8:45 am]

BILLING CODE 6718–01–P

FEDERAL HOUSING FINANCE BOARD

Sunshine Act Meeting

Announcing an Open Meeting of the Board

TIME AND DATE: 2:00 p.m. Wednesday, June 25, 1997

PLACE: Board Room, Second Floor, Federal Housing Finance Board, 1777 F Street, N.W., Washington, D.C. 20006

STATUS: The entire meeting will be open to the public.

MATTER TO BE CONSIDERED DURING PORTIONS OPEN TO THE PUBLIC:

- AHP Regulation—Final Rule
- Designation of Elective Directorships for the 1997 Election of FHLBank Directors
- AHP Applications Approval

CONTACT PERSON FOR MORE INFORMATION: Elaine L. Baker, Secretary to the Board, (202) 408–2837.

William W. Ginsberg,

Managing Director.

[FR Doc. 97–16062 Filed 6–16–97; 10:44 am]

BILLING CODE 6725–01–P

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. Once the application has been accepted for processing, it will also 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 14, 1997.

A. Federal Reserve Bank of Atlanta (Lois Berthaume, Vice President) 104 Marietta Street, N.W., Atlanta, Georgia 30303-2713:

1. Hibernia Corporation, New Orleans, Louisiana; to merge with Executive Bancshares, Inc., Paris, Texas, and thereby indirectly acquire First National Bank of Paris, Paris, Texas, and Collin County National Bank, McKinney, Texas.

Board of Governors of the Federal Reserve System, June 13, 1997.

Jennifer J. Johnson,

Deputy Secretary of the Board.

[FR Doc. 97–16007 Filed 6–17–97; 8:45 am]

BILLING CODE 6210–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of National AIDS Policy; Notice of Meeting of the Presidential Advisory Council on HIV/AIDS and Its Subcommittees

Pursuant to Public Law 92–463, notice is hereby given of the meeting of the Presidential Advisory Council on HIV/AIDS on July 25–26, 1997, at the Wyndham Garden Hotel, Atlanta, GA. The meeting of the Presidential Advisory Council on HIV/AIDS will take place on Friday, July 25 and Saturday, July 26 from 8:30 am to 5:30 pm at the Wyndham Garden Hotel, 3340 Peachtree Road, NE, Atlanta, GA 30326. The meetings will be open to the public.

The purpose of the subcommittee meetings will be to finalize their annual report that will be sent to the President as well as assess the status of any recommendations made to the Administration. The agenda of the Presidential Advisory Council on HIV/AIDS may include presentations from the Council's six committees: Research, Services, Prevention, Discrimination, Communities for African and Latino Descent, and Prison Issues.

Daniel C. Montoya, Executive Director, Presidential Advisory Council, Office of National AIDS Policy, 808 17th Street, N.W., 8th Floor, Washington, D.C. 20006, Phone (202) 632–1090, Fax (202) 632–1096, will furnish the meeting agenda and roster of committee members upon request. Any individual who requires special assistance, such as sign language interpretation or other reasonable accommodations, should contact Ann Borlo at (301) 986–4870 no later than July 1, 1997.

Dated: June 5, 1997.

Daniel C. Montoya,

Executive Director, Presidential Advisory Council on HIV/AIDS, Office of National AIDS Policy.

[FR Doc. 97–15944 Filed 6–17–97; 8:45 am]

BILLING CODE 3195–01–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the Secretary

Office of Public Health and Science; Office of Emergency Preparedness; Statement of Organization, Functions and Delegations of Authority

Part A (Office of the Secretary), of the Statement of Organization, Functions, and Delegations of Authority for the Department of Health and Human Services (DHHS), Chapter AC, Office of Public Health and Science as last amended at 62 FR 5009, dated February 3, 1997; and the Office of Emergency Preparedness (ACK), as last amended at 60 FR 56605–06, dated November 9, 1995, and previously amended at 58 FR 58871, dated November 4, 1993, is being amended to realign OEP functions. The realignment is to reflect OEP's additional responsibilities in dealing with the health and medical consequences of terrorist incidents, in particular incidents involving Weapons of Mass Destruction (WMD), and of providing assistance to the National Transportation Safety Board. The changes are as follows:

A. Under the Office of Public Health and Science, Section AC.20 Functions, insert Paragraph I, ''Office of Emergency Preparedness,'' as follows:

I. Office of Emergency Preparedness (ACK)—The Office of Emergency Preparedness is headed by a Director who reports to the Assistant Secretary for Health (ASH) and serves as the principal advisor to the Secretary and the ASH for emergency actions. The OEP develops national plans and programs and executes necessary actions to assure that headquarters and regional organizations of DHHS are prepared to perform essential functions during major disasters. It also provides central emergency preparedness policy, coordination, guidance, and assistance to DHHS Operating Divisions (OPDIVS), Staff Divisions (STAFFDIVS) and Regional staffs; and directs, coordinates, and monitors the performance of head of DHHS OPDIVS, STAFFDIVS, and Regional Staffs in carrying out assigned emergency preparedness responsibilities. In addition, OEP provides the necessary leadership and coordinates activities for emergency preparedness matters internal to the Office of the Secretary's components; provides staff support to the ASH in the accomplishment of emergency preparedness responsibilities; represents the DHHS in working closely with the Federal Emergency Management Agency and other Federal

departments and agencies; and acts as the lead Federal agency for Emergency Support Function #8 within the Federal Response Plan. In these roles, OEP maintains the operational readiness required for timely and effective response to Federal, State, and local government requests for social services, health and medical assistance following major disasters or terrorist incidents.

1. The Division of Program Development (ACK1)—The Division of Program Development is responsible for developing the planning and implementation processes to improve local response capabilities and the integration of national and local response resources. Key functions include the development of Metropolitan Medical Strike Teams; systems revising DHHS emergency plans to assure consistency with Continuity of Government and Continuity of Operations plans; managing program development activities with the Centers for Disease Control and Prevention, Agency for Toxic Substances and Disease Registry, and the Food and Drug Administration and other OPDIVS to develop technical support systems to deal with the consequences of WMD terrorist events; and working with the National Academy of Sciences and other outside groups to formulate a technology development strategy to enhance the efficacy and effectiveness of responses to WMD incidents.

2. The Division of Emergency Readiness and Operations (ACK2)—The Division of Emergency Readiness and Operations (DERO) is responsible for improving the range of emergency response capabilities and for assuring emergency response readiness. To accomplish these tasks, DERO supports the interdepartmental National Disaster Medical System (NDMS) Senior Policy Group, Directorate, and Directorate Staff; coordinates the NDMS Disaster Medical Assistance Teams (DMATs) and provides administrative support to DMAT personnel; manages the Rockville Emergency Operations Center during emergencies; develops national WMD response capable DMATs; improves the communications infrastructure to support DMAT deployment; works with the Department of Veterans Affairs to assure appropriate pharmaceutical availability, especially for WMD incidents; and establishes Medical Support Units at the site of emergencies.

3. The Division of Administration and Support (ACK3)—The Division of Administration and Support (DAS) is responsible for OEP budget execution and formulation, personnel, procurement, as well as other administrative activities. To accomplish these tasks, DAS works with the OEP Director and the OEP Division Directors to develop solutions to administrative related problems and to develop more effective and efficient administrative support for accomplishing OEP priorities. DAS also provides staff support for the OEP Director in coordinating cross-cutting activities, such as, the management of Regional Emergency Coordinator Work Plans and Regional Advice of Allowance.

Dated: June 9, 1997.

John J. Callahan,

Assistant Secretary for Management and Budget.

[FR Doc. 97–15840 Filed 6–17–97; 8:45 am]

BILLING CODE 4150–04–M

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement Number 708]

Cooperative Agreement for State-Based Surveillance Activities—Sentinel Event Notification Systems for Occupational Risk (SENSOR); Notice of Availability of Funds for Fiscal Year 1997

Introduction

The Centers for Disease Control and Prevention (CDC), the Nation's Prevention Agency, announces the availability of fiscal year (FY) 1997 funds for cooperative agreements with State and territorial departments of health (or other State or territorial governmental agencies in collaboration with a department of health) to establish and/or expand surveillance for occupational diseases and injuries.

CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. (For ordering a copy of Healthy People 2000, see the Section Where to Obtain Additional Information.)

Authority

This program is authorized under the Public Health Service Act, as amended, section 301(a) (42 U.S.C. 241(a)) and the Occupational Safety and Health Act of 1970, section 20(a) and 22(29 U.S.C. 669(a) and 671). The applicable program regulation is 42 CFR part 52.

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Eligible applicants are the official State or territorial health departments or other official State or territorial agencies or their bona fide agents, with occupational safety and health jurisdiction. Applicants other than the health department must apply *in conjunction with* their State or territorial health department.

Applicants may apply for funding under one or both of the two surveillance categories (SENSOR Experimentation and/or SENSOR Field-Testing). Under each category, applicants may apply for funding for single or multiple target conditions. We intend to support surveillance for no more than four target conditions per State.

Note: Please review **FUNDING PRIORITIES** for CDC/NIOSH's selection of priority funding.

Availability of Funds

Approximately $2 million is available in FY 1997. It is expected that the awards will begin on or about September 30, 1997, and will be made for a 12-month budget period within a project period of up to three years for SENSOR Experimentation, and five years for SENSOR Field Testing. Funding estimates may vary and are subject to change.

Continuation awards within the project period will be made on the basis of satisfactory progress and the availability of funds.

Approximately $200,000 per year in additional funding from the Environmental Protection Agency (EPA) is available to support follow-up activities for SENSOR Field-Testing awards for the surveillance of acute occupational pesticide illness case reports.

Distribution of funds among the two categories of activities as described in the **BACKGROUND** section is anticipated to be as follows:

A. Sensor Experimentation

Between $200,000 and $900,000 will be available for SENSOR Experimentation. We intend to fund a minimum of two proposals in this

category. The average award will be $100,000 for each target condition. Individual awards for each condition may range from $85,000 to $115,000, depending on the number of conditions under surveillance, the scope of the surveillance program, the size of the State, and the stage of development of the current State program. CDC/NIOSH funding priority is applicable. See ''Funding Priorities.''

B. SENSOR Field-Testing

Between $500,000 and $1,800,000 will be available for SENSOR Field-Testing #1 and #2. A total of approximately 11 awards will be funded, the final number of awards reflecting the minimums below and the overall priority score ranking among all applications received under both SENSOR Experimentation and Field-testing. These awards will be made in two categories as follows:

1. *Sensor Field-Testing* #1—(Pesticide Surveillance) We intend to fund up to six proposals for pesticide surveillance in this category. Approximately $600,000 is available for funding. The average award will be $100,000 for each target condition. Individual awards for each condition may range from $85,000 to $115,000, depending on the number of conditions under surveillance, the scope of the surveillance program, the size of the State, and the stage of development of the current State program. CDC/NIOSH funding priority *is not applicable.*

2. *Sensor Field-Testing* #2—We intend to fund a minimum of five proposals in this category, including at least one award for work-related burns, two for occupational asthma, and two for silicosis. Between $500,000 and $1,200,000 is available to fund proposals. The average award is expected to be $100,000; individual awards for each condition may range from $85,000 to $115,000 for this category. CDC/NIOSH funding priority *is* applicable. See ''Funding Priorities.''

C. Requests for Supplemental EPA Funds

Approximately $200,000 per year will be available for up to six States successfully competing for SENSOR Field-Testing #1 (pesticide surveillance) awards. Supplemental awards will be considered for each of the six proposals for the surveillance of acute occupational pesticide illness case reports, focusing on pesticide incidents involving re-entry to pesticide treated areas, pesticide drift from treated areas, pesticide drift from treated areas into adjacent or nearby fields, and incidents associated with mixing, loading, and application of pesticides. Individual awards may range from $30,000 to $100,000. CDC/NIOSH funding priority *is* applicable. See ''Funding Priorities.''

Use of Funds

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 HHS Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or ''grass roots'' lobbying efforts that are designed to support or defeat legislation pending before State legislatures. This new law, section 503 of Public Law 104–208, provides as follows:

> Sec. 503(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, * * * except in presentation to the Congress or any State legislative body itself.
>
> (b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, section 101(e), Public Law 104–208 (September 30, 1996).

Background and Definitions

In 1987, NIOSH announced the availability of funds for a 5-year program entitled SENSOR in State and territorial health departments. The purpose of the 5-year program was to pilot case-based surveillance and follow-back activities for selected occupational health conditions, with the ultimate goal of preventing occupational disease and injury.

The original SENSOR model involved case ascertainment through reporting by sentinel physicians. Cases were reported to a State health department, which obtained additional information for each case, analyzed the aggregate reports, and disseminated the analyzed data. The health department, often in collaboration with other State agencies (such as State departments of labor or State OSHA programs), conducted prevention-oriented follow-up activities involving follow-back to the reported case, co-workers of the reported case, and the workplace of the reported case. Thus the prevention-oriented intervention primarily involved a specific workplace. In addition, information on the aggregate case reports and educational material concerning the target condition were disseminated to the medical community.

During the period 1987–1992, 10 States received SENSOR funding for experimental case-based occupational health and safety surveillance activities. The target conditions have included elevated blood lead, carpal tunnel syndrome, pesticide poisoning, occupational lung diseases (silicosis, occupational asthma and hypersensitivity pneumonitis, pneumoconiosis), and work-related burns.

In the course of SENSOR's past ten years, the original model has evolved. Case ascertainment methods, other than or in addition to physician reporting—such as reporting by hospitals and laboratories, hospital discharge data, and death certificates—have been demonstrated to be useful and feasible. Outreach and intervention strategies other than, or in addition to intervention at a particular worksite—such as hazard alerts, large-scale education efforts, and the use of hazard surveillance to target groups of workplaces analogous to those identified through cases—have been demonstrated to be feasible and effective. It has become clear that no single follow-up or intervention model for workplace prevention is appropriate for all target conditions or for all State health departments.

The objective of the SENSOR cooperative agreements program is to build upon the States' experience of the past 10 years by continued support for two types of surveillance activities:

A. *SENSOR Experimentation:* The purpose of this experimentation effort is to support the initial design of State-based surveillance systems. Experimental programs may include target conditions and/or surveillance methodologies not currently funded by SENSOR, as well as current SENSOR experiments not deemed ready for inclusion in the field-testing category. NIOSH currently supports nine developmental programs for carbon monoxide poisoning, carpal tunnel syndrome, childhood injuries, noise-induced hearing loss, amputations, cadmium overexposure, pesticide health effects, occupational tuberculosis, and dermatitis. Experimental programs should utilize case ascertainment methods appropriate to the target condition, and as applicable should link surveillance activities to an appropriate follow-up or intervention activity. The ability of the experimental surveillance program to yield representative or generalizable data useful for estimating incidence or prevalence rates for the target condition is but one factor that should be considered in the experimental design. All follow-up or intervention activities should have the broad objective of preventing occupational disease and injury. The appropriate follow-up or intervention for any given experimental program will depend on the target condition, the available personnel and resources, and the unique characteristics of the State.

B. *SENSOR Field-Testing:* The purpose of this effort is to field-test feasible and effective surveillance approaches subsequent to development under SENSOR experimental programs. Surveillance strategies currently ready for field-testing are:

1. Hospital reporting of work-related burns;

2. Surveillance of acute occupational pesticide illness;

3. Silicosis surveillance utilizing each of three sources of case ascertainment: Physician reporting, hospital discharge data, and death certificates. Workers' compensation records should also be utilized if available; and

4. Physician reporting of occupational asthma.

Purpose

The underlying goal of SENSOR is the prevention of occupational disease and injury. As one of the major CDC/NIOSH surveillance programs, SENSOR promotes the more general goals for surveillance that include:

A. Identifying new, or previously unrecognized occupational diseases, injuries, and hazards;

B. Identifying ''sentinel'' diseases, injuries, or hazards, the occurrence of which represent a failure of prevention;

C. Determining the magnitude and distribution of occupational diseases, injuries, and hazards;

D. Tracking trends in the magnitude and distribution of occupational diseases, injuries, and hazards;

E. Effectively targeting occupations, industries, and workplaces for consultative services or inspections; and

F. Disseminating information to aid the public and government in decision-making.

The specific objectives of these cooperative agreements are:

A. To support the development, implementation, and evaluation of experimental State-based surveillance strategies utilizing current SENSOR target conditions (see Experimental and Field Testing conditions noted above) and/or new or as-yet-unevaluated methodologies (SENSOR Experimentation);

B. To support the field-testing of State-based surveillance strategies;

C. To support the implementation of occupational health surveillance activities in as many States and territories as possible;

D. To encourage ongoing evaluation of NIOSH-supported State-based surveillance activities;

E. To support the development and evaluation of information dissemination and intervention strategies that result in the prevention of occupational disease and injury;

F. To explore the utility of case-based surveillance systems in providing estimates of incidence and/or prevalence rates of selected occupational disorders;

G. To enhance the role of State and territorial health departments in surveillance and prevention of occupationally-related morbidity and mortality; and

H. To foster cooperation with NIOSH surveillance programs and between and among State and territorial health departments and other State governmental agencies with interest and expertise relevant to occupational health surveillance, intervention, and prevention activities; and

I. Support the EPA's evaluation of the Worker Protection Standard through collaborative CDC/NIOSH and State efforts in developing information from acute occupational pesticide illness investigations and case reports.

Program Requirements

For both types of SENSOR surveillance activities, cooperative agreement recipients will be responsible for the activities under A.(Recipient Activities), and CDC/NIOSH will be responsible for the activities listed under B. (CDC/NIOSH Activities).

A. Recipient Activities

1. Develop in collaboration with NIOSH a surveillance plan for the target occupationally-related condition(s) which includes:

a. Delineating a case definition for each target surveillance condition;

b. Developing case ascertainment systems appropriate for the target surveillance condition(s) and available resources. These may include:

(1) Direct physician, laboratory, or hospital reports of disease and injury;
(2) Hospital discharge data;
(3) Death certificates;
(4) Workers' compensation data;
(5) State or Federal disability data;
(6) Poison control center reports;
(7) Other.

c. Gathering additional data as necessary to adequately characterize the reported cases. Sources of this additional data may include:

(1) Reporting physician, hospital, or laboratory;
(2) Reported individual or family member;
(3) Workplace of reported individual;
(4) Co-workers of reported individual;
(5) Other.

d. Establishing a case and data management system;

e. Developing case follow-up and intervention methods aimed toward immediate and/or long-term prevention of the condition(s) under surveillance, such as:

(1) Hazard alerts, or other publications with wide distribution to relevant unions, trade organizations, media, public health agencies, and other groups with responsibilities for or interest in occupational safety and health;

(2) Educational efforts aimed toward physicians, other health care professionals, individual or groups of workers, individual workplaces, employer and trade organizations;

(3) Workplace walk-through visits, with recommendations regarding hazard abatement;

(4) Screening of co-workers of affected individuals;

(5) Referral to regulatory agencies;

(6) Coordinating with NIOSH in conducting in-depth investigations or development of control technology.

Research investigations, such as detailed case-control, cohort, or cross-sectional medical studies, while important for prevention efforts, should be funded through mechanisms other than the SENSOR cooperative agreements.

f. Timely data analysis to ascertain trends and patterns of public health importance and provide guidance for intervention efforts; and;

g. Developing means of dissemination of surveillance information that will contribute to occupational disease and injury prevention. This includes (but is not limited to) sharing material developed under this cooperative agreement with other States through NIOSH and/or other NIOSH surveillance partners, and preparation for publication of one report per year for each target condition.

2. Ensure that surveillance protocols provide confidentiality and job protection for reported individuals;

3. Provide information necessary for evaluating the usefulness and efficacy of the surveillance and intervention efforts;

4. Develop a timetable for development and implementation of the proposed surveillance activity; and

5. Periodically disseminate important or unusual case reports, and generally promote the periodic summarization and analysis of SENSOR reports;

6. In collaboration with NIOSH, work to standardize protocols, data management systems, questionnaires, and other surveillance-related material with other States conducting surveillance for the same target condition.

7. Within States with large numbers of farm workers, particularly those working on farms with row crops, fruits and vegetables, improve the nation's understanding of the incidence of pesticide related illness. Emphasis will be placed on those follow-up activities to case reports, focusing on incidents involving re-entry to pesticide treated areas, pesticide drift from treated areas into adjacent or nearby fields, and incidents associated with the mixing, loading, and application of pesticides.

B. CDC/NIOSH Activities

1. Provide guidance and technical assistance in all phases of development, implementation, analysis, and evaluation of case ascertainment, follow-up, and intervention activities;

2. Provide technical assistance in identifying the most appropriate target surveillance conditions and the most effective surveillance strategies;

3. Provide technical assistance for in-depth investigations and development of control technology;

4. Provide periodic summaries and analyses of aggregate surveillance data from SENSOR States;

5. Support or otherwise maintain a central clearinghouse of surveillance-related materials for use by the States, and otherwise partner with States to assure the effective use and dissemination of State surveillance work products;

6. Facilitate communication and coordination among the States with regard to data collection and analysis, information development and dissemination, intervention strategies, and evaluation of surveillance activities;

7. Convene an annual national meeting of SENSOR States, as well as periodic meetings of States with similar target surveillance conditions;

8. Provide editorial assistance in preparation of important or unusual case reports for publication in the MMWR or other appropriate publications.

Technical Reporting Requirements

Annual and periodic progress reports are required. Schedules for the periodic reports, not more frequently than semi-annual, will be established at the time of the award. An original and two copies of a progress report and financial status report are required no later than 90 days after the end of each budget period. Final financial and performance reports are required no later than 90 days after the end of the project period. All reports are to be submitted to the Grants Management Branch, CDC.

Semi-annual progress report should include:

A. A brief program description.

B. A listing of program goals and objectives accompanied by a comparison of the actual accomplishments related to the goals and objectives established for the period.

C. If established goals and objectives to be accomplished were delayed, describe both the reason for the deviation and anticipated corrective action or deletion of the activity from the project.

D. Other pertinent information, including the status of completeness, timeliness and quality of data.

Application Content

Separate applications must be submitted for each of the two SENSOR categories described above. Within each application, those applying for more than one target condition should address each target condition separately.

The entire application, including appendices, should not exceed 100 pages and the Proposal Narrative section contained therein should not exceed 25 pages. Pages should be clearly numbered and a complete index to the application and any appendices included. The original and each copy of the application must be submitted unstapled and unbound. All materials must be typewritten, double-spaced, with unreduced type (font size 12 point) on 8½″ by 11″ paper, with at least 1″ margins, headers, and footers, and printed on one side only. Do not include any spiral or bound materials or pamphlets.

Completed budget forms should be placed at the beginning of the application with the rest of the form 5161–1. The applicant should provide a detailed budget, with accompanying justification of all operating expenses, that is consistent with the stated objectives and planned activities of the project. CDC may not approve or fund all proposed activities. Applicants should be precise about the program purpose of each budget item. For contracts described within the application budget, applicants should name the contractor, if known, describe the services to be performed; and provide an itemized breakdown and justification for the estimated costs of the contract; the kinds of organizations or parties to be selected; the period of performance; and the method of selection. Place budget narrative pages showing, in detail, how funds in each object class will be spent, directly behind form 424A. Do not put these pages in the body of the application.

The applicant should provide a detailed description of first-year activities and briefly describe future-years objectives and activities.

A. *Title Page*

The heading should include the title of grant program, project title, organization, name and address, project director's name, address and telephone number.

B. *Abstract*

A one page, singled-spaced, typed abstract must be submitted with the application. The heading should include the title of grant program, project title, organization, name and address, project director and telephone number. This abstract should include a work plan identifying activities to be developed, activities to be completed, and a time-line for completion of these activities.

C. *Proposal Narrative*

The narrative of each application must:

1. Briefly state the applicant's understanding of the need or problem to be addressed and the goal of this cooperative agreement;

2. Document the applicant's ability to provide staff, knowledge, and other

resources required to perform the responsibilities in this project, and describe the approach to be used in carrying out those responsibilities;

3. Describe clearly the objectives of the project, the steps to be taken in planning and implementing this project, and the respective responsibilities of the applicant and any other entities for carrying out those steps;

4. Discuss how this project will contribute to the prevention of occupational disease and injury;

5. Provide a proposed schedule and timeline for accomplishing each of the activities to be carried out in this project, and a method for evaluating the accomplishments;

6. Describe the names, qualifications, and time commitments of the professional staff to be assigned to this project; the support staff available for performance of this project; and the facilities, space, and equipment available for performance of this project. This should include a description of the organizational structure and a mission statement;

7. Specify a proposed plan for administering this project, and provide the name, qualifications, and time commitments of the Program Director who will be responsible for its technical development and overall management;

8. Provide a detailed budget which indicates: (1) Anticipated costs for personnel, travel, communications, postage, equipment, supplies, etc., and (2) all sources of funds to meet those needs. Funding for the program director to attend one annual SENSOR meeting and one annual meeting for each target condition at a NIOSH facility (in Cincinnati, Ohio, or Morgantown, W. Virginia) should be included in the proposed budget;

9. Copies of all pertinent regulations and/or legislation, including physician, laboratory, or hospital reporting requirements;

10. For applicants seeking support for surveillance of acute occupational pesticide illnesses, a separate part of the application should be devoted to a proposal for supplemental funds to conduct follow-up investigations or case studies on case reports, focusing on incidents involving re-entry to pesticide treated areas, pesticide drift from treated areas into adjacent or nearby fields, and incidents associated with the mixing, loading, and application of pesticides. Proposals will be rated according to the criteria noted under Evaluation Criteria, Sensor Field-Testing, paragraph F, Scoring Requests for Supplemental EPA Funds. A separate supplemental budget should accompany the application. It should be understood that the rating and ranking for support for surveillance of acute occupational pesticide illness is independent of an application's competitiveness for supplemental support;

11. Human Subjects: State whether or not humans are subjects in this proposal. (See *Human Subjects* in the Evaluation Criteria and Other Requirements sections.)

Evaluation Criteria

Each target condition within each application will be evaluated, scored and ranked separately according to the following criteria:

SENSOR Experimentation (100 Total Points)

A. Technical Merit (65 Total Points)

1. Relevance of the proposal to the objectives outlined in the Program Announcement (10 points);

2. Importance of the proposed surveillance activity in reducing the risk of a specific occupational health or safety condition. Importance should be discussed relative to the applicant's State and the nation. Remarks should include reference to measures of the estimated magnitude of the disease, injury, or condition subject to surveillance, as well as a description of the potential population-at-risk (15 points);

3. Appropriate selection and/or design for the surveillance of the target condition(s), case definitions, case identification methods, data analysis and information dissemination, case follow-up, and intervention activities (20 points);

4. Provision for maintaining confidentiality of individual case reports and sensitivity to protecting the employment status of reported cases (5 points);

5. Capacity to provide case reports, data, and other information that promotes the goals of surveillance generally, and the evaluation of this surveillance activity for inclusion under SENSOR Field Testing (10 points);

6. Adequacy of the proposed schedule and personnel for accomplishing the proposed activities (5 points).

B. Background, Experience, and Capability (25 Total Points)

1. Applicant's previous accomplishments in the design, implementation, and evaluation of occupational health surveillance activities, including SENSOR (10 points);

2. Training, experience, and competence of the proposed Project Director and staff in the design, implementation, and evaluation of occupational health surveillance activities (10 points);

3. Availability of sufficient support staff to carry out this project (5 points).

C. State Commitment (10 Total Points)

The ability of the applicant to commit:

1. Additional funds (5 points); and/or

2. Staff time to the proposed program (5 points).

D. Human Subjects (Not Scored)

Whether or not exempt from the DHHS regulations, are procedures adequate for the protection of human subjects? Recommendations on the adequacy of protections include: (1) Protections appear adequate, and there are no comments to make or concerns to raise, (2) protections appear adequate, but there are comments regarding the protocol, (3) protections appear inadequate and the Objective Review Group has concerns related to human subjects; or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

E. Budget Justification and Adequacy of Facilities (Not Scored)

The proposed budget will be evaluated on the basis of its reasonableness, concise and clear justification, and consistency with the intended use of cooperative agreement funds. The application will also be reviewed as to the adequacy of existing and proposed facilities and resources for conducting project activities.

SENSOR Field-Testing (100 Total Points)

Applications for field-testing of surveillance strategies for work-related burns, silicosis, acute occupational pesticide illness, and occupational asthma will be reviewed and evaluated according to the following criteria:

A. Technical Merit (65 Total Points)

1. Relevance of the proposal to the objectives outlined in the Program Announcement (10 points);

2. Importance of field-testing the proposed surveillance activity in the applicant's State. Importance should be discussed relative to the applicant's State and the nation. Remarks should include reference to measures of the estimated magnitude of the disease, injury, or condition subject to surveillance, as well as a description of the potential population-at-risk (10 points);

3. Appropriate use and/or adaptation of the SENSOR surveillance guidelines for the selected target condition(s) (15 points). (To obtain guidelines, see below under Where to Obtain Additional Information);

4. Provision for maintaining confidentiality of individual case reports and sensitivity to protecting the employment status of reported cases (5 points);

5. Capacity to provide case reports, data, and other information that promotes the goals of surveillance generally, and the evaluation of this surveillance activity for inclusion under SENSOR Field Testing (10 points);

6. Feasibility of providing information needed for the evaluation of this project (5 points);

7. Adequacy of the proposed schedule and personnel for accomplishing the proposed activities (10 points).

B. Background, Experience, and Capability (25 Total Points)

1. Applicant's previous involvement in the design, implementation, and evaluation of public health surveillance and epidemiology activities (10 points);

2. Training, experience, and competence of the proposed project director and staff in the design, implementation, and evaluation of public health surveillance and epidemiology activities (10 points);

3. Availability of sufficient support staff to carry out this project (5 points).

C. State Commitment (10 Total Points)

1. State agency commitment to development of occupational health surveillance activities (5 points);

2. The willingness of the applicant to commit additional funds and/or staff time (5 points).

D. Human Subjects (Not Scored)

Whether or not exempt from the DHHS regulations, are procedures adequate for the protection of human subjects? Recommendations on the adequacy of protections include: (1) Protections appear adequate, and there are no comments to make or concerns to raise, (2) protections appear adequate, but there are comments regarding the protocol, (3) protections appear inadequate and the Objective Review Group has concerns related to human subjects; or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

E. Budget Justification and Adequacy of facilities (Not Scored)

The proposed budget will be evaluated on the basis of its reasonableness, concise and clear justification, and consistency with the intended use of cooperative agreement funds. The application will also be reviewed as to the adequacy of existing and proposed facilities and resources for conducting project activities.

F. Scoring Requests for Supplemental EPA Funds (100 Total Points)

Additional funding from the EPA is available to support follow-up activities to case reports, focusing on pesticide incidents involving re-entry to pesticide treated areas, pesticide drift from treated areas into adjacent or nearby fields, and incidents associated with the mixing, loading, and application of pesticides. Proposals seeking these EPA supplemental funds will be scored as follows:

1. Description of the size of the farm worker population and the seasonal nature of farm worker employment in the State (20 points).

2. Documentation on the outreach services used to interview these workers (20 points).

3. Documented experience in reporting pesticide illness in farm worker populations (20 points).

4. Documented experience in conducting investigations among farm worker populations (20 points).

5. Documented State and local programs that enhance the likelihood of a successful follow-up activity by this program (20 points).

Funding Priorities

SENSOR Experimentation

CDC/NIOSH intends to fund a minimum of two proposals in this category. Of the two awards, at least one award will be made for the surveillance of occupational dermatitis and one award for carpal tunnel syndrome.

SENSOR Field-Testing #2

CDC/NIOSH intends to fund a minimum of five proposals in this category. Of the five awards, at least one award will be made for work-related burns, two for occupational asthma, and two for silicosis.

Supplemental EPA Funds for Sensor Field-Testing #1 (Pesticide Surveillance)

CDC/NIOSH intends to fund up to six proposals for pesticide surveillance. Funds have been earmarked for pesticide surveillance, and the actual number of awards will reflect the funds available for this effort between CDC/NIOSH and the Environmental Protection Agency.

Public comments are not being solicited regarding the funding priority because time does not permit solicitation and review prior to the funding date.

Executive Order 12372

Applications are subject to Intergovernmental Review of Federal Programs as governed by Executive Order (E.O.) 12372.

E.O. 12372 sets up a system for State and local government review of proposed Federal assistance applications. Applicants (other than federally recognized Indian tribal governments) should contact their State Single Point of Contact (SPOC) as early as possible to alert them to the prospective applications and receive any necessary instructions on the State process. For proposed projects serving more than one State, the applicant is advised to contact the SPOC for each affected State. A current list of SPOCs is included in the application kit. If SPOCs have any State process recommendations on applications submitted to CDC, they should forward them to Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Atlanta, GA 30305, no later than 45 days after the application deadline date. The Program Announcement Number 708 and Program Title should be referenced on the document. The granting agency does not guarantee to ''accommodate or explain'' State process recommendations it receives after that date.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number is 93.262.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from ten or more individuals and funded by this cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the Department of Health and Human Services Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate that the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

Application Submission and Deadline

A. Preapplication Letter of Intent

Although not a prerequisite of application, a non-binding letter of intent-to-apply is requested from potential applicants. The letter should be submitted to the Grants Management Branch, CDC at the address listed in this section. It should be postmarked no later than July 9, 1997. The letter should identify Program Announcement number 708, and the name of principal investigator and specify the priority area to be addressed by the proposed project. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently and will ensure that each applicant receives timely and relevant information prior to application submission.

B. Application

The original and two copies of the application PHS Form 5161–1 (Revised 7/92, OMB Number 0937–0189) must be submitted to Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), 255 East Paces Ferry Road, NE., Room 321, Atlanta, GA 30305, on or before August 5, 1997.

1. Deadline: Applications will be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date, or

(b) Sent on or before the deadline date and received in time for submission to the objective review group. (The applicants must request a legibly dated U.S. Postal Service postmark or obtain a receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.)

2. Late Applicants: Applications that do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered in the current competition and will be returned to the applicants.

Where To Obtain Additional Information

To receive additional written information call (404) 332–4561. You will be asked to leave your name, address, and telephone number and will need to refer to NIOSH Announcement 708. You will receive a complete program description, information on application procedures, and application forms. CDC will not send application kits by facsimile or express mail. Please refer to NIOSH announcement number 708 when requesting information and submitting an application.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E–13, Room 321, 255 East Paces Ferry Road, NE., Atlanta, GA 30305, telephone (404) 842–6804, Internet: vxw1@cdc.gov.

Programmatic technical assistance, including guidelines for SENSOR field-testing target conditions, may be obtained from John P. Sestito, J.D., M.S., Chief, Surveillance Branch, Division of Surveillance, Hazard Evaluation and Field Studies, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, Mailstop R–41, Cincinnati, Ohio 45226, telephone (513) 841–4303, Internet: jps4@cdc.gov.

This and other CDC announcements are available through the CDC homepage on the Internet. The address for the CDC homepage is http://www.cdc.gov.

Potential applicants may obtain a copy of Healthy People 2000 (Full report, Stock No. 017–001–00474–0) or Healthy People 2000 (Summary Report, Stock No. 017–001–00473–1) referenced in the Introduction through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

Potential applicants may obtain a copy of the SENSOR surveillance guidelines referenced in Sensor Field-Testing of the Evaluation Criteria section from John P. Sestito, NIOSH, at telephone number (513) 841–4303.

Dated: June 11, 1997.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC).

[FR Doc. 97–15886 Filed 6–17–97; 8:45 am]

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

[Announcement 756]

Preventing Occupational Latex Allergy in Health Care Workers Notice of Availability of Funds for Fiscal Year 1997

Introduction

The Centers for Disease Control and Prevention (CDC) announces the availability of fiscal year (FY) 1997 funds for a cooperative agreement to develop and evaluate the effectiveness of interventions to prevent adverse health effects from latex allergies in health care workers.

CDC is committed to achieving the health promotion and disease prevention objectives of Healthy People 2000, a national activity to reduce morbidity and mortality and improve the quality of life. This announcement is related to the priority area of Occupational Safety and Health. In recognition of the impact of occupational latex allergies, the National Occupational Research Agenda (NORA), published by the National Institute for Occupational Safety and Health (NIOSH) in April 1996 specifically mentions occupational latex allergies under two of the priority areas for research and prevention. (For ordering a copy of NORA, or Healthy People 2000 see the section **WHERE TO OBTAIN ADDITIONAL INFORMATION.**)

Authority

This program is authorized under sections 20(a) and 22(e)(7) of the Occupational Safety and Health Act of 1970 (29 U.S.C. 669(a) and 671(e)(7)).

Smoke-Free Workplace

CDC strongly encourages all grant recipients to provide a smoke-free workplace and promote the nonuse of all tobacco products, and Public Law 103–227, the Pro-Children Act of 1994, prohibits smoking in certain facilities that receive Federal funds in which

education, library, day care, health care, and early childhood development services are provided to children.

Eligible Applicants

Applications may be submitted by public and private, non-profit and for-profit organizations and governments, and their agencies. Thus, universities, colleges, research institutions, hospitals, other public and private organizations, State and local health departments or their bona fide agents, federally recognized Indian tribal governments, Indian tribes or Indian tribal organizations, and small, minority-and/or women-owned businesses are eligible to apply.

Note: Public Law 104–65, dated December 19, 1995, prohibits an organization described in section 501(c)(4) of the IRS Code of 1986, that engages in lobbying activities to influence the Federal Government, from receiving Federal funds.

Availability of Funds

Approximately $200,000 is available in FY 1997 to fund one award to develop and evaluate the effectiveness of interventions to prevent adverse respiratory health effects from latex allergies in health care workers.

The amount of funding available may vary and is subject to change. This award is expected to begin on or about September 30, 1997. The award will be made for a 12-month budget period within a project period up to five years. Continuation awards within the project period will be made on the basis of satisfactory progress and availability of funds.

Use of Funds

Restrictions on Lobbying

Applicants should be aware of restrictions on the use of HHS funds for lobbying of Federal or State legislative bodies. Under the provisions of 31 U.S.C. 1352 (which has been in effect since December 23, 1989), recipients (and their subtier contractors) are prohibited from using appropriated Federal funds (other than profits from a Federal contract) for lobbying Congress or any Federal agency in connection with the award of a particular contract, grant, cooperative agreement, or loan. This includes grants/cooperative agreements that, in whole or in part, involve conferences for which Federal funds cannot be used directly or indirectly to encourage participants to lobby or to instruct participants on how to lobby.

In addition, the FY 1997 HHS Appropriations Act, which became effective October 1, 1996, expressly prohibits the use of 1997 appropriated funds for indirect or ''grassroots'' lobbying efforts that are designed to support or defeat legislation pending before State legislatures. This new law, section 503 of Public Law 104–208, provides as follows:

Section 503(a) No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress, * * * except in presentation to the Congress or any State legislative body itself.

(b) No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

Department of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 1997, as enacted by the Omnibus Consolidated Appropriations Act, 1997, Division A, Title I, section 101(e), Public Law 104–208 (September 30, 1996).

Background

Surveys have shown that about 10 percent of all health care workers are sensitized to latex. Latex allergy may have serious health and personal consequences. Between 1988 and 1992, the Food and Drug Administration received reports of 1000 systemic allergic reactions to latex, 15 of which were fatal. Many approaches have been recommended for the primary, secondary, and tertiary prevention of adverse health outcomes from latex exposure, including provision of reduced protein or latex antigen gloves, medical screening, respiratory protection programs, and use of alternative glove lubricants (instead of glove powders). Health care facilities and public health agencies need to understand ''what works''; this project will seek applications that formally evaluate the effectiveness of the elements of institution-based comprehensive latex allergy prevention programs, with a particular emphasis on quantitative estimates of latex glove associated exposures.

Purpose

The purpose of this project is to formally evaluate elements of institution-based comprehensive primary, secondary, and tertiary latex allergy prevention strategies, e.g., provision of gloves with reduced and defined levels of latex protein or antigen, provision of latex-free gloves to certain units, health screening, respiratory protection programs, and/or use of alternative glove lubricants instead of glove powders. The existing data on the prevalence of allergic reactions to latex among health care workers suggest that, based on preliminary power calculations, a fairly large population will need to be involved, in the range of five hundred to a thousand workers, including provision for dropouts.

Program Requirements

In conducting activities to achieve the purpose of this program, the recipient will be responsible for the activities under A. (Recipient Activities) and CDC/NIOSH will be responsible for activities under B. (CDC/NIOSH Activities).

A. Recipient Activities

1. Develop and implement the protocol for occupational latex allergy prevention.

2. Ensure appropriate scientific peer review of the protocol and ensure continued review of any and all revisions that are made.

3. Conduct the study according to the revised protocol; implement the proposed prevention strategies and conduct the proposed evaluation component.

4. Report and disseminate research results and relevant health and safety training information to the scientific community, health care providers, relevant professional societies, affected industry and labor representatives, and interested State and Federal agencies.

B. CDC/NIOSH Activities

1. Provide scientific, epidemiologic, and medical collaboration.

2. Provide technical assistance in obtaining, analyzing and reporting of serum specimens for worker latex IgE antibody levels and/or other markers of exposure or response.

3. Provide assistance in the review, analysis and interpretation of the data and cooperate in the preparation and publication of the written reports.

Technical Reporting Requirements

An original and two copies of semi-annual progress reports are required. Timelines for the semi-annual reports will be established at the time of award. Final financial status and performance reports are required no later than 90 days after the end of the project period. All reports are submitted to the Grants Management Branch, Procurement and Grants Office, CDC.

Semi-annual progress report should include:

A. A brief program description.

B. A listing of program goals and objectives accompanied by a comparison of the actual accomplishments related to the goals and objectives established for the period.

C. If established goals and objectives to be accomplished were delayed, describe both the reason for the deviation and anticipated corrective action or deletion of the activity from the project.

D. Other pertinent information, including the status of completeness, timeliness and quality of data.

Application Content

The application must be developed in accordance with the instructions for PHS Form 398 (OMB No. 0925–0001, revised 5/95), information that is contained in this program announcement, and the instructions outlined in the following section headings.

The entire application, including appendices, should not exceed 40 pages and the Proposal Narrative section contained therein should not exceed 25 pages. Pages should be clearly numbered and a complete index to the application and any appendices included. The original and each copy of the application must be submitted unstapled and unbound. All materials must be typewritten, double-spaced, with unreduced type (font size 12 point) on 8½″ by 11″ paper, with at least 1″ margins, headers, and footers, and printed on one side only. Do not include any spiral or bound materials or pamphlets.

The applicant should provide a detailed description of first-year activities and briefly describe future-years objectives and activities.

A. Title Page

The heading should include the title of grant program, project title, organization, name and address, project director's name address and telephone number.

B. Abstract

A one page, singled-spaced, typed abstract must be submitted with the application. The heading should include the title of grant program, project title, organization, name and address, project director and telephone number. This abstract is not in lieu of (but in addition to) the Proposal Narrative, and it should outline the major goals and objectives of the proposal.

C. Proposal Narrative

1. Briefly state the applicant's understanding of the need or problem to be addressed and the purpose of this cooperative agreement. This may be reflected in the protocol, see C.3 below.

2. Describe clearly the objectives, timelines, and steps to be taken in planning and implementing this project, and the respective responsibilities of the applicant for carrying out those steps.

3. Prepare a protocol which covers 500—1000 health care facility employees with potential latex exposure, and includes a review of the literature, a description of the specific intervention to be instituted, description of the type and frequency of health and exposure data collection, the proposed methods of data management and analysis, and an evaluation component.

4. Provide a well designed exposure assessment component as well as a health surveillance component, with: (a) The prevalence of employee allergy-related health outcomes associated with defined levels of glove use and specific glove protein and, if feasible, antigen content; (b) the respiratory, skin, and other symptoms that may be associated with specific glove usage; and (c) markers of exposure or response, e.g., the prevalence of skin prick responses and/or IgE antibodies to latex proteins in the participating workers with exposures to various glove types and lots.

5. Inclusion of women, ethnic, and racial groups: Describe how the CDC policy requirements will be met regarding the inclusion of women, ethnic, and racial groups in the proposed research. (See *Women, Racial and Ethnic Minorities* in the Evaluation Criteria and Other Requirements sections.)

6. Provide letters of support or other documentation of access to potential study sites with the sample characteristics specified. Include documentation that reflects commitment of both management and labor representatives to the proposed study.

7. Human Subjects: State whether or not humans are subjects in this proposal. (See *Human Subjects* in the Evaluation Criteria and Other Requirements sections.)

8. Document the applicant's expertise in the area of occupational health, environmental hygiene, and project management.

9. Provide the name, qualifications, and proposed time allocation of the Project Director who will be responsible for administering the project. Describe staff, experience, facilities, equipment available for performance of this project, and other resources that define the applicant's capacity or potential to accomplish the requirements stated above. List the names (if known), qualifications, and time allocations of the existing professional staff to be assigned to (or recruited for) this project, the support staff available for performance of this project, and the available facilities including space.

D. Budget

Provide a detailed budget which indicates anticipated costs for personnel, equipment, travel, communications, supplies, postage, and the sources of funds to meet these needs. The applicant should be precise about the program purpose of each budget item. For contracts described within the application budget, applicants should name the contractor, if known; describe the services to be performed; and provide an itemized breakdown and justification for the estimated costs of the contract; the kinds of organizations or parties to be selected; the period of performance; and the method of selection. Place the budget narrative pages showing, in detail, how funds in each object class will be spent, directly behind form PHS 398, page 5, Budget for Entire Proposed Period of Support Direct Cost Only. Do not put these pages in the body of the application. CDC may not approve or fund all proposed activities.

Evaluation Criteria

The application will be reviewed and evaluated according to the following criteria:

A. Understanding of the Problem (20%)

(1) Applicant's understanding of the general objectives of the proposed cooperative agreement, (2) Evidence of ability to understand the problem and to conceive/design and evaluate effective interventions, and (3) Information about the occurrence of occupational latex allergies and any steps taken to prevent it in the proposed study population.

B. Program Personnel (25%)

(1) Applicant's technical experience (e.g., in the areas of occupational health, allergy, industrial hygiene, project management), (2) The qualifications (e.g., in the areas of industrial engineering, occupational safety and health) and time allocation of the professional staff to be assigned to this project, and (3) The applicant's ability to describe the approach to be used in carrying out the responsibilities of the applicant in this project.

C. Study Design (30%)

Steps proposed in planning and implementing this project and the respective responsibilities of the applicant for carrying out those steps. The degree to which efficient and innovative approaches are proposed to address the problem; the adequacy of the applicant's evidence of access to appropriate study populations; and the degree to which the applicant has met the CDC policy requirements regarding the inclusion of women, ethnic, and racial groups in the proposed research.

D. Goals, Objectives, Methods and Evaluation (15%)

The extent to which the proposed goals and objectives are clearly stated, time-phased, measurable and include process and outcome evaluation. The extent to which the methods are sufficiently detailed to allow assessment of whether the objectives can be achieved for the budget period. The extent to which a qualified plan is proposed that will help achieve the goals stated in the proposal.

E. Facilities and Resources (10%)

The adequacy of the applicant's facilities, equipment, and other resources available for performance of this project.

F. Human Subjects (Not Scored)

Whether or not exempt from the Department of Health and Human Services (DHHS) regulations, are procedures adequate for the protection of human subjects? Recommendations on the adequacy of protections include: (1) Protections appear adequate, and there are no comments to make or concerns to raise, (2) protections appear adequate, but there are comments regarding the protocol, (3) protections appear inadequate and the Objective Review Group has concerns related to human subjects; or (4) disapproval of the application is recommended because the research risks are sufficiently serious and protection against the risks are inadequate as to make the entire application unacceptable.

G. Budget Justification (Not Scored)

The budget will be evaluated to the extent that it is reasonable, clearly justified, and consistent with the intended use of funds.

Executive Order 12372 Review

This program is not subject to the Executive Order 12372 review.

Public Health System Reporting Requirements

This program is not subject to the Public Health System Reporting Requirements.

Catalog of Federal Domestic Assistance Number

The Catalog of Federal Domestic Assistance number for this project is 93.283.

Other Requirements

Paperwork Reduction Act

Projects that involve the collection of information from ten or more individuals and funded by this cooperative agreement will be subject to review and approval by the Office of Management and Budget (OMB) under the Paperwork Reduction Act.

Human Subjects

If the proposed project involves research on human subjects, the applicant must comply with the DHHS Regulations, 45 CFR part 46, regarding the protection of human subjects. Assurance must be provided to demonstrate the project will be subject to initial and continuing review by an appropriate institutional review committee. The applicant will be responsible for providing assurance in accordance with the appropriate guidelines and form provided in the application kit.

In addition to other applicable committees, Indian Health Service (IHS) institutional review committees also must review the project if any component of IHS will be involved or will support the research. If any American Indian community is involved, its tribal government must also approve that portion of the project applicable to it.

Women, Racial and Ethnic Minorities

It is the policy of the Centers for Disease Control and Prevention (CDC) and the Agency for Toxic Substances and Disease Registry (ATSDR) to ensure that individuals of both sexes and the various racial and ethnic groups will be included in CDC/ATSDR-supported research projects involving human subjects, whenever feasible and appropriate. Racial and ethnic groups are those defined in OMB Directive No. 15 and include American Indian, Alaskan Native, Asian, Pacific Islander, Black and Hispanic. Applicants shall ensure that women, racial and ethnic minority populations are appropriately represented in applications for research involving human subjects. Where clear and compelling rationale exist that inclusion is inappropriate or not feasible, this situation must be explained as part of the application. This policy does not apply to research studies when the investigator cannot control the race, ethnicity and/or sex of subjects. Further guidance to this policy is contained in the **Federal Register**, Vol. 60, No. 179, pages 47947–47951, and dated Friday, September 15, 1995.

Application Submission and Deadline

A. Preapplication Letter of Intent

Although not a prerequisite of application, a non-binding letter of intent-to-apply is requested from potential applicants. The letter should be submitted to the Grants Management Branch, CDC at the address listed in this section. It should be postmarked no later than July 10, 1997. The letter should identify Program Announcement number 756 and name of principal investigator. The letter of intent does not influence review or funding decisions, but it will enable CDC to plan the review more efficiently and will ensure that each applicant receives timely and relevant information prior to application submission.

B. Application

The original and two copies of the application PHS Form 398 (Revised 5/95, OMB Number 0925–0001) must be submitted to Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E–13, 255 East Paces Ferry Road, NE., Room 321, Atlanta, GA 30305, on or before July 28, 1997.

1. Deadline: Applications will be considered as meeting the deadline if they are either:

(a) Received on or before the deadline date, or

(b) Sent on or before the deadline date and received in time for submission to the objective review group. (The applicants must request a legibly dated U.S. Postal Service postmark or obtain a legibly dated receipt from a commercial carrier or the U.S. Postal Service. Private metered postmarks will not be acceptable as proof of timely mailing.)

2. Late Applicants: Applications that do not meet the criteria in 1.(a) or 1.(b) above are considered late applications. Late applications will not be considered and will be returned to the applicants.

Where To Obtain Additional Information

To receive additional written information call 1–404–332–4561. You

will be asked to leave your name, address, and telephone number and will need to refer to NIOSH Announcement 756. You will receive a complete program description, information on application procedures, and application forms. CDC will not send application kits by facsimile or express mail. Please refer to NIOSH Announcement Number 756 when requesting information and submitting an application.

If you have questions after reviewing the contents of all the documents, business management technical assistance may be obtained from Victoria Sepe, Grants Management Specialist, Grants Management Branch, Procurement and Grants Office, Centers for Disease Control and Prevention (CDC), Mailstop E–13, Room 321, 255 East Paces Ferry Road, NE., Atlanta, GA 30305, telephone (404) 842–6804, Internet: vxw1@cdc.gov.

Programmatic technical assistance may be obtained from Dr. Lee Petsonk, Division of Respiratory Disease Studies, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention (CDC), 1095 Willowdale Road, Mailstop 240, Morgantown, WV 26505, telephone (304) 285–5714, Internet address: elp2@cdc.gov.

This and other CDC announcements are available through the CDC homepage on the Internet. The address for the CDC homepage is: http://www.cdc.gov.

Potential applicants may obtain a copy of Healthy People 2000 (Full Report, Stock No. 017–001–00474–0) or Healthy People 2000 (Summary Report, Stock No. 017–001–00473–1) through the Superintendent of Documents, Government Printing Office, Washington, DC 20402–9325, telephone (202) 512–1800.

National Occupational Research Agenda: Copies of this publication may be obtained from the National Institute for Occupational Safety and Health, Publications Office, 4676 Columbia Parkway, Cincinnati, OH 45226–1998 or telephone 1–800–356–4674, and is available through the NIOSH Home Page: http://www.cdc.gov/niosh/nora.html.

Dated: June 11, 1997.

Diane D. Porter,

Acting Director, National Institute for Occupational Safety and Health Centers for Disease Control and Prevention (CDC).

[FR Doc. 97–15888 Filed 6–17–97; 8:45 am]

BILLING CODE 4163–19–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Centers for Disease Control and Prevention

Citizens Advisory Committee on Public Health Service (PHS) Activities and Research at Department of Energy (DOE) Sites: Idaho National Engineering Laboratory Health Effects Subcommittee: Time Change

Federal Register *CITATION OF PREVIOUS ANNOUNCEMENT:* 62 FR 30870—dated June 5, 1997.

SUMMARY: Notice is given that the meeting time for the Citizens Advisory Committee on PHS Activities and Research at DOE Sites: Idaho National Engineering Laboratory (INEL) Health Effects Subcommittee, of the Agency for Toxic Substances and Disease Registry (ATSDR) and the Centers for Disease Control and Prevention (CDC) has changed. The meeting dates, place, status, and purpose, announced in the original notice remain unchanged.

Original Times and Dates: 8:30 a.m.–5 p.m., June 26, 1997. 8:30 a.m.–5 p.m., June 27, 1997.

New Times and Dates: 8:30 a.m.–5 p.m., June 26, 1997. 6 p.m.–7 p.m., June 26, 1997. 8:30 a.m.–5 p.m., June 27, 1997.

CONTACT PERSONS FOR MORE INFORMATION: Arthur J. Robinson, Jr., or Nadine Dickerson, Radiation Studies Branch, Division of Environmental Hazards and Health Effects, NCEH, CDC, 4770 Buford Highway, NE, (F–35), Atlanta, Georgia 30341–3724, telephone 770/488–7040, FAX 770/488–7044.

Dated: June 12, 1997.

Nancy C. Hirsch,

Acting Director, Management Analysis and Services Office Centers for Disease Control and Prevention (CDC).

[FR Doc. 97–15916 Filed 6–17–97; 8:45 am]

BILLING CODE 4163–18–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 97M–0184]

Gen-Probe®, Inc.; Premarket Approval of Gen-Probe® Amplified Mycobacterium Tuberculosis Direct Test

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing its approval of the application by Gen-Probe®, Inc., San Diego, CA, for premarket approval, under the Federal Food, Drug, and Cosmetic Act (the act), of the Gen-Probe® Amplified *Mycobacterium tuberculosis* Direct Test (MTD). After reviewing the recommendation of the Microbiology Devices Panel, FDA's Center for Devices and Radiological Health (CDRH) notified the applicant, by letter on December 15, 1995, of the approval of the application.

DATES: Petitions for administrative review by July 18, 1997.

ADDRESSES: Written requests for copies of the summary of safety and effectiveness data and petitions for administrative review, to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857.

FOR FURTHER INFORMATION CONTACT: Sharon L. Hansen, Center for Devices and Radiological Health (HFZ–440), Food and Drug Administration, 2098 Gaither Rd., Rockville, MD 20850, 301–594–2096.

SUPPLEMENTARY INFORMATION: On July 11, 1994, Gen-Probe®, Inc., San Diego, CA, 92121, submitted to CDRH an application for premarket approval of the Gen-Probe® Amplified MTD. The device is a target-amplified nucleic acid probe test for the in vitro diagnostic detection of *M. tuberculosis* complex rRNA in acid fast bacilli (AFB) smear positive concentrated sediments prepared from sputum (induced or expectorated), bronchial specimens (e.g., bronchoalveolar lavages or bronchial aspirates), or tracheal aspirates. The MTD test is intended for use as an adjunctive test for evaluating AFB smear positive concentrated sediments prepared using NALC–NaOH digestion-decontamination of respiratory specimens from untreated patients suspected of having tuberculosis. Patients who have received no anti-tuberculous therapy, less than 7 days of such therapy, or have not received such therapy in the last 12 months may be evaluated with this test. The MTD test should be performed only in laboratories proficient in the culture and identification of *M. Tuberculosis* (Level II and III, or extent 3 and 4). The MTD should always be performed in conjunction with a mycobacterial culture.

On May 2, 1995, the Microbiology Devices Panel of the Medical Devices Advisory Committee, an FDA advisory committee, reviewed and recommended approval of the application. On December 15, 1995, CDRH approved the

application by a letter to the applicant from the Director of the Office of Device Evaluation, CDRH.

A summary of the safety and effectiveness data on which CDRH based its approval is on file in the Dockets Management Branch (address above) and is available from that office upon written request. Requests should be identified with the name of the device and the docket number found in brackets in the heading of this document.

Opportunity for Administrative Review

Section 515(d)(3) of the act (21 U.S.C. 360e(d)(3)) authorizes any interested person to petition, under section 515(g) of the act, for administrative review of CDRH's decision to approve this application. A petitioner may request either a formal hearing under 21 CFR part 12 of FDA's administrative practices and procedures regulations or a review of the application and CDRH's action by an independent advisory committee of experts. A petition is to be in the form of a petition for reconsideration under 21 CFR 10.33(b). A petitioner shall identify the form of review requested (hearing or independent advisory committee) and shall submit with the petition supporting data and information showing that there is a genuine and substantial issue of material fact for resolution through administrative review. After reviewing the petition, FDA will decide whether to grant or deny the petition and will publish a notice of its decision in the **Federal Register**. If FDA grants the petition, the notice will state the issue to be reviewed, the form of the review to be used, the persons who may participate in the review, the time and place where the review will occur, and other details.

Petitioners may, at any time on or before July 18, 1997 file with the Dockets Management Branch (address above) two copies of each petition and supporting data and information, identified with the name of the device and the docket number found in brackets in the heading of this document. Received petitions may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

This notice is issued under the Federal Food, Drug, and Cosmetic Act (secs. 515(d), 520(h) (21 U.S.C. 360e(d), 360j(h))) and under authority delegated to the Commissioner of Food and Drugs (21 CFR 5.10) and redelegated to the Director, Center for Devices and Radiological Health (21 CFR 5.53).

Dated: June 4, 1997.

Joseph A. Levitt,

Deputy Director for Regulations Policy, Center for Devices and Radiological Health.

[FR Doc. 97–15990 Filed 6–17–97; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Advisory Committee Meeting; 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 Antiviral Drugs Advisory Committee. This meeting was announced in the **Federal Register** of May 19, 1997. The amendment is being made to add another meeting day, July 16, 1997, and include another topic for discussion. There are no other changes. This amendment will be announced at the beginning of the open portion of the meeting.

FOR FURTHER INFORMATION CONTACT: Rhonda W. Stover or John B. Schupp, Center for Drug Evaluation and Research (HFD–21), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–443–5455, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12531. Please call the Information Line for up-to-date information on this meeting.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of May 19, 1997 (62 FR 27261), FDA announced that a meeting of the Antiviral Drugs Advisory Committee would be held on July 14 and 15, 1997.

On page 27261, beginning in the third column, the ''*Date and Time*'' and the ''*Agenda*'' portions for the Antiviral Drugs Advisory Committee meeting are amended as follows:

Date and Time: The meeting will be held on July 14, 15, and 16, 1997, 8:30 a.m. to 5 p.m.

Agenda: On July 14 and 15, 1997, the committee will discuss the utility of plasma human immunodeficiency virus (HIV) RNA measurement as an endpoint in clinical trials for drugs to treat HIV infection. In light of the rapid changes in knowledge about the pathophysiology of HIV infection, the advances in the technologies to quantify HIV in plasma, and the evolution of antiviral therapy, FDA is soliciting opinions and advice from the advisory committee on this topic. On July 16, 1997, the committee will discuss data relevant to new drug application (NDA) 50–740, AmBisome® (liposomal amphotericin B, Fujisawa, USA), as empirical therapy for presumed fungal infection in febrile neutropenic patients.

Dated: June 12, 1997.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 97–15991 Filed 6–17–97; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

Advisory Committee; Notice of Meeting

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

This notice announces a forthcoming meeting of a public advisory committee of the Food and Drug Administration (FDA). At least one portion of the meeting will be closed to the public.

Name of Committee: Vaccines and Related Biological Products Advisory Committee.

General Function of the Committee: To provide advice and recommendations to the agency on FDA regulatory issues.

Date and Time: The meeting will be held on July 10, 1997, 11 a.m. to 1:45 p.m.

Location: Food and Drug Administration, Bldg. 29, conference room 121, 8800 Rockville Pike, Bethesda, MD. This meeting will be held by a telephone conference call. A speaker telephone will be provided in the conference room to allow public participation in the meeting.

Contact Person: Nancy T. Cherry or Denise H. Royster, Center for Biologics Evaluation and Research (HFM–21), Food and Drug Administration, 1401 Rockville Pike, Rockville, MD 20852, 301–827–0314, or FDA Advisory Committee Information Line, 1–800–741–8138 (301–443–0572 in the Washington, DC area), code 12388. Please call the Information Line for up-to-date information on this meeting.

Agenda: The committee will discuss the intramural scientific programs of the Laboratory of Pediatric and Respiratory Viral Diseases.

Procedure: On July 10, 1997, from 11 a.m. to 11:45 a.m., and from 12:45 p.m. to 1:45 p.m., the meeting is open to the public. Interested persons may present data, information, or views, orally or in

writing, on issues pending before the committee. Written submissions may be made to the contact person by July 3, 1997. Oral presentations from the public will be scheduled between approximately 12:45 p.m. and 1:45 p.m. Time allotted for each presentation may be limited. Those desiring to make formal oral presentations should notify the contact person before July 3, 1997, and submit a brief statement of the general nature of the evidence or arguments they wish to present, the names and addresses of proposed participants, and an indication of the approximate time requested to make their presentation.

Closed committee deliberations: On July 10, 1997, from 11:45 a.m. to 12:45 p.m., the meeting will be closed to permit discussion where disclosure would constitute a clearly unwarranted invasion of personal privacy (5 U.S.C. 552b(c)(6)). The meeting will be closed to discuss personal information concerning individuals associated with the research program.

Notice of this meeting is given under the Federal Advisory Committee Act (5 U.S.C. app. 2).

Dated: June 12, 1997.

Michael A. Friedman,

Deputy Commissioner for Operations.

[FR Doc. 97–15989 Filed 6–17–97; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 97D–0228]

Draft Guidance for Industry: Computerized Systems Used in Clinical Trials; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a draft guidance document entitled ''Guidance for Industry: Computerized Systems Used in Clinical Trials.'' The draft guidance document addresses issues pertaining to computer systems used to generate, collect, maintain, and transmit clinical data intended for submission to FDA in support of marketing or research applications. The data, whether collected or reported electronically or in paper form, must meet certain quality standards, and this draft guidance document is intended to provide information on how these standards might be met by computerized systems.

DATES: Written comments on the draft guidance document may be submitted by August 18, 1997. General comments on the agency guidance documents are welcome at any time.

ADDRESSES: Submit written requests for single copies of the draft guidance document entitled ''Guidance for Industry: Computerized Systems Used in Clinical Trials'' to the Drug Information Branch (HFD–210), Center for Drug Evaluation and Research, Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857. Send one self-addressed adhesive label to assist that office in processing your requests. Submit written comments on the draft guidance document to the Dockets Management Branch (HFA–305), Food and Drug Administration, 12420 Parklawn Dr., rm. 1–23, Rockville, MD 20857. See the **SUPPLEMENTARY INFORMATION** section for electronic access to the draft guidance document.

FOR FURTHER INFORMATION CONTACT: James F. McCormack, Office of Enforcement (HFC–230), Food and Drug Administration, 5600 Fishers Lane, Rockville, MD 20857, 301–827–0425.

SUPPLEMENTARY INFORMATION:

I. Background

FDA is announcing the availability of a draft guidance document entitled ''Guidance for Industry: Computerized Systems Used in Clinical Trials.'' In the **Federal Register** of March 20, 1997 (62 FR 13430), FDA published a regulation providing criteria for electronic records and electronic signatures (part 11 (21 CFR part 11)). The preamble to part 11 stated that the agency anticipated issuing supplemental guidance documents and would afford all interested parties the opportunity to comment on draft guidance documents. In light of this rule and the existing rules and guidance concerning clinical trials, this draft guidance document on the use of computerized systems in clinical trials has been prepared by an agency working group representing the Bioresearch Monitoring Program Managers from each Center within FDA and the Office of Regulatory Affairs, and it is available for public comment.

The draft guidance document addresses issues pertaining to computer systems used to generate, collect, maintain, and transmit data intended for submission to FDA in support of marketing or research applications. These data have broad public health significance and, whether collected electronically or on paper, must be of the highest quality and integrity. For example, all data should be attributable, original, accurate, contemporaneous, and legible. The draft guidance document provides information intended to help establish and maintain these and other standards in an electronic environment.

The draft guidance document provides specific information on generating and securing electronic data; establishing standard operating procedures; data entry, including electronic signatures, audit trails, and date/time stamps; system design, security, and dependability; system controls; personnel training; records inspection; and certification of electronic signatures.

This draft guidance document represents the agency's current thinking on computerized systems used in clinical trials. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirement of the applicable statute, regulations, or both.

II. Request for Comments

Interested persons may submit to the Dockets Management Branch (address above) written comments on the draft guidance document. FDA invites comments on whether any provisions in the guidance might inhibit use of computers in clinical trials. Two copies of any comments are to be submitted, except that individuals may submit one copy. Comments are to be identified with the docket number found in brackets in the heading of this document. A copy of the draft guidance document and received comments may be seen in the office above between 9 a.m. and 4 p.m., Monday through Friday.

III. Electronic Access

An electronic version of this draft guidance document is available on the Internet using the World Wide Web (www) at http://www.fda.gov/cder/guidance.htm.

Dated: June 12, 1997.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 97–15992 Filed 6–17–97; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Food and Drug Administration

[Docket No. 97D–0224]

Substances Prohibited From Use in Animal Food or Feed; Animal Proteins Prohibited From Ruminant Feed; Small Entity Compliance Guide; Availability

AGENCY: Food and Drug Administration, HHS.

ACTION: Notice.

SUMMARY: The Food and Drug Administration (FDA) is announcing the availability of a compliance guide entitled ''Animal Proteins Prohibited from Ruminant Feed; Small Entity Compliance Guide.'' This compliance guide is intended to help small entities comply with the final rule prohibiting the use of protein derived from mammals (with certain exceptions) in the feed of the ruminant animals. This action is being taken under the Small Business Regulatory Enforcement Fairness Act of 1996.

DATES: Comments may be submitted at any time.

ADDRESSES: Submit written requests for single copies of ''Animal Proteins Prohibited from Ruminant Feed; Small Entity Compliance Guide'' to the Communications Staff, Center for Veterinary Medicine (HFV–12), 7500 Standish Pl., Rockville, MD 20855. Send two self-addressed adhesive labels to assist that office in processing your requests. Copies are also available on CVM's Internet Website at ''http://www.cvm.fda.gov/''. Submit written comments on the compliance guide to Gloria J. Dunnavan (address below).

FOR FURTHER INFORMATION CONTACT: Gloria J. Dunnavan, Center for Veterinary Medicine (HFV–230), Food and Drug Administration, 7500 Standish Pl., Rockville, MD 20855, 301–594–1726.

SUPPLEMENTARY INFORMATION: In the **Federal Register** of June 5, 1997 (62 FR 30936), FDA issued a final rule to prohibit the use of protein derived from mammals (with certain exceptions) in the feed of ruminant animals. This final rule is effective August 4, 1997.

Under the Small Business Regulatory Enforcement Fairness Act (Pub. L. 104–121), FDA is announcing the availability of a compliance guide which is intended to help small businesses comply with the requirements of the new rule.

This compliance guide represents the agency's current thinking on compliance with the final rule. It does not create or confer any rights for or on any person and does not operate to bind FDA or the public. An alternative approach may be used if such approach satisfies the requirements of the applicable statute, regulations, or both.

Dated: June 10, 1997.

William K. Hubbard,

Associate Commissioner for Policy Coordination.

[FR Doc. 97–15933 Filed 6–17–97; 8:45 am]

BILLING CODE 4160–01–F

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

[HCFA–2540S]

Agency Information Collection Activities: Proposed Collection; Comment Request

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summary of proposed collections for public comment. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Revision of a currently approved collection; *Title of Information Collection:* Skilled Nursing Facility (SNF) Prospective Payment System Cost Report; *Form No.:* HCFA–2540S; *Use:* This cost report is used by free standing SNFs to achieve a final accounting adjustment of costs for health care services rendered to Medicare beneficiaries. *Frequency:* Annually; *Affected Public:* Business or other for-profit, not-for-profit institutions and State, Local or Tribal Government; *Number of Respondents:* 1,441; *Total Annual Hours:* 142,659.

To obtain copies of the supporting statement and any related forms, E-mail your request, including your address and phone number, to Paperwork@hcfa.gov, or call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections must be mailed within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human Resources, Management Analysis and Planning Staff, Attention: Louis Blank, Room C2–26–17, 7500 Security Boulevard, Baltimore, Maryland 21244–1850.

Dated: June 10, 1997.

Edwin J. Glatzel,

Director, Management Analysis and Planning Staff, Office of Financial and Human Resources.

[FR Doc. 97–15967 Filed 6–17–97; 8:45 am]

BILLNG CODE 4120–03–P

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, Pub. L. 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: The Nursing Education Loan Repayment Program Application (OMB No. 0915–0140)—Extension—This is a request for

extension of Office of Management and Budget (OMB) approval of the application form for the Nursing Education Loan Repayment Program (NELRP). The NELRP was originally authorized by 42 U.S.C. 297b(h) (section 836(h) of the Public Health Service Act) as amended by Public Law 100–607, November 4, 1988. The NELRP is currently authorized by 42 U.S.C. 297(n) (section 846 of the Public Health Service Act) as amended by Public Law 102–408, October 13, 1992. The application form is currently approved under OMB No. 0915–0140, which expires 12/31/97.

Under the NELRP, registered nurses are offered the opportunity to enter into a contractual agreement with the Secretary, under which the Public Health Service agrees to repay the nurses' indebtedness for nursing education. In exchange, the nurses agree to serve for a specified period of time in certain types of health facilities identified in the statute.

Nurse educational loan repayment contracts will be approved by the Secretary for eligible nurses who have incurred previous monetary indebtedness by accepting a loan for nursing education costs from a bank, credit union, savings and loan association, insurance company, Government agency or program, school, or other lender that meets NELRP criteria.

Approval is requested for the application form. The application form requires information from two types of respondents:

a. Applicants must provide information on the proposed service site and on all nursing education loans for which reimbursement is requested, and

b. Lenders must provide information on loan status for all loans accepted for repayment.

The application form is not being changed, so the estimates of average burden to complete the forms remains the same. Burden estimates are as follows:

Form/regulatory requirement	Number of respondents	Responses per respondent	Hours per response	Total burden hours
NELRP Application	1,000	1	1.5	1,500
Loan Verification Form	*200	1	.25	50
Total	1,200			1,550

*The remainder of the loans are verified through credit reports.

Send comments to Patricia Royston, 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: June 12, 1997.

James J. Corrigan,

Acting Associate Administrator for Management and Program Support.

[FR Doc. 97–15995 Filed 6–17–97; 8:45 am]

BILLING CODE 4160–15–U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Agency Information Collection Activities: Submission for OMB Review; Comment Request

Periodically, the Health Resources and Services Administration (HRSA) publishes abstracts of information collection requests under review by the Office of Management and Budget, in compliance with the Paperwork Reduction Act of 1995 (44 U.S.C. Chapter 35). To request a copy of the clearance requests submitted to OMB for review, call the HRSA Reports Clearance Office on (301) 443–1129.

The following request has been submitted to the Office of Management and Budget for review under the Paperwork Reduction Act of 1995:

Proposed Project: Consortia Development for Health Professions Training in Community-Based Settings—New—Consortia which include academic institutions and community-based providers have been proposed as one mechanism for improving collaboration between health professions schools and communities, enabling them to provide relevant educational experiences and facilitating meeting education and workforce goals. The consortia should be based on a formal association of academic health professions training schools or programs and community-based providers (e.g., community/migrant health centers, managed care organizations) involved, at least, in part, in the entry-level education and/or continuing education of health professionals. The purposes of this project are (1) to prepare an inventory of consortia for health professions education, (2) to examine the characteristics of successful consortia, and (3) to examine the role that consortia play in assisting health professions schools or programs to prepare health care providers for the evolving health care system.

An initial survey will be conducted by mail of consortia identified through informal conversations with key academic representatives, community-based providers, and other knowledgeable individuals, and a literature review. The initial survey will be used to gather information needed to determine whether the consortia meet the study definition, and, for those that do, to collect additional information that generally describes the consortia, including their goals and accomplishments. From the information gathered in the initial survey, 20 consortia will be selected for additional study as models of successful consortia, based on criteria established by an advisory workgroup.

The second survey will consist of phone interviews with up to 20 of the consortia identified as successful models from the initial survey. These data will describe the characteristics of successful consortia in more detail (leadership, organizational models, missions and goals, financing arrangements, facilitating factors, and barriers). Data will also be collected to determine the role that consortia play in assisting health professional schools to prepare health care providers for the evolving health care system. The burden estimates are as follows:

Form name	No. of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Mail Survey of Consortia:					

Form name	No. of respondents	Responses per respondent	Total responses	Hours per response	Total burden hours
Meeting study definition	100	1	100	.5	50
Not meeting study definition	200	1	200	.1	20
Telephone Follow-up of Successful Models	20	1	20	2	40
Total	300	1.1	320	.34	110

Written comments and recommendations concerning the proposed information collection should be sent within 30 days of this notice to: Virginia Huth, Human Resources and Housing Branch, Office of Management and Budget, New Executive Office Building, Room 10235, Washington, D.C. 20503.

Dated: June 12, 1997.

James J. Corrigan,

Acting Associate Administrator for Management and Program Support.

[FR Doc. 97–15997 Filed 6–17–97; 8:45 am]

BILLING CODE 4160–15–U

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

Advisory Commission on Childhood Vaccines; Request for Nominations for Voting Members

AGENCY: Health Resources and Services Administration.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is requesting nominations to fill three vacancies on the Advisory Commission on Childhood Vaccines (ACCV). The ACCV was established by title XXI of the Public Health Service Act (the Act), as enacted by Public Law (Pub. L.) 99–660 and as subsequently amended, and advises the Secretary of Health and Human Services (the Secretary) on issues related to implementation of the National Vaccine Injury Compensation Program (VICP).

FOR FURTHER INFORMATION CONTACT: Ms. Melissa Palmer, Principal Staff Liaison, Policy Management and Outreach Branch, Division of Vaccine Injury Compensation, at (301) 443–1533.

DATES: Nominations are to be submitted by July 18, 1997.

ADDRESSES: All nominations are to be submitted to the Director, Division of Vaccine Injury Compensation, Bureau of Health Professions, HRSA, Parklawn Building, Room 8A–35, 5600 Fishers Lane, Rockville, Maryland 20857.

SUPPLEMENTARY INFORMATION: Under the authorities that established the ACCV, viz., the Federal Advisory Committee Act of October 6, 1972 (Pub. L. 92–463) and section 2119 of the Act, 42 U.S.C. 300aa–19, as added by Public Law 99–660 and amended, HRSA is requesting nominations for three voting members of the ACCV.

The ACCV advises the Secretary on the implementation of the VICP; on its own initiative or as the result of the filing of a petition, recommends changes in the Vaccine Injury Table; advises the Secretary in implementing the Secretary's responsibilities under section 2127 regarding the need for childhood vaccination products that result in fewer or no significant adverse reactions; surveys Federal, State, and local programs and activities relating to the gathering of information on injuries associated with the administration of childhood vaccines, including the adverse reaction reporting requirements of section 2125(b); advises the Secretary on means to obtain, compile, publish, and use credible data related to the frequency and severity of adverse reactions associated with childhood vaccines; and recommends to the Director, National Vaccine Program Office, research related to vaccine injuries which should be conducted to carry out the VICP.

The ACCV consists of nine voting members appointed by the Secretary as follows: three health professionals, of whom at least two are pediatricians, who are not employees of the United States, who have expertise in the health care of children, the epidemiology, etiology and prevention of childhood diseases, and the adverse reactions associated with vaccines; three members from the general public, of whom at least two are legal representatives (parents or guardians) of children who have suffered a vaccine-related injury or death; and three attorneys, of whom at least one shall be an attorney whose specialty includes representation of persons who have suffered a vaccine-related injury or death, and one shall be an attorney whose specialty includes representation of vaccine manufacturers. In addition, the Director of the National Institutes of Health, the Assistant Secretary for Health, the Director of the Centers for Disease Control and Prevention, and the Commissioner of the Food and Drug Administration (or the designees of such officials) serve as nonvoting ex officio members.

Specifically, HRSA is requesting nominations for three voting members of the ACCV representing: (1) A health professional with special experience in childhood diseases; (2) an attorney whose specialty includes representation of vaccine manufacturers; and (3) a member from the general public—this category requires three general public members, of whom at least two are legal representatives (parents or guardians) of children who have suffered a vaccine-related injury or death—by this notice, the Department is soliciting nominations for the third general public position. Nominees will be invited to serve 3-year terms beginning January 1, 1998, and ending December 31, 2000.

Interested persons may nominate one or more qualified persons for membership on the ACCV. Nominations shall state that the nominee is willing to serve as a member of the ACCV and appears to have no conflict of interest that would preclude the ACCV membership. Potential candidates will be asked to provide detailed information concerning such matters as financial holdings, consultancies, and research grants or contracts to permit evaluation of possible sources of conflicts of interest. A curriculum vitae should be submitted with the nomination.

The Department of Health and Human Services has special interest in assuring that women, minority groups, and the physically handicapped are adequately represented on advisory committees and therefore extends particular encouragement to nominations for appropriately qualified female, minority, or physically handicapped candidates.

Dated: June 12, 1997.

Claude Earl Fox,

Acting Administrator.

[FR Doc. 97–15996 Filed 6–17–97; 8:45 am]

BILLING CODE 4160–15–P

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Resources and Services Administration

National Vaccine Injury Compensation Program; List of Petitions Received

AGENCY: Health Resources and Services Administration, HHS.

ACTION: Notice.

SUMMARY: The Health Resources and Services Administration (HRSA) is publishing this notice of petitions received under the National Vaccine Injury Compensation Program (''the Program''), as required by section 2112(b)(2) of the Public Health Service (PHS) Act, as amended. While the Secretary of Health and Human Services is named as the respondent in all proceedings brought by the filing of petitions for compensation under the Program, the United States Court of Federal Claims is charged by statute with responsibility for considering and acting upon the petitions.

FOR FURTHER INFORMATION CONTACT: For information about requirements for filing petitions, and the Program generally, contact the Clerk, United States Court of Federal Claims, 717 Madison Place, N.W., Washington, D.C. 20005, (202) 219–9657. For information on HRSA's role in the Program, contact the Director, National Vaccine Injury Compensation Program, 5600 Fishers Lane, Room 8A35, Rockville, MD 20857, 301) 443–6593.

SUPPLEMENTARY INFORMATION: The Program provides a system of no-fault compensation for certain individuals who have been injured by specified childhood vaccines. Subtitle 2 of title XXI of the PHS Act, 42 U.S.C. 300aa–10 *et seq.*, provides that those seeking compensation are to file a petition with the U.S. Court of Federal Claims and to serve a copy of the petition on the Secretary of Health and Human Services, who is named as the respondent in each proceeding. The Secretary has delegated her responsibility under the Program to HRSA. The Court is directed by statute to appoint special masters who take evidence, conduct hearings as appropriate, and make initial decisions as to eligibility for, and amount of, compensation.

A petition may be filed with respect to injuries, disabilities, illnesses, conditions, and deaths resulting from vaccines described in the Vaccine Injury Table (the Table) set forth at section 2114 of the PHS Act or as set forth at 42 CFR 100.3, as applicable. This Table lists for each covered childhood vaccine the conditions which will lead to compensation and, for each condition, the time period for occurrence of the first symptom or manifestation of onset or of significant aggravation after vaccine administration. Compensation may also be awarded for conditions not listed in the Table and for conditions that are manifested after the time periods specified in the Table, but only if the petitioner shows that the condition was caused by one of the listed vaccines.

Section 2112(b)(2) of the PHS Act, 42 U.S.C. 300aa–12(b)(2), requires that the Secretary publish in the **Federal Register** a notice of each petition filed. Set forth below is a partial list of petitions received by HRSA on January 2, 1997 through March 31, 1997.

Section 2112(b)(2) also provides that the special master ''shall afford all interested persons an opportunity to submit relevant, written information'' relating to the following:

1. The existence of evidence ''that there is not a preponderance of the evidence that the illness, disability, injury, condition, or death described in the petition is due to factors unrelated to the administration of the vaccine described in the petition,'' and

2. Any allegation in a petition that the petitioner either:

(a) ''Sustained, or had significantly aggravated, any illness, disability, injury, or condition not set forth in the Table but which was caused by'' one of the vaccines referred to in the Table, or

(b) ''Sustained, or had significantly aggravated, any illness, disability, injury, or condition set forth in the Table the first symptom or manifestation of the onset or significant aggravation of which did not occur within the time period set forth in the Table but which was caused by a vaccine'' referred to in the Table.

This notice will also serve as the special master's invitation to all interested persons to submit written information relevant to the issues described above in the case of the petitions listed below. Any person choosing to do so should file an original and three (3) copies of the information with the Clerk of the U.S. Court of Federal Claims at the address listed above (under the heading For Further Information Contact), with a copy to HRSA addressed to Associate Administrator for Health Professions, 5600 Fishers Lane, Room 8–05, Rockville, MD 20857. The Court's caption (Petitioner's Name v. Secretary of Health and Human Services) and the docket number assigned to the petition should be used as the caption for the written submission.

Chapter 35 of title 44, United States Code, related to paperwork reduction, does not apply to information required for purposes of carrying out the Program.

List of Petitions

1. Aleta Anderson on behalf of Steven Anderson, Mount Clemens, Michigan, Court of Federal Claims Number 97–0003 V
2. Jo and Mark Womack on behalf of Devan Scott Womack, Oklahoma City, Oklahoma, Court of Federal Claims Number 97–0010 V
3. Tanya Williams on behalf of Taracee Williams, Mobile, Alabama, Court of Federal Claims Number 97–0017 V
4. Sandra Ward, Cambridge, Massachusetts, Court of Federal Claims Number 97–0022 V
5. Tarra and Aaron Hopkins on behalf of Anthony Aaron Hopkins, Deceased, Cottonwood, Arizona, Court of Federal Claims Number 97–0039 V
6. Georgia Grant on behalf of Dominique Grant, Hempstead, New York, Court of Federal Claims Number 97–0053 V
7. Kim Boyd, Bellingham, Washington, Court of Federal Claims Number 97–0054 V
8. Cynthia and Thomas Burks on behalf of Jason Thomas Burks, San Mateo, California, Court of Federal Claims Number 97–0055 V
9. Ginger Castle on behalf of Jonathan Castle, Deceased, Camp Lejeune, North Carolina, Court of Federal Claims Number 97–0059 V
10. Jennifer and Larry Killian on behalf of Larry Duane Killian, Deceased, Kennett, Missouri, Court of Federal Claims Number 97–0060 V
11. Staci and Zvi Rudawsky on behalf of Derek Rudawsky Denver, Colorado, Court of Federal Claims Number 97–0061 V
12. Tangee McGinnis and Hillary Davis on behalf of Lashondra McGinnis, New Orleans, Louisiana, Court of Federal Claims Number 97–0075 V
13. Patricia Medina on behalf of Michael Trevino, Laredo, Texas, Court of Federal Claims Number 97–0076 V
14. Debra and Steven Fields on behalf of Andrew Fields, Anoka, Minnesota, Court of Federal Claims Number 97–0077 V
15. Lesli and Michael Muchnick on behalf of Jessica Muchnick, Sunrise, Florida, Court of Federal Claims Number 97–0089 V
16. Michelle Bosgraaf on behalf of Hannah Bosgraaf, Orlando, Florida, Court of Federal Claims Number 97–0097 V
17. Tanya Thompson on behalf of Cory Thompson, Bloomington, Illinois,

Court of Federal Claims Number 97–0102V
18. Juanita Chavez on behalf of Jerika Chavez, Mountainair, New Mexico, Court of Federal Claims Number 97–0103 V
19. Debra Brooks on behalf of Matthew Brooks, Kansas City, Missouri, Court of Federal Claims Number 97–0104 V
20. Norman Blackaby, Fort Worth, Texas, Court of Federal Claims Number 97–0105 V
21. Katherine Ferrara, Neptune, New Jersey, Court of Federal Claims Number 97–0111 V
22. Kathleen Dunkelberger-Diehl and Bret Diehl on behalf of Bret A. Diehl, Fort Meyers, Florida, Court of Federal Claims Number 97–0114 V
23. Adriana Nuno on behalf of Emilio Nuno, Santa Barbara, California, Court of Federal Claims Number 97–0123 V
24. Elizabeth Corder on behalf of Dillon N. Corder, San Clemente, California, Court of Federal Claims Number 97–0125 V
25. Melissa Leblue on behalf of Paul J. Staley, Jr., Mamou, Louisiana, Court of Federal Claims Number 97–0128 V
26. Annette and Derwin Hastings on behalf of Kyle Hastings, Williston, North Dakota, Court of Federal Claims Number 97–0144 V
27. Susan Gorksi, Richland, Washington, Court of Federal Claims Number 97–0156 V
28. Candace Neep on behalf of Dakota Amber Neep, Roseville, California, Court of Federal Claims Number 97–0162 V
29. Anna and Charles Calabrese on behalf of Charles J. Calabrese, El Paso, Texas, Court of Federal Claims Number 97–0174 V
30. Amparo and Harry Perales on behalf of Javier Daniel Perales, Heidelberg, Germany, Court of Federal Claims Number 97–0175 V
31. Christy and Richard Berry on behalf of Adam Neal Berry, San Antonio, Texas, Court of Federal Claims Number 97–0180 V

Dated: June 12, 1997.

Claude Earl Fox,

Acting Administrator.

[FR Doc. 97–15994 Filed 6–17–97; 8:45 am]

BILLING CODE 4160–15–U

DEPARTMENT OF THE INTERIOR

Fish and Wildlife Service

Availability of a Revised Environmental Assessment and Habitat Conservation Plan for the Natomas Basin area, Sacramento and Sutter Counties, CA

AGENCY: Fish and Wildlife Service.

ACTION: Notice of availability.

SUMMARY: On January 15, 1997, the Fish and Wildlife Service published a notice of availability of an environmental assessment and receipt of an application for an incidental take permit pursuant to section 10(a)(1)(B) of the Endangered Species Act of 1973, as amended, submitted by the City of Sacramento, California, for the Natomas Basin Habitat Conservation Plan (Plan). The application has been assigned permit number PRT–823773. The proposed permit would authorize the incidental take of the federally threatened giant garter snake (*Thamnophis gigas*), Aleutian Canada goose (*Branta canadensis leucopareia*), valley elderberry longhorn beetle (*Desmocerus californicus dimorphus*), and vernal pool fairy shrimp (Branchinecta lynchi); and the federally endangered peregrine falcon (*Falco peregrinus anatum*), conservancy fairy shrimp (*Branchinecta conservatio*), longhorn fairy shrimp (*Branchinecta longiantenna*), and vernal pool tadpole shrimp (*Lepidurus packardi*). The HCP also addresses the following federally listed plant species: slender orcutt grass (*Orcuttia tenuis*), hairy orcutt grass (*Orcuttia pilosa*), Sacramento orcutt grass (*Orcuttia viscida*), and palmate bird's beak (*Cordylanthus palmatus*). The proposed taking of these species would be incidental to development for urban uses within the 53,341-acre Natomas Basin in the City of Sacramento and Sacramento and Sutter Counties. The proposed permit also would authorize future incidental take of the currently unlisted California tiger salamander (*Ambystoma tigrinum californiense*), Swainson's hawk (*Buteo swainsoni*), greater sandhill crane (*Grus canadensis tubida*), bank swallow (*Riparia riparia*), Boggs Lake hedge-hyssop (*Gratiaola heterosepala*) and Ahart's dwarf flax (*Juncus leiospermus* var. *ahartii*), among others, should any of these species become listed under the Endangered Species Act in the future. The permit would be in effect for 50 years.

During the 45-day public comment period for this Plan, the Service received numerous comments on the Plan with respect to the adequacy of its conservation program and other issues. The Service and the City of Sacramento, working jointly, have since revised the Natomas Basin Plan and its associated Implementing Agreement to clarify the Plan's intent and, where necessary, to strengthen its conservation program. This notice announces the availability of the revised Plan and Implementing Agreement for public comment. The Service also announces the availability of a revised Environmental Assessment for the Natomas Basin Plan incidental take permit application. This notice is provided pursuant to section 10(c) of the Endangered Species Act and National Environmental Policy Act regulations (40 CFR 1506.6). All comments, including names and addresses, received will become part of the official administrative record and may be made available to the public.

Comments are specifically requested on the appropriateness of the assurances that would be provided under the Department of Interior's No Surprises policy should the permit be issued, as specifically outlined in sections 6.9.2–6.9.4 of the Implementing Agreement.

DATES: Written comments on the Habitat Conservation Plan, Environmental Assessment and Implementing Agreement should be received on or before July 9, 1997.

ADDRESSES: Comments regarding the application or adequacy of the Environmental Assessment and Habitat Conservation Plan should be addressed to the Fish and Wildlife Service, Sacramento Fish and Wildlife Office, 3310 El Camino, Suite 130, Sacramento, California 95821–6340. Please refer to permit number PRT–823773 when submitting comments. Individuals wishing copies of the application, Environmental Assessment or Implementing Agreement for review should immediately contact the above office. Documents also will be available for public inspection, by appointment, during normal business hours at the above address.

FOR FURTHER INFORMATION CONTACT: Ms. Cay Goude or Mr. William Lehman, Sacramento Fish and Wildlife Office, telephone (916) 979–2725.

SUPPLEMENTARY INFORMATION: Section 9 of the Endangered Species Act and Federal regulation prohibit the ''taking'' of a species listed as endangered or threatened, respectively. However, the Fish and Wildlife Service, under limited circumstances, may issue permits to take listed species incidental to, and not the purpose of, otherwise lawful activities. Regulations governing permits for threatened species are promulgated in 50 CFR 17.32; regulations governing permits for endangered species are promulgated in 50 CFR 17.22.

Background

The Natomas Basin Habitat Conservation Plan addresses development within the 53,341-acre Natomas Basin in Sutter and Sacramento Counties, California. The Natomas Basin is subject to several

approved or proposed land use plans that will convert portions of the Basin to urban uses. Based on these plans, approximately 17,500 acres of undeveloped land is expected to be urbanized during the 50-year term of the proposed permit. Development activities may result in take of covered species and permanent disturbance to their habitats. In addition, the proposed permit would cover incidental take that occurs during rice farming activities within the permit area. Rice farming may result in take of the giant garter snake because rice fields are used as habitat by this species.

The Natomas Basin Plan establishes a mitigation program for urban development and water system operation. The focus of the program is a system of mitigation lands which would be managed as wetland and upland habitat for the giant garter snake, the Swainson's hawk and other covered species. One-half acre of mitigation land would be established for every acre of land developed within the Natomas Basin Plan area. The mitigation land would be acquired and managed by the Natomas Basin Conservancy, a non-profit conservation organization established to implement the Plan. Currently, the City of Sacramento is the only entity seeking a section 10(a)(1)(B) permit to cover land use approvals and public works activities; however, additional entities such as the County of Sacramento and the County of Sutter, among others, could apply to be added to this permit or apply for separate permits in the future.

Most of the comments received on the Natomas Basin Plan during the public comment period centered on several issues or interpretations of the Plan: (1) Concern that a mitigation fee cap in the City of Sacramento's Plan Implementing Agreement could result in a funding inadequacy over the life of the permit; (2) concern that the effectiveness of certain mitigation strategies (e.g., use of managed marsh as mitigation sites) are unproven and might not result in the intended conservation benefits for affected listed species, especially the giant garter snake; (3) concern that certain aspects of the Plan (e.g., reserve management plans) would be prepared with inadequate opportunity for review by the interested public; and (4) the lack of an adequate monitoring program. The Service and the City of Sacramento, working jointly, have revised the Natomas Basin Plan to clarify its intent and, where necessary, to strengthen its conservation program. The following is a summary of those revisions.

Covered Species

The list of species that are specifically addressed under the Natomas Basin Plan and would be ''covered'' under the Section 10(a)(1)(B) permit has been clarified. ''Covered species'' means those species for which legal authority to take such species would be conferred by the permit. The Plan includes 33 covered species that are either federally or state listed, as well as some species that are not currently listed but may be in the future. The latter are addressed in the Plan and would be covered by the permit at such time as they may be listed.

Unlisted Covered Species

Descriptions of expected program impacts on many currently unlisted species covered by the Natomas Basin Plan and conservation measures for these species have been expanded and clarified in the Plan.

Mitigation Fee Caps

The section in the City of Sacramento's draft Implementing Agreement for the Plan that established a cap on the mitigation fee with respect to the overall mitigation program has been removed. There is still a fee cap with respect to any revisions resulting from the Service's future Giant Garter Snake Recovery Plan or the Plan's Adaptive Management program. Based on this cap, the mitigation fee can rise no more than 50 percent over the life of the permit. However, there is no fee cap with respect to the fundamental requirement to mitigate for habitat losses at a 0.5:1 ratio. In other words, the fee must be raised as necessary to maintain habitat acquisitions at the half-to-one ratio, irrespective of any other fee cap agreements in the HCP.

Program Monitoring

Biological monitoring under the HCP has been clarified. With respect to the giant garter snake, the Plan as before describes several potential monitoring methods (e.g., mark-release-recapture studies, population viability indices, and transect surveys) as well as the type of life history parameters that need to be monitored. Furthermore, the HCP now requires appropriate monitoring but leaves specific methods to the Natomas Basin Conservancy and its Technical Advisory Committee (TAC) to determine. This is allowed because many technical issues of the monitoring program need to be worked out and determined based on best available information and ongoing research on the giant garter snake. In addition, the HCP includes nest site surveys for the Swainson's hawk and other monitoring requirements.

Adaptive Management Program

The HCP now has a much expanded Adaptive Management program as well as explicit directions for implementing its Adaptive Management provisions. Three aspects of the HCP could result in Adaptive Management modifications being adopted over the life of the permit: (1) New information resulting from ongoing research on the giant garter snake or other covered species; (2) recovery strategies under the future Service Giant Garter Snake Recovery Plan that could differ from the measures described in the current HCP; and (3) the fact that some currently described mitigation measures (e.g., the proportion of rice fields to managed marsh and marsh designs) may need to be revised based on the Plan's monitoring program. Modifications to the HCP will be classified as ''major revisions'' or ''minor revisions'' based on descriptions in the Plan. Major revisions would require submission of a proposal to the Service and California Department of Fish and Game (CDFG) and approval by these agencies. Minor revisions could be implemented upon the decision of the Natomas Basin Conservancy, provided that the Conservany's TAC concurs. The Service and CDFG would have representatives on the TAC.

9,000-Acre Comprehensive Program Review

In recognition that certain uncertainties exist in the Natomas Basin HCP (including the precise levels of development that would occur under the Plan, and the precise extent and location of the reserve system), the Plan now has a provision requiring a comprehensive program review when and if urban development in the Natomas Basin reaches 9,000 acres. Under this provision, the review will be triggered at 9,000 acres; during the period of time the review is being conducted, up to, but not more than, an additional 3,000 acres may be developed in the Basin. The purpose of the review will be to determine whether the HCP is performing as expected. The review will consider such aspects as status and trends of the covered species, status and effectiveness of the reserve system, and status and effectiveness of the Plan's funding mechanisms. The review will be conducted by the Natomas Basin Conservancy, the Service, and CDFG. It will result in recommendations for program modifications under the Adaptive Management provisions or a permit amendment, as deemed necessary.

Natomas Basin Conservancy Activities Open to Public Review

All pertinent proceedings of the Natomas Basin Conservancy will be open to public review. This includes such activities as meetings, selection of lands for acquisition for the reserve system, and development of management and monitoring plans for reserve lands. There are likely to be certain exceptions to these provisions because of confidentiality issues in dealing with private landowners and other exceptions as provided by State or Federal law, but it is the intention of the HCP and the Conservancy to allow public scrutiny of its activities and decisions to the maximum extent practicable.

The Environmental Assessment for the Natomas Basin HCP considers the environmental consequences of four alternatives. Alternative 1, the proposed action, consists of the issuance of an incidental take permit to the City of Sacramento and implementation of the HCP and its Implementing Agreement. This alternative is preferred because it satisfies the purpose and needs of the U.S. Fish and Wildlife Service and the City of Sacramento, and the impacts of urbanization are minimized and mitigated by the establishment of habitat reserves. Alternative 2 proposes a variable mitigation ratio in which landowners with documented occurrences of covered species or ''high quality'' habitat would be required to compensate at a higher ratio than landowners with no documented occurrences of covered species or ''poor quality'' habitat. Alternative 3 is similar to the proposed action except that the minimum percentage of mitigation lands to be maintained as managed marsh habitat (as opposed to rice farm habitat) would increase from 25 to 50 percent. Under Alternative 4, the no action alternative, the Service would not issue an incidental take permit and development within the Natomas Basin would occur with individual development projects mitigating for their impacts independently in an unstructured manner.

This notice is provided pursuant to section 10(c) of the Endangered Species Act and the National Environmental Policy Act of 1969 regulations (40 CFR 1506.6). The U.S. Fish and Wildlife Service will evaluate the application, associated documents, and comments submitted thereon to determine whether the application meets the requirements of the National Environmental Policy Act regulations and section 10(a) of the Endangered Species Act. If it is determined that the requirements are met, a permit will be issued for the incidental take of the listed species. The final permit decision will be made no sooner than 30 days from the date of this notice.

Dated: June 12, 1997.

Don Weathers,

Acting Regional Director, Region 1, Portland, Oregon.

[FR Doc. 97–15920 Filed 6–17–97; 8:45 am]

BILLING CODE 4310–55–P

DEPARTMENT OF THE INTERIOR

Geological Survey

Notice To Accept Contribution From Private Sources

AGENCY: United States Geological Survey, Interior.

SUMMARY: The United States Geological Survey is accepting a $5000 contribution from the National Stone Association toward student support and project expenses related to studies of aggregate resources and urban growth issues in the Baltimore-Washington, D.C. area.

INQUIRES: If any other parties are interested in making contributions for the same or similar purposes, please contact Mr. Gilpin R. Robinson, Jr. of the U.S. Geological Survey, Eastern Mineral Resources Team, Mail Stop 954, Reston, Virginia 20192; telephone (703) 648–6113; e-mail grobinso@usgs. gov.

SUPPLEMENTARY INFORMATION: This notice is to meet the USGS requirement stipulated in the Survey Manual.

Dated: June 9, 1997.

P. Patrick Leahy,

Chief, Geologic Division.

[FR Doc. 97–15968 Filed 6–17–97; 8:45 am]

BILLING CODE 4310–31–M

DEPARTMENT OF THE INTERIOR

Bureau of Indian Affairs

Land Acquisitions

ACTION: Re-proposed Information Collection; comment request.

SUMMARY: The Bureau of Indian Affairs, 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 proposal for renewal of the collection of information, as required under the provisions of the Paperwork Reduction Act of May 22, 1995, Public Law 104–13 (44 U.S.C. Chapter 35) and OMB regulations at 5 CFR 1320.8(d)(1).

DATES: Written comments must be submitted on or before August 18, 1997.

ADDRESSES: Written comments and suggestions on the renewal should be made directly to the bureau clearance officer, Bureau of Indian Affairs, Office of Management and Administration, 1849 C Street, NW., MS–4657-MIB, Washington, DC 20240 and to the Office of Management and Budget, Paperwork Reduction Project (076–0100), Washington, DC, 20503, telephone (202) 395-7340.

FOR FURTHER INFORMATION CONTACT: Requests for additional information should be directed to Larry E. Scrivner, Chief, Division of Real Estate Services, Office of Trust Responsibilities, Bureau of Indian Affairs, 1849 C Street, NW., MS-4510-MIB, Washington, DC 20240, telephone (202) 208–7737.

SUPPLEMENTARY INFORMATION:

I. Abstract

The Secretary of the Interior has statutory authority to acquire lands in trust status for individual Indians and federally recognized Indian tribes. The Secretary requests written information in order to make a determination. The information is not in any special form but it must identify the party(ies) involved and describe the land in question. Respondents are Native American tribes or individuals who request the acquisition of real property for trust status. The Secretary also requests additional information necessary to satisfy those pertinent factors listed in 25 CFR 151.10 or 151.11.

II. Method of Collection

No specific form is used, but respondents supply information and data so that the Secretary may make an evaluation and determination in accordance with established Federal factors, rules and policies.

III. Data

OMB approval number: 1076–0100.
Agency Form Number: N/A.
Type of Review: Renewal of a currently approved collection.
Affected Public: State or local governments, individual Indians or tribes.
Estimated Number of Responses: Approximately 9,200 per annum nationwide.
Estimated Time Per Response: 4 hours.
Estimated Total Annual Burden hours: 36,800.
Estimated Total Annual Cost: $736,000.
Description of respondents: Native American tribes and individuals

desiring acquisition of lands in trust status.

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.

Bureau clearance officer: James McDivitt (202) 208–4474.

Dated: June 5, 1997.

Ada E. Deer,

Assistant Secretary—Indian Affairs.

[FR Doc. 97–15951 Filed 6–17–97; 8:45 am]

BILLING CODE 4310–02–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[MT–962–1020–00]

Notice of Availability for the Montana/Dakotas Standards for Rangeland Health and Guidelines for Livestock Grazing Management Final Environmental Impact Statement

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of availability.

SUMMARY: The Standards for Rangeland Health and Guidelines for Livestock Grazing Management (standards and guidelines) Final Environmental Impact Statement (EIS) addresses three alternatives. Alternative 1 is the No Action Alternative (continuation of current management), Alternative 2 is the Preferred Alternative (the proposed standards and guidelines), and Alternative 3 analyzes the Fallback standards and guidelines. Based on written and oral comments received on the Draft and Supplement to the Draft EIS, Alternative 2 was selected as the Preferred Alternative. The Preferred Alternative would be incorporated into 10 BLM land use plans in Montana and the Dakotas. The Standards and Guidelines Final EIS was made available to the public on June 6, 1997. This Notice announces a 30-day protest period and provides information on the protest procedures.

FOR FURTHER INFORMATION CONTACT: Sandy Brooks, Project Manager, BLM Montana State Office, P.O. Box 36800, Billings, Montana 59107–6800, or 406–255–2929.

SUPPLEMENTARY INFORMATION: The planning process includes an opportunity for administrative review via a plan protest to the BLM's Director. Any person who participated in the planning process and has an interest which is or may be adversely affected by the approval of the Preferred Alternative may protest such approval. Careful adherence to the following guidelines will assist in preparing a protest that will assure the greatest consideration to your point of view.

Only those persons or organizations who participated in the planning process may protest. A protesting party may raise only those issues which were commented on during the planning process. New issues may be raised at any time but should be directed to the Montana State Office for consideration in plan implementation, as potential plan amendments, or as otherwise appropriate.

The protest period extends for 30 days, starting from the date this notice is published in the **Federal Register**. There is no provision for any extension of time. To be considered ''timely,'' your protest must be postmarked no later than the last day of the protest period. Also, although not a requirement, we suggest that you send your protest by certified mail, return receipt requested. Protests may be filed in writing to: Director (WO–210), Bureau of Land Management, Attn: Brenda Williams, 1849 C Street, N.W., Washington, D.C. 20240.

In order to be considered complete, your protest must contain, at a minimum, the following information:

1. The name, mailing address, telephone number and interest of the person filing the protest.

2. A statement of the issue or issues being protested.

3. A statement of the part or parts of the Preferred Alternative being protested. To the extent possible, this should be done by reference to specific pages, paragraphs, sections, tables, maps, etc., included in the final EIS.

4. A copy of all documents addressing the issue or issues submitted during the planning process by the protesting party or an indication of the discussion date of the issue(s) for the record.

5. A concise statement explaining why the proposed decision is believed to be incorrect. This is a critical part of your protest. Take care to document all relevant facts. As much as possible, reference or cite the planning documents, environmental analysis documents, available planning records (i.e., meeting minutes or summaries, correspondence, etc.). A protest which merely expresses disagreement with the proposed decision, without any data, will not provide us with the benefit of your information and insight. In this case, the Director's review will be based on the existing analysis and supporting data.

At the end of the 30-day protest period, the BLM may issue a Record of Decision approving the implementation of any portions of the preferred alterative not under protest. Approval will be withheld on any portion of the plan under protest until the protest has been resolved.

Dated: June 12, 1997.

Thomas P. Lonnie,

Deputy State Director, Division of Resources.

[FR Doc. 97–15921 Filed 6–17–97; 8:45 am]

BILLING CODE 4310–N–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[NV–010–1990–09]

Elko District, Nevada

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of intent to prepare an environmental impact statement on a mining Plan of Operations for Newmont Gold Company in Eureka County, Nevada; and notice of scoping period and public meetings.

SUMMARY: Pursuant to section 102(2)(c) of the National Environmental Policy Act of 1969 and 43 CFR Part 3809, the Bureau of Land Management will be directing the preparation of an EIS to be prepared by a third-party contractor on the impacts of a proposed Plan of Operations for gold mining by Newmont Gold Company, in Eureka County, Nevada. The Bureau invites comments on the scope of the analysis.

EFFECTIVE DATES: A scoping meeting will be held July 9, 1997 at the Bureau of Land Management, Elko District Office, 3900 E. Idaho, Elko NV, to identify issues and concerns to be addressed in the EIS. The meeting is scheduled from 6:30 pm—8:30 pm. Representatives of Newmont Gold Company will be available to answer questions about the

Plan of Operations. Additional scoping meetings may be held as appropriate. Written comments on the Plan of Operations and the scope of the EIS will be accepted until July 18, 1997.

A draft environmental impact statement (DEIS) is expected to be completed by the spring of 1998 and made available for public review and comment. At that time a notice of availability of the DEIS will be published in the **Federal Register**. The comment period on the DEIS will be 60 days from the date the notice of availability is published.

FOR FURTHER INFORMATION CONTACT: Scoping comments may be sent to: District Manager, Bureau of Land Management, 3900 E. Idaho St., Elko, NV 89801. ATTN: South Operations Area Project Amendment EIS Coordinator. For additional information, write to the above address or call Roger Congdon at (702) 753–0200.

SUPPLEMENTARY INFORMATION: Newmont Gold Company of Carlin, Nevada has submitted a Plan of Operations to expand and continue their Gold Quarry open pit mine, located approximately six miles northwest of the town of Carlin. The mine and associated facilities are located in portions of Sections 22, 26, 27, 28, 33, 34, 35, and 36 of Township 34 North, Range 51 East, Sections 29, 31, and 32 of Township 34 North, Range 52 East, Sections 1, 2, 3, 10, 11, 12, 13, and 14 of Township 33 North, Range 51 East, and Sections 6 and 7 of Township 33 North, Range 52 East, MDM. Newmont developed the Gold Quarry open pit mine in 1980, when it was known as the Maggie Creek pit. It is currently permitted through the year 2001. The proposal is to continue operations at the Gold Quarry mine; expand existing waste rock dumps, and continue dewatering operations through the year 2013. Existing and approved operations have been analyzed through the year 2001 for impacts to 2,047 acres of public land and 5,913 acres of private land. Part of the proposed operation would be confined to previously disturbed areas. Additional surface disturbance is anticipated on approximately 855 acres of public land and 465 acres of private land. The issues expected to be analyzed in the EIS include potential impacts to ground water availability and quality, wildlife, pit water quality, and cultural resources. Cumulative impacts will also be addressed. In addition, the following resources will be analyzed: recreation and wilderness, geology, paleontology, air quality, soils, vegetation, range management, lands and realty, visual resources, land use planning, social and economic values, and hazardous materials. The analysis will be conducted by an interdisciplinary team.

A range of alternatives (including but not limited to alternative reclamation measures and the no-action alternative) will be developed to address the issues. Mitigating measures will be considered to minimize environmental impacts and to assure that the proposed action does not result in undue or unnecessary degradation of public lands. Federal, state and local agencies and other individuals or organizations who may be interested in or affected by the Bureau's decision on the Plan of Operations are invited to participate in the scoping process with respect to this environmental impact statement. These entities and individuals are also invited to submit comments on the DEIS.

It is important that those interested in the Plan of Operations participate in the scoping and commenting process. Comments should be as specific as possible.

The tentative project schedule is as follows:

Begin Public Comment Period—June 1997.

Issuance of Draft Environmental Impact Statement—Spring of 1998.

File Final Environmental Impact Statement—Autumn of 1998.

Record of Decision—Autumn of 1998.

Begin Permitted Operation—Winter of 1998/1999.

The Bureau of Land Management's scoping process for the EIS will include: (1) Identification of issues to be addressed; (2) Identification of viable alternatives; (3) Notification of interested groups, individuals and agencies so that additional information concerning these issues, or other additional issues, can be obtained.

Dated: June 11, 1997.

Helen Hankins,

Elko District Manager.

[FR Doc. 97–15919 Filed 6–17–97; 8:45 am]

BILLING CODE 4310–HC–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

Notice of Meeting

AGENCY: Bureau of Land Management—Interior

ACTION: Notice of meeting.

SUMMARY: The Lower Snake River District Resource Advisory Council will meet in Boise to finalize standards and guidelines for managing livestock grazing on Idaho'' public lands and to develop comments on the U.S. Air Force's Enhanced Training in Idaho Draft Environmental Impact Statement.

DATES: July 7, 1997. The meeting will begin at 9:00 a.m. Public comment periods will be held beginning at 9:30 am and 3:00 pm.

ADDRESSES: The Lower Snake River District Office is located at 3948 Development Avenue, Boise, Idaho.

FOR FURTHER INFORMATION CONTACT: Barry Rose, Lower Snake River District Office (208–384–3393).

Dated: June 12, 1997.

Barry Rose,

Public Affairs Specialist.

[FR Doc. 97–15922 Filed 6–17–97; 8:45 am]

BILLING CODE 4310–GG–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[AK–931–1430–01; AA–17987]

Public Land Order No. 7269; Partial Revocation of Executive Order No. 3406, Dated February 13, 1921; Alaska

AGENCY: Bureau of Land Management, Interior.

ACTION: Public Land Order.

SUMMARY: This order partially revokes an Executive order insofar as it affects approximately 99 acres of public land withdrawn for use by the Coast Guard, Department of Transportation for the Inner Iliasik Island Lighthouse reserve. The land is no longer needed for the purpose for which it was withdrawn. The land will continue to be withdrawn as part of the Alaska Maritime National Wildlife Refuge, as established and designated by the Alaska National Interest Lands Conservation Act of 1980.

EFFECTIVE DATE: June 18, 1997.

FOR FURTHER INFORMATION CONTACT: Shirley J. Macke, BLM Alaska State Office, 222 W. 7th Avenue, No. 13, Anchorage, Alaska 99513–7599, 907–271–5477.

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. Executive Order No. 3406, dated February 13, 1921, which reserved public land on Inner Iliasik Island for lighthouse purposes, is hereby revoked insofar as it affects the following described land:

Seward Meridian

T. 59 S., R. 83 W.,

Located within sec. 30, that part of the southern end of the island lying south of

a true east and west line drawn across the same at a distance of 1500 feet north true from the high water mark at the southern most extremity of the island, including adjacent rocks and reefs not covered at low water.

Excluded from the area is a parcel described as:

Inner Iliasik Island, Alaska Peninsula, shown on U.S. Coast and Geodetic Survey Chart No. 9703, Sheet No. 121. That part of the southern end of the island lying within a 300-foot radius of the light, at approximate latitude 55°02.3′ N., longitude 161°56.3′ W., containing approximately 1 acre.

The area described, less the excluded portion, contains approximately 99 acres.

2. The land described in this order will remain withdrawn as part of the Alaska Maritime National Wildlife Refuge, pursuant to Sections 303(1)(iv) and 304(c) of the Alaska National Interest Lands Conservation Act, 16 U.S.C. 668(dd) (1994); and will be subject to the terms and conditions of any other withdrawals or segregations of record.

Dated: June 6, 1997.

Bob Armstrong,

Assistant Secretary of the Interior.

[FR Doc. 97–15973 Filed 6–17–97; 8:45 am]

BILLING CODE 4310–JA–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[CA–930–1430–01; CACA 7616, CACA 7665, and CACA 7909]

Public Land Order No. 7268; Partial Revocations of Secretarial Order Dated October 1, 1925, United States Geological Survey Order dated June 24, 1952, and Executive Order Dated April 13, 1912; California

AGENCY: Bureau of Land Management, Interior.

ACTION: Public Land Order.

SUMMARY: This order revokes a Secretarial order insofar as it affects 159.67 acres of public lands withdrawn for Power Site Classification No. 118, a United States Geological Survey order insofar as it affects 44.46 acres of public land withdrawn for Power Site Classification No. 425, and an Executive order insofar as it affects 920 acres of public lands withdrawn for Power Site Reserve No. 258. The lands are no longer needed for these purposes, and the revocations are necessary to facilitate two pending land exchanges under Section 206 of the Federal Land Policy and Management Act of 1976. The lands are temporarily closed to surface entry and mining due to two pending land exchanges. The lands have been and will remain open to mineral leasing. The Federal Energy Regulatory Commission has concurred with this action.

EFFECTIVE DATES: For the land described below in paragraph 1(b), this order is effective on June 18, 1997. For the lands described below in paragraphs 1 (a) and (c), this order is effective on August 9, 1997.

FOR FURTHER INFORMATION CONTACT: Duane Marti, BLM California State Office (CA–931.4), 2135 Butano Drive, Sacramento, California 95825; 916–979–2858.

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 (a). The Secretarial Order dated October 1, 1925, which established Power Site Classification No. 118, is hereby revoked insofar as it affects the following described lands:

Mount Diablo Meridian

T. 47 N., R. 5 W.,
Sec. 4, lot 4 and NW¼SW¼.
T. 48 N., R. 5 W.,
Sec. 34, NW¼NE¼ and NW¼NW¼.
The areas described aggregate 159.67 acres in Siskiyou County.

(b). The United States Geological Survey Order dated June 24, 1952, which established Power Site Classification No. 425, is hereby revoked insofar as it affects the following described land:

Mount Diablo Meridian

T. 19 N., R. 6 E.,
Sec. 15, lots 11 and 12.

The area described contains 44.46 acres in Yuba County.

(c). The Executive Order dated April 13, 1912, which established Power Site Reserve No. 258, is hereby revoked insofar as it affects the following described lands:

Mount Diablo Meridian

T. 47 N., R. 5 W.,
Sec. 4, SW¼SW¼;
Sec. 8, S½SE¼ and NE¼SE¼;
Sec. 18, SE¼;
Sec. 20, W½SW¼;
Sec. 30, NE¼NE¼.
T. 48 N., R. 4 W.,
Sec. 30, NE¼SW¼;
Sec. 32, NW¼NE¼;
Sec. 34, SW¼NE¼, SE¼NW¼, and NW¼SE¼.
T. 48 N., R. 5 W.,
Sec. 34, SW¼NE¼, S½SW¼, and SE¼.

The areas described aggregate 920 acres in Siskiyou County.

2. The above described lands are hereby made available for exchange under Section 206 of the Federal Land Policy and Management Act of 1976, 43 U.S.C. 1716 (1994).

3. The lands have been open to mining under the provisions of the Mining Claims Rights Restoration Act of 1955, 30 U.S.C. 621 (1994). However, since this act applies only to lands withdrawn for power purposes, the provisions of the act are no longer applicable. The lands have been and will remain open to mineral leasing.

4. In regards to the land described above in paragraph 1(b), the State of California has waived its right of selection in accordance with the provisions of Section 24 of the Act of June 10, 1920, as amended, 16 U.S.C. 818 (1994).

5. In regards to the lands described above in paragraphs 1 (a) and (c), the State of California has a preference right for public highway rights-of-way or material sites until August 8, 1997, 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: June 6, 1997.

Bob Armstrong,

Assistant Secretary of the Interior.

[FR Doc. 97–15972 Filed 6–17–97; 8:45 am]

BILLING CODE 4310–40–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[NV–930–1430–01; N–60673]

Intent To Prepare a Planning Amendment to the Lahontan and Walker Resource Management Plans, Lyon County, Nevada

AGENCY: Bureau of Land Management, Interior.

ACTION: Notice of intent to prepare a plan amendment and environmental document addressing the proposed exchange of federal land for private land.

SUMMARY: The following described land within Lyon County has been proposed for transfer from federal ownership as part of Land Exchange N–60673:

Mt. Diablo Meridian

T. 20 N., R. 25 E.,
Sec. 4, Lots 5–12, S½, (excluding lands within Churchill County)

This land is currently withdrawn as part of the Newlands Reclamation Project and is not included in any existing resource management decisions. The land is no longer needed for reclamation project purposes. The Bureau of Land Management (BLM) will

consider amending the Lahontan Resource Management Plan (RMP) to address transfer of this land. BLM will also consider amending the Walker RMP to remove the disposal designation from public land within:

Mt. Diablo Meridian

T. 10 N., R. 23 E., in the vicinity of Wellington, Nevada.

This public land is surrounded by private land proposed for acquisition in Land Exchange N–60673. If the exchange is completed, disposal of the public land through sale or exchange would no longer be appropriate.

DATES AND ADDRESSES: For a period of 30 days from the date of publication of this notice in the **Federal Register**, interested persons may submit comments regarding the proposed plan amendment to the District Manager, Carson City District Office, 1535 Hot Springs Road, Carson City, Nevada 89706. Comments, including names and street addresses of respondents, will be available for public review at the above address during regular business hours. Individual respondents may request confidentiality. If you wish to withhold your name or street address from public review or from disclosure under the Freedom of Information Act, you must state this prominently at the beginning of your written comment. Such requests will be honored to the extent allowed by law. All submissions from organizations or businesses, and from individuals identifying themselves as representatives or officials of organizations or businesses, will be made available for public inspection in their entirety.

SUPPLEMENTARY INFORMATION: The federal land located near Fernley, Nevada, if transferred to private ownership, would likely be used for industrial park purposes. The private land in the Hoye Canyon area near Wellington, Nevada, has values for recreation, public access, riparian wildlife habitat and key deer winter range and would be managed by the BLM for multiple uses. The following resources will be considered in preparation of the amendment: lands, recreation, wildlife, range, minerals, cultural and historic resources, visual resources, soil, water, air, and threatened and endangered species. Staff members representing each resource will be consulted during preparation of the environmental document. The public is invited to participate in the identification of issues related to the proposed plan amendment and associated proposed land exchange. Anticipated issues include:

(1) Adequate protection of cultural and historic resources on federal land proposed for exchange

(2) Concerns related to water, water rights and the Walker River

(3) Change in character of federal lands upon transfer to private ownership

Planning documents and other pertinent materials may be examined at the Carson City Office between 7:30 a.m. and 5:00 p.m. Monday through Friday.

Dated this 9th day of June, 1997.

John O. Singlaub,

Carson City District Manager.

[FR Doc. 97–15890 Filed 6–17–97; 8:45 am]

BILLING CODE 4310–HC–P

DEPARTMENT OF THE INTERIOR

Bureau of Land Management

[ID–020–1430–01, IDI–32183]

Notice of Intent To Prepare a Land Use Plan Amendment

AGENCY: Bureau of Land Management, Department of the Interior.

ACTION: Notice of intent to prepare a land use plan amendment.

SUMMARY: The Snake River Resource Area, Upper Snake River Districts, is proposing to amend the Cassia Resource Management Plan to allow the disposal, through exchange, of 834 acres of public land in Cassia County, Idaho.

DATES: The public, state, and local governments, and other Federal agencies are invited to participate in the amendment process. Identification of issues, concerns, or other written comments pertaining to this notice will be accepted until July 21, 1997.

SUPPLEMENTARY INFORMATION: The proposed plan amendment would allow the transfer into private ownership, of the following described public land:

Boise Meridian, Idaho

T. 12 S., R. 20 E.
Sec. 14: N½ SW¼, SE¼ SW¼;
Sec. 15: W½ NE¼, NE¼ SE¼;
Sec. 23: E½ NW¼, E½ SW¼;
Sec. 24: E½ SW¼, E½ NW¼ (portions west of county road);
Sec. 25: N½ NW¼, SW¼ NW¼;
Sec. 26: NE¼, NE¼ NW¼.

Comprising 834 acres of public land, more or less.

Parts of these lands have been subject to unauthorized uses by the adjoining private land owner for many years. These uses consist of farming, feeding livestock, calving, water pipelines, water storage facilities and access roads. Settlement for the unauthorized uses has been made with the involved individual and the uses have been authorized by land use permits and rights-of-way granted by the Bureau of Land Management.

The subject public land parcel is proposed for disposal through an exchange with the adjoining landowner. In return for the subject parcel, the United States would receive private lands of equal appraised value (or within 25% of the value of the public land, in accordance with the Federal Land Exchange Facilitation Act, with any difference to be made up in cash). The private lands have high public values and their acquisition is consistent with the Cassia Resource Management Plan.

Public participation in the amendment process will include publication of this notice in the **Federal Register** and local newspapers and the sending of this notice to state and local governments, private individuals, and other interested parties.

Depending on the amount of public interest, public meetings may be held in the Snake River Resource Area office, Burley, Idaho.

ADDRESSES: Any comments on this notice should be mailed by close of business on July 21, 1997 to the Bureau of Land Management, Snake River Resource Area, 15 East 200 South, Burley, Idaho 83318.

FOR FURTHER INFORMATION, CONTACT: Scott D. Barker, Realty Specialist, (208) 677–6678.

Dated: June 9, 1997.

Tom Dyer,

Snake River Area Manager.

[FR Doc. 97–15976 Filed 6–17–97; 8:45 am]

BILLING CODE 4310–GG–P

DEPARTMENT OF THE INTERIOR

National Park Service

The Secretary of the Interior's Standards and Guidelines for Federal Agency Historic Preservation Programs Pursuant to the National Historic Preservation Act

AGENCY: National Park Service, Interior.

ACTION: Notice.

SUMMARY: The National Park Service is publishing for comment the proposed revisions to the Secretary of the Interior's Standards and Guidelines for Federal Agency Historic Preservation Programs Pursuant to Section 110 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470h–2).

DATES: Comments should be submitted by August 18, 1997.

ADDRESSES: All comments concerning this notice should be addressed to: de Teel Patterson Tiller, Chief, Heritage Preservation Services Division (2255), National Center for Cultural Resource Stewardship and Partnerships Programs, National Park Service, P.O. Box 37127, Washington, D.C. 20013–7127; Attention: David Banks.

FOR FURTHER INFORMATION CONTACT: Mr. David M. Banks, 202–343–9518, 202–343–1836 (facsimile), or e-mail to david__banks@nps.gov.

SUPPLEMENTARY INFORMATION: Section 110 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. 470h–2) establishes Federal agency responsibilities for the preservation of historic properties. Section 101(g) of the Act (16 U.S.C. 470a) directs the Secretary of the Interior to promulgate guidelines for Federal agency responsibilities under section 110.

In addition to comments on these standards and guidelines, the Advisory Council on Historic Preservation and the National Park Service want to know whether more detailed guidance is warranted, particularly regarding sections 110 (c) through (l).

The proposal published here is a revision originally published in the **Federal Register** on February 17, 1988 (53 FR 4727–46). The revision takes account of the 1992 amendments to the National Historic Preservation Act of 1966, as amended (title XL of Pub. L. 102–575).

These guidelines have no regulatory effect. Instead, they are the Secretary's formal guidance to each Federal agency on meeting the requirements of section 110 of the Act.

Dated: April 29, 1997.

de Teel Patterson Tiller,

Chief, Heritage Preservation Services Division, National Center for Cultural Resource Stewardship and Partnership Programs, National Park Service.

The Secretary of the Interior's Standards and Guidelines for Federal Agency Historic Preservation Programs Pursuant to the National Historic Preservation Act

Definitions

(a) *The Act* or *NHPA* means the National Historic Preservation Act of 1966, as amended, 16 U.S.C. 470 *et seq.*

(b) *Advisory Council* or *Council* means the agency, fully titled the Advisory Council on Historic Preservation, established pursuant to section 201 of Title II of the NHPA, that is to be afforded a reasonable opportunity under sections 106 and 110(f) of the NHPA to comment with regard to proposed undertakings, as defined in section 301(7) of the NHPA; that reviews Federal programs pursuant to section 202(a)(6) of the NHPA; and with whose regulations outlining the procedures for complying with the requirements of section 106 of the NHPA (''Protection of Historic Properties,'' found at 36 CFR Part 800) in accordance with section 110(a)(2)(E)(I), other Federal agencies procedures for compliance with section 106 must be consistent.

(c) *Agency Head* means the individual Departmental Secretary, Executive Director or Administrator of an agency, as defined in the Council's regulations (36 CFR part 800).

(d) *Cultural items* is defined in the Native American Graves Protection and Repatriation Act of 1990 (NAGPRA, 25 U.S.C 3002(c)). It includes human remains; associated and unassociated funerary objects (consisting of items intentionally placed with the body in a grave, including those not in possession of a Federal agency); sacred objects, ceremonial objects important to the practice of Native American traditional religions; and objects of cultural patrimony, those items having historical, traditional, or cultural importance to Indian tribes themselves. For a complete definition see section 2(3)(A)-(D) of NAGPRA, and the Department of Interior's regulations implementing the provisions of the Act at 43 CFR part 10.

(e) *Historic property* or *historic resource* means any prehistoric or historic district, site, building, structure, landscape or object included on, or eligible for inclusion on the National Register, including artifacts, records, and material remains related to such a property or resource. The term has been clarified to include ''properties of traditional religious and cultural importance'' (formerly ''traditional cultural properties'') which are eligible for or listed on the National Register because of their association with cultural practices or beliefs of a living community that (1) are rooted in that community's history, and (2) are important in maintaining the continuing cultural identity of the community.

(f) *Historic resource* (see definition for ''historic property'').

(g) *Indian tribe* or *tribe* is defined at section 301(4) of the NHPA and means an Indian tribe, band, nation, or other organized group or community, including a Native village, Regional Corporation or Village Corporation, as those terms are defined in section 3 of the Alaska Native Claims Settlement Act (43 U.S.C. 1602), which is recognized as eligible for the special programs and services provided by the United States to Indians because of their status as Indians. The Secretary of the Interior is responsible for determining an Indian tribe's eligibility for those special programs and services.

(h) *Memorandum of Agreement* means the document that records the terms and conditions which have been agreed upon to resolve the adverse effects of an undertaking upon historic properties.

(i) *National Register* means the list of districts, sites, buildings, structures and objects significant in American history, architecture, archeology, engineering, and culture established under section 101 of the NHPA and maintained by the Secretary of the Interior and fully titled the ''National Register of Historic Places.''

(j) *Native Hawaiian* is defined in the NHPA at section 301(17) and means any individual who is a descendant of the aboriginal people who, prior to 1778, occupied and exercised sovereignty in the area that now constitutes the State of Hawaii.

(k) *Native Hawaiian organization* as defined at section 301(18) of the NHPA means any organization which—

(1) Serves and represents the interests of Native Hawaiians;

(2) Has as a primary and stated purpose the provision of services to Native Hawaiians; and

(3) Has demonstrated expertise in aspects of historic preservation that are culturally significant to Native Hawaiians.

The term includes, but is not limited to, the Office of Hawaiian Affairs of the State of Hawaii and Hui Malama I Na Kapuna O Hawai'i Nei, an organization incorporated under the laws of the State of Hawaii.

(l) *Preservation* or *historic preservation* as defined in the NHPA at section 301(8) includes identification, evaluation, recordation, documentation, curation, acquisition, protection, management, rehabilitation, restoration, stabilization, maintenance research, interpretation, conservation, and education and training regarding the foregoing activities or any combination of the foregoing activities.

(m) *Secretary* means the Secretary of the Interior acting through the Director of the National Park Service, except where otherwise specified.

(n) *Secretary's Standards* means the *Secretary of the Interior's Standards and Guidelines for Archeology and Historic Preservation* (available from the National Park Service), the project and program standards and guidelines for implementing section 110. They are technical guidance concerning

archeological and historic preservation activities and methods. The complete Secretary's *Standards* currently address each of the following activities: Preservation Planning, Identification, Evaluation, Registration, Historical Documentation, Architectural and Engineering Documentation, Archeological Documentation, Treatment of Historic Properties (including Rehabilitation), and Professional Qualifications.

(o) *State Historic Preservation Officer* (SHPO) means the official appointed or designated pursuant to section 101(b)(1) of the NHPA to administer the State historic preservation program or a representative designated to act for the SHPO.

(p) *Traditional Cultural Property* is defined as a property that is eligible for inclusion in the National Register of Historic Places because of its association with cultural practices or beliefs of a living community that (1) are rooted in that community's history, and (2) are important in maintaining the continuing cultural identity of the community. Readers should refer to National Register Bulletin 38: Guidelines for Evaluating and Documenting Traditional Cultural Properties (available from the National Park Service) for more information.

(q) *Tribal Historic Preservation Officer* means the official appointed or designated by the Tribe to carry out the historic preservation program responsibilities that the Tribe has assumed pursuant to section 101(d) of the NHPA.

(r) *Tribal lands* is defined at section 301(14) of the NHPA and means—

(1) All lands within the exterior boundaries of any Indian reservation; and

(2) All dependent Indian communities.

(s) *Undertaking* as defined in the NHPA at section 301(7) means a project, activity, or program funded in whole or in part under the direct or indirect jurisdiction of a Federal agency, including—

(1) Those carried out by or on behalf of the agency;

(2) Those carried out with Federal financial assistance;

(3) Those requiring a Federal permit, license, or approval; and

(4) Those subject to State or local regulation administered pursuant to a delegation or approval by a Federal agency.

Introduction

Section 110 of the National Historic Preservation Act (16 U.S.C. 470)

Section 110 of the National Historic Preservation Act (NHPA) sets out the broad preservation responsibilities of Federal agencies and is intended to ensure that historic preservation is fully integrated into the ongoing programs of all Federal agencies. This intent was first put forth in the preamble to the Act upon its initial adoption in 1966. When the Act was amended in 1980, section 110 was added to expand and make more explicit the statute's statement of Federal agency responsibility for identifying historic properties and avoiding unnecessary damage to them. Section 110 also charges each Federal agency with the affirmative responsibility for considering projects and programs that further the purposes of the NHPA, and it declares that the costs of preservation activities are eligible project costs in all undertakings conducted or assisted by a Federal agency.

The 1992 amendments to the Act further strengthened the provisions of section 110. Under the law, the head of each Federal agency must do several things. First, he or she must assume responsibility for the preservation of historic properties owned or controlled by the agency. Each Federal agency must establish a preservation program for the identification, evaluation, nomination to the National Register, and protection of historic properties. Each Federal agency must consult with the Secretary of the Interior (acting through the Director of the National Park Service) in establishing its preservation programs. Each Federal agency must, to the maximum extent feasible, use historic properties available to it in carrying out its responsibilities. The 1992 additions to section 110 also set out some specific benchmarks for Federal agency preservation programs, including:

(a) Historic properties under the jurisdiction or control of the agency are to be managed and maintained in a way that considers the preservation of their historic, archeological, architectural, and cultural values;

(b) Historic properties not under agency jurisdiction or control but potentially affected by agency actions are to be fully considered in agency planning;

(c) Agency preservation-related activities are to be carried out in consultation with other Federal, State, and local agencies, Indian tribes, Native Hawaiian organizations, and the private sector;

(d) Agency procedures for compliance with section 106 of the Act are to be consistent with regulations issued by the Advisory Council on Historic Preservation; and

(e) An agency may not grant assistance or a license or permit to an applicant who damages or destroys historic property with the intent of avoiding the requirements of section 106, unless specific circumstances warrant such assistance.

The complete text of section 110 is included as Appendix A to these Guidelines. Also included as Appendix B are those portions of sections 1 and 2 of the NHPA that set out the purposes of that Act. Anyone unfamiliar with the purposes of the Act or with the specific provisions of section 110 as amended in 1992 should study those texts in addition to the revised Guidelines.

Section 110 Guidelines—Background and Format

The Section 110 Guidelines were first published in the **Federal Register** on February 17, 1988 (53 FR 4727–46). This second edition has been revised to incorporate the 1992 amendments to the Act and to make the Guidelines easier to use.

These Guidelines neither replace nor incorporate other statutory authorities, regulations, or The Secretary of the Interior's Standards and Guidelines for Archeology and Historic Preservation. Instead, the Guidelines attempt to show how Federal agencies should address these various other requirements and guidelines in carrying out their responsibilities under the Act. The head of each Federal agency, acting through its Federal Preservation officer, should become familiar with all the statutes, regulations, and guidelines that bear upon the agency historic preservation program required by section 110.

This second edition of the Section 110 Guidelines follows a format significantly different from that of its predecessor. The first edition followed the sequence of the statute and provided detailed guidance for each subsection of section 110. The current edition instead takes the form of a general policy statement followed by standards and guidelines that will assist each Federal agency in establishing a preservation program that meets the various requirements of section 110.

Agency Use of These Standards and Guidelines for Evaluating Their Programs

The preservation and use of historic properties and their careful consideration in agency planning and decisionmaking are in the public

interest, and must be a fundamental part of the mission of any Federal agency. These standards and guidelines are intended to assist Federal agency personnel and the agency head in carrying out their policies, programs, and projects in a manner consistent with the requirements and purposes of section 110 of the NHPA, related statutory authorities, and existing regulations and guidance.

An agency should use these standards and guidelines, and consultation with the Secretary and others, to ensure that the basic individual components of a preservation program called for in section 110 are in place. The preservation program should also be fully integrated into both the general and specific operating procedures of the agency. The agency's preservation program should interact with the agency's management systems to ensure that historic preservation issues are considered in decisionmaking. The program should try to ensure that the agency's officials, employees, contractors, and other responsible parties have sufficient budgetary and personnel resources needed to identify, evaluate, nominate, manage, and use the historic properties under agency care or affected by agency actions.

Consultation and Technical Assistance

Section 110(a)(2) requires that agency preservation programs be established ''in consultation with the Secretary.'' Federal agencies seeking such consultation should contact the Associate Director, Cultural Resource Stewardship and Partnerships, National Park Service, Department of the Interior, P.O. Box 37127, Washington, D.C. 20013–7127. The Secretary's review of an agency program will be based upon the degree to which that program is consistent with the Act and with the Standards and guidelines that follow. Upon request, the Secretary will also provide informal technical assistance to any agency on questions concerning the establishment or improvement of the agency's historic preservation program. Requests for technical assistance should also be addressed to the Associate Director, Cultural Resources Stewardship and Partnerships, National Park Service.

Section 202(a)(6) of the Act provides that the Advisory Council also may review Federal agency preservation programs and recommend improvements to such agencies. Where the Council carries out such a review, it will base any recommendations on its own regulations and policy statements, and on the Standards and guidelines that follow.

The Secretary of the Interior's Standards for Federal Agency Historic Preservation Programs

Standard 1. Each Federal agency establishes and maintains a historic preservation program that is coordinated by a qualified Federal Preservation Officer, and that is consistent with and seeks to advance the purposes of the National Historic Preservation Act. The head of each Federal agency is responsible for the preservation of historic properties owned or controlled by the agency. [Sec. 110(a)(1), Sec. 110(a)(2), Sec. 110(c), and Sec. 110(d)].

Standard 2. An agency provides for the timely identification and evaluation of historic properties under agency jurisdiction or control and/or subject to effect by agency actions. [Sec. 110(a)(2)(A), Sec. 101(g), Sec. 101(h), and Sec. 112]

Standard 3. An agency nominates historic properties under the agency's jurisdiction or control to the National Register of Historic Places. [Sec. 110(a)(2)(A)].

Standard 4. An agency gives historic properties full consideration when planning or considering approval of any action that might affect such properties. [Sec.110(a)(2) ((B), (C), and (E), Sec. 110(f) and Sec. 402(16 U.S.C. 470a–2)]

Standard 5. An agency consults with knowledgeable and concerned parties outside the agency about its historic preservation related activities. [Sec. 110(a)(2)(D)].

Standard 6. An agency manages and maintains historic properties under its jurisdiction or control in a manner that considers the preservation of their historic, architectural, archeological, and cultural values. [Sec. 110(a)(1), Sec. 110 (a)(2)(B), Sec. 110(b)].

Standard 7. An agency gives priority to the use of historic properties to carry out agency missions. [Sec. 110(a)(1)

For a cross-reference of each Standard to the parts of 110 see Appendix A.

The Secretary's Standards and Guidelines for Federal Agency Historic Preservation Programs

The following guidelines provide information on the steps an agency must take to establish and maintain a preservation program that meets each of the applicable Secretary's Standards.

Standard 1. Each Federal agency establishes and maintains a historic preservation program that is coordinated by a qualified Federal Preservation Officer, and that is consistent with and seeks to advance the purposes of the National Historic Preservation Act. The head of each Federal agency is responsible for the preservation of historic properties owned or controlled by the agency. [Sec. 110(a)(1), Sec. 110(a)(2), Sec. 110(c), and Sec. 110(d)].

Guidelines

Agency Programs

(a) An agency historic preservation program must include specific provisions to ensure, to the extent feasible given the agency's mission and mandates, the full consideration and appropriate preservation of historic properties under the agency's jurisdiction or control and of other historic properties affected by the agency's actions. [Sec. 110(a)(2)(B)]

(b) An agency historic preservation program is embodied in agency-wide policies, procedures, and activities. An agency historic preservation program is the vehicle for ensuring that the agency's mission-driven activities are carried out in a manner consistent with the purposes of National Historic Preservation Act. The program is not an activity carried out separate and apart from the activities mandated by the agency mission.

(c) The identification, evaluation, and preservation of historic properties must be the fundamental goal of any Federal agency preservation program. [Sec. 110(a)(2)]. However, an agency's ability to achieve this goal is affected by its own mission and by whether it owns and manages historic property:

(1) In those cases where historic property is under the jurisdiction and control of the agency, the agency has an affirmative responsibility to manage and maintain such property in a manner that takes into account the property's historic significance. In addition, the Federal agency has an affirmative responsibility to seek and use historic properties to the maximum extent feasible in carrying out its activities. [Sec. 110(a)(1) and Sec. 110(a)(2)(B)]

(2) Where an agency carries out its mission through the award of grant funds for specific activities, and where those activities will inevitably affect historic properties, the agency should, to the maximum extent feasible, design its programs to encourage grantees to retain and make appropriate use of historic properties in carrying out grant-funded activities.

(3) Where an agency's historic preservation activities are limited to considering the impact of federally assisted, licensed, or permitted activities initiated by non-federal entities on non-federally owned historic properties, the agency's preservation responsibility may be more narrowly

cast as seeking to avoid or minimize any damage to such properties that might otherwise occur as a result of such activities.

(d) An agency historic preservation program must be established in consultation with the Secretary of the Interior. [Sec. 110(a)(2)]. The Secretary's evaluation of an agency's historic preservation program will be based on the Standards and Guidelines that follow.

(e) The agency historic preservation program must be an effective and efficient vehicle through which the agency head can meet his or her statutory responsibilities for the preservation of historic properties. [Sec. 110(a)(2)]. The program is not simply intended to meet agency section 106 responsibilities to ''take into account'' the effects of its undertakings on historic properties. The program described in section 110(a)(2) is an agency-wide approach to achieving the goals set forth in the NHPA. It should be fully integrated into both the general and specific operating procedures of the agency.

(f) The preservation program should interact with the agency's budgetary and financial management systems to:

(1) Ensure that historic preservation issues are considered before budgetary decisions are made that foreclose historic preservation options, and

(2) Ensure that the historic preservation program itself is adequately funded to enable it to perform its functions.

(g) To avoid needless duplication of effort and increased workload in developing and implementing its program, the agency should carefully review and consider using those existing policies, procedures, approaches and standards that are government-wide, i.e., applicable to all preservation programs, and develop only those that need to be agency-specific. Preservation programs can be expected to differ based on the extent to which:

(1) Agencies manage, own, or exercise control over historic properties;

(2) Historic properties play a significant role in agency activities through active use (e.g., for recreation, interpretation, public access/use, transportation, office space);

(3) Agencies are engaged in public education/interpretation, or multiple-use resource management;

(4) Agencies are in a position to influence actions affecting historic properties.

(h) Agency funding decisions for historic preservation work should be based on a determination of the prudent level of investment for a specific undertaking. That determination, in turn, should acknowledge that preservation costs are eligible project costs on an equal footing with other planning, design, construction, environmental protection, and mitigation needs and requirements. Similarly, the cost of caring for, documenting, and otherwise preserving artifacts, records, and remains related to historic properties is an eligible project cost. [Sec. 110(g)]. The agency may contract with an SHPO, another Federal agency, or other public or private organization as appropriate to assist it in carrying out the agency's historic preservation work.

(i) Where preservation activity is a condition of obtaining a Federal license or permit, or Federal approval, or is subject to a delegation of authority by a Federal agency, the recipient may be expected to incur reasonable preservation costs. [Sec. 110(g)]. Because it is difficult to establish fair standards that would be applicable in all cases, ''reasonable costs'' should not be determined using inflexible criteria, such as a flat fee or a standard percentage of a budget, but rather should be determined on a case-by-case basis.

(j) An efficient preservation program should allow the agency to do more than simply meet its section 110 and 106 responsibilities. In order to eliminate duplicative effort and assist in agency planning, the preservation program should be coordinated with actions the agency takes to meet the requirements of other relevant and related Federal statutes (e.g., NAGPRA, the Archaeological Resources Protection Act (ARPA), the American Indian Religious Freedom Act (AIRFA), and the National Environmental Policy Act (NEPA)) in a comprehensive, anticipatory manner.

Federal Preservation Officer

(k) The agency position responsible for coordinating the preservation program is the Federal Preservation Officer (FPO) required of all agencies by section 110(c) of the NHPA (unless specifically exempted under section 214 of the NHPA). An FPO may have other agency duties in addition to historic preservation coordination, depending on the magnitude and degree of the agency's historic preservation activities and responsibilities. [Sec. 110(c)].

(l) Agency officials designated as Federal Preservation Officers should have substantial experience administering Federal historic preservation activities and/or specifically assigned staff under their supervision who have such experience. In addition, section 112 of the NHPA as amended in 1992 requires that agency personnel responsible for historic preservation, and their contractors, meet applicable professional and qualifications standards as developed by the Office of Personnel Management in consultation with the National Park Service.

(m) Each FPO should have sufficient agency-wide authority, staff, and other resources to carry out section 110 responsibilities effectively. Agency administrative systems should ensure that the FPO can review all agency programs and activities and interact with the agency's planning and project management systems in such a way as to influence decisions potentially affecting historic resources. The FPO should have sufficient authority and the agency should have sufficient control systems to ensure that decisions made pursuant to section 106 and section 110 about the treatment of such resources are in fact carried out.

(n) In agencies where significant preservation responsibilities rest with regional or field offices, or Federal facilities or installations, the agency head should also appoint qualified preservation officials at those levels. Such officials should ensure that their actions and conduct of historic preservation activities are coordinated with, and consistent with, those of the central office FPO for that agency.

(o) The agency should ensure that its personnel management system identifies those personnel with preservation responsibilities, includes such responsibilities in their position descriptions and performance elements and standards, and appropriately rewards quality performance. In addition, the agency should provide for ongoing training in historic preservation for all agency personnel with preservation responsibilities.

Standard 2. An agency provides for the timely identification and evaluation of historic properties under agency jurisdiction or control and/or subject to effect by agency actions. [Sec. 110(a)(2)(A), Sec. 101(g), Sec. 101(h), and Sec. 112].

Guidelines

(a) Identification and evaluation of historic properties are critical steps in their long-term management, as well as in project-specific planning by Federal agencies. Effective management of historic properties requires that they first be identified. The level of identification needed can vary depending on the nature of the property or property type, the nature of the

agency's management authority, and the nature of the agency's possible effects on the property.

(b) The Secretary of the Interior has issued standards and guidelines for identification and evaluation of historic properties (in The Secretary of the Interior's Standards and Guidelines for Archeology and Historic Preservation [48 FR 44720–44726]), which should be used to ensure that the preservation program's identification procedures will be adequate and appropriate. Identification and evaluation of historic properties must be conducted by professionally qualified individuals. [Sec. 101(g), Sec. 101(h), and Sec. 112]

(c) Agency efforts to identify and evaluate historic properties should include early consultation with the State Historic Preservation Officer, or the Tribal Historic Preservation Officer as appropriate, to ensure that such efforts benefit from and build effectively upon any relevant data already included in the State's or Tribe's inventory. For information on consulting with an Indian tribe that has assumed State Historic Preservation Officer functions pursuant to section 101(d)(2) of the Act, see Standard 6, Guideline 7(b).

(d) Where an agency is planning an action that is not aimed at specific land areas (for example, a nationwide program of assistance to local governments, farmers, or low-income homeowners), and the identification of specific historic properties subject to effect is not possible, the agency should nevertheless consider what types of historic properties may be affected directly or indirectly, and consider strategies that will minimize adverse effect and maximize beneficial effect on those properties. Such consideration should be carried out in consultation with the SHPO, the Tribal Historic Preservation Officer as appropriate, and others that may be interested in, or affected by such action.

(e) Where an agency is planning an action that could affect historic properties directly or indirectly (e.g., a land use or construction project; a project that could change the way land or buildings are used or developed, or alter the social, cultural, or economic character of a community; and any program of assistance to or the issuance of a license for such activities), identification and evaluation should take place at the earliest possible stage of planning, and be coordinated with the earliest phases of any environmental review carried out under the National Environmental Policy Act and/or related authorities. Identification and evaluation efforts should be carried out in consultation with the SHPO, the Tribal Historic Preservation Officer as appropriate, and others that may be interested in, or affected by such action.

(f) Normally, an agency must seek to identify the full range of historic properties that may be affected by an agency program or activity, including but not limited to historic buildings and structures, archaeological sites, traditional cultural properties, designed and other cultural landscapes, historic linear features such as roads and trails, historic objects such as signs and street furniture, and historic districts comprising cohesive groups of such properties. [Sec. 110(a)(2)(A)]. In some cases, depending on management needs, it may not be necessary to identify exhaustively every historic property or historic property type. However, these decisions need to be reached in consultation with the SHPO, the Tribal Historic Preservation Officer as appropriate, other preservation professionals, and perhaps others (e. g. Native Americans), and must be fully justified. [Sec. 110(a)(2)(D)].

(g) Where identification and evaluation are carried out as part of a long-term property management program that is not driven by the needs of a particular project, it may be appropriate to conduct background studies to develop a ''predictive model'' of historic property distributions that can be used in evaluating the likely effects of particular land management projects as the program proceeds. It may also be appropriate and cost-effective to carry out the work in phases organized around particular property types or other such coherent units. For example, if historic architecture is of greater immediate concern than Native American traditional properties or archeological sites, a survey of architecture alone may be appropriate during a particular budget year, with ethnographic and archeological survey deferred until later. However, identification is not complete until all types of historic properties have been identified. Such work should be developed in consultation with the SHPO, the Tribal Historic Preservation Officer as appropriate, and other parties that may have knowledge of, or interest in, such properties.

(h) Identification of historic properties is an ongoing process. As time passes, events occur, or scholarly and public thinking about historical significance changes, so that properties not previously regarded as historically significant can become historically significant. Therefore, even when an area has been completely surveyed for historic properties of all types it may require re-investigation if many years have passed since the survey was completed. Such follow-up studies should in most cases be limited in scale and focussed on filling gaps left by prior studies and on reevaluating properties in light of the passage of time.

Standard 3. An agency nominates historic properties under the agency's jurisdiction or control to the National Register of Historic Places. [Sec. 110(a)(2)(A)].

Guidelines

(a) The first step in designing a program for the nomination of historic properties is to determine what role nomination will play in the agency's overall preservation program. For example:

(1) An agency that controls relatively few historic properties may find it realistic to nominate them all to the National Register, and then manage them accordingly. An agency with a great many historic properties will need to establish explicit priorities for identifying, nominating, and preserving properties that have not yet been nominated.

(2) Placement on the National Register may help justify budgeting funds for preservation or management of a historic property, so agencies may want to give priority to nominating properties as a first step in upgrading their maintenance and providing for their continued active service in carrying out agency programs. Further, development of National Register-level documentation provides information on the property that will assist the agency in its subsequent property management decisions.

(3) An agency with an excellent internal program for identifying and preserving historic properties may find that other determinants, such as whether a property is to be managed and interpreted as a site of public interest, are more useful in establishing nomination priorities.

(4) An agency that regularly transfers property out of Federal ownership may find it useful to give higher priority to nominating properties to be transferred, at the expense of other properties, in those cases where placement on the National Register may make preservation more likely once a property is no longer under Federal management.

(b) Beyond serving the agency's own internal management needs, the National Register is the nation's formal repository of information on historic properties. To the extent that the National Register is incomplete, its usefulness as a planning and educational tool is impaired. Consequently, an agency should

generally strive to nominate the historic properties under its jurisdiction or control to the National Register.

(c) The Secretary of the Interior already has in place Standards and Guidelines for registration of historic properties (in The Secretary of the Interior's Standards and Guidelines for Archeology and Historic Preservation (48 FR 44726–44728) that details the process that should be followed in formally recognizing historic properties as significant. These Standards and Guidelines, along with the National Register Bulletin #16, Guidelines for Completing National Register Forms, provide guidance on completing National Register nomination forms. National Register regulations (36 CFR 60) set forth the nomination process.

Standard 4. An agency gives historic properties full consideration when planning or considering approval of any action that might affect such properties. [Sec. 110(a)(2)(B),(C), and (E), and Sec. 402 (16 U.S.C. 470a–2)].

Guidelines

All Historic Properties

(a) Each Federal agency has an affirmative responsibility under section 110 to consider its activities' impacts on our nation's historic properties. This responsibility extends to a systematic consideration of non-Federal properties outside the boundaries of a particular project or program but which may nevertheless be affected by the agency's activities. [Sec. 110(a)(2)(C)].

(b) Full consideration of historic properties includes assessment of the widest range of preservation alternatives early in program or project planning, coordinated to the extent feasible with other kinds of required planning and environmental review.

(c) Full consideration of historic properties includes consideration of all kinds of effects on those properties: direct effects, indirect or secondary effects, and cumulative effects. Effects may be visual, audible, or atmospheric. Beyond the effects from physical alteration of the resource, itself, effects on historic properties may result from changes in such things as local or regional traffic patterns, land use, and living patterns.

(d) Full consideration of historic properties includes an obligation to solicit and consider the views of others in planning and carrying out agency preservation activities (See Standard 5 on Consultation). [Sec. 110(a)(2)(D)].

(e) Full consideration of historic properties must include development of and adherence to agency procedures for section 106 review that are consistent with the regulations of the Advisory Council on Historic Preservation, and, as necessary, with certain provisions of the Native American Graves Protection and Repatriation Act. [Sec. 110(a)(2)(E)(i), (ii), and (iii)].

(f) The term ''consistent with the regulations of the Council'' as used in the NHPA means that an agency's procedures provide for the identification and evaluation of historic properties, the assessment of project and program effects on them, and consultation (specifically including consultation with the State Historic Preservation Officer, Tribal Preservation Officer or other Native American groups where appropriate, and other affected parties) to determine appropriate treatment or mitigation procedures, as set forth in the Council's regulations. Agency procedures consistent with the Council's regulations either adhere to and expand upon the process set out in 36 CFR 800, or they include modifications to that process that have been reviewed and approved by the Council. Implementation of procedures consistent with the Council's regulations means that those procedures are carried out in a manner consistent with the Guidelines for Standard 1 above.

(g) Full consideration of historic properties includes development of procedures to identify, discourage, and guard against ''anticipatory demolition'' of a historic property by applicants for Federal assistance or license. Agency procedures should include a system for early warning to applicants and potential applicants that anticipatory demolition of a historic property may result in the loss of Federal assistance or approval for a proposed undertaking. When an historic property is destroyed or irreparably harmed with the express purpose of circumventing or preordaining the outcome of section 106 review (e.g., demolition or removal of all or part of the property) prior to application for Federal funding, a Federal license, permit, or loan guarantee, the agency considering that application is required by section 110(k) to withhold the assistance sought, unless the agency determines that ''circumstances justify granting such assistance despite the adverse effect created or permitted by the applicant.'' Where the agency concludes that anticipatory demolition has occurred, it must consult the Council before determining that justifying circumstances allow for granting such assistance. [Sec. 110(k)].

(h) Agency preservation procedures for section 106 compliance must provide for the disposition of Native American, Alaskan, and Hawaiian human remains and cultural items from Federal or tribal land consistent with section 3(c) of the Native American Graves Protection and Repatriation Act of 1990 (NAGPRA). [Sec. 110(2)(E)(iii)]. The applicable NAGPRA sections on disposition [sections 3(c)(3) and 3(a) & (b)] vest ''ownership and right of control'' according to a hierarchy of relationships to the cultural items. See NAGPRA (25 U.S.C. 3002(c)) and the Department of Interior's regulations implementing this Act (43 CFR Part 10) for detailed information.

(i) In those cases where consultation pursuant to section 106 does not produce a Memorandum of Agreement (MOA) governing how an agency will ''take into account'' the adverse effects of its undertaking on historic properties, section 110(l) requires that the final decision(s), reached after consideration of the Council's comments, be made by the agency head and not by any subordinate official, that it be explicit and informed, and that it be a part of the public record available for review. [Sec. 110(l)].

(j) In accordance with section 402 of the National Historic Preservation Act Amendments of 1980 (P.L. 96–515) and with Executive Order 12114 (issued January 4, 1979), the agency's preservation program should ensure that, when carrying out work in other countries, the agency will consider the effects of such actions on historic properties, including World Heritage Sites and properties that are eligible for inclusion in the host country's equivalent of the National Register.

National Historic Landmarks

(k) Section 110(f) of the NHPA requires that Federal agencies exercise a higher standard of care when considering undertakings that may directly and adversely affect NHLs. The law requires that agencies, ''to the maximum extent possible, undertake such planning and actions as may be necessary to minimize harm to such landmark.'' In those cases when an agency's undertaking directly and adversely affects an NHL, or when Federal permits, licenses, grants, and other programs and projects under its jurisdiction or carried out by a state or local government pursuant to a Federal delegation or approval so affect an NHL, the agency should consider all prudent and feasible alternatives to avoid an adverse effect on the NHL.

(l) Where such alternatives appear to require undue cost or to compromise the undertaking's goals and objectives, the agency must balance those goals and objectives with the intent of section

110(f). In doing so, the agency should consider:

(1) The magnitude of the undertaking's harm to the historical, archaeological and cultural qualities of the NHL;

(2) The public interest in the NHL and in the undertaking as proposed, and, 3) The effect a mitigation action would have on meeting the goals and objectives of the undertaking.

(m) The Advisory Council's regulations implementing section 106 include specific provisions that also implement section 110(f). These regulations require that the Council must be included in any consultation following a determination by the Federal agency that a Federal or federally assisted undertaking will have an adverse effect on an NHL. The Council must notify the Secretary and may request the Secretary to provide a report to the Council detailing the significance of the affected NHL under section 213 of the NHPA and recommending measures to avoid, minimize or mitigate adverse effects. The Council shall report the outcome of the section 106 process to the Secretary and the head of the agency responsible for the undertaking.

Overseas Historic Properties

(n) The agency's preservation program should ensure that those agency officials, contractors, and other parties responsible for implementing Executive Order 12114 have access to personnel with appropriate levels and kinds of professional expertise in historic preservation to identify and assist in the management of such properties.

(o) Efforts to identify and consider effects on historic properties in other countries should be carried out in consultation with the host country's historic preservation authorities, with affected communities and groups, and with relevant professional organizations.

(p) An agency must give special consideration to impacts on National Historic Landmarks (NHLs). NHLs are designated by the Secretary under the authority of the Historic Sites Act of 1935, which authorizes the Secretary to identify historic and archaeological sites, buildings, and objects which ''possess exceptional value as commemorating or illustrating the history of the United States.'' [Sec. 110(a)(2)(B) and Sec. 110(f)].

Standard 5. An agency consults with knowledgeable and concerned parties outside the agency about its historic preservation related activities. [Sec. 110(a)(2)(D)].

Guidelines

Consultation General Principles

(a) Consultation should include broad efforts to maintain ongoing communication with all those public and private entities that are interested in or affected by the agency's activities and should not be limited to the consideration of specific projects.

(b) Consultation means the process of seeking, discussing, and considering the views of others, and, where feasible, seeking agreement with them on how historic properties should be identified, considered, and managed. Consultation is built upon the exchange of ideas, not simply the provision of information. Whether consulting on a specific project or on broader agency programs, the agency should:

(1) Make its interests and constraints clear at the beginning;

(2) Make clear any rules, processes, or schedules applicable to the consultation;

(3) Acknowledge others' interests as legitimate, and seek to understand them;

(4) Develop and consider a full range of options; and,

(5) Try to identify solutions that will leave all parties satisfied.

(c) Consultation should be undertaken early in the planning stage of any Federal action that might affect historic properties. Although time limits may be necessary on specific transactions carried out in the course of consultation (e.g., the time allowed to respond to an inquiry), there should be no hard-and-fast time limit on consultation overall. Consultation on a specific undertaking should proceed until agreement is reached or until it becomes clear that agreement cannot be reached.

(d) While specific consultation requirements and procedures will vary among agencies depending on their missions and programs, the nature of historic properties that might be affected, and other factors, consultation should always include all affected parties. Section 110(a)(2)(D) specifies consultation with other Federal, State, and local agencies, Indian tribes, Native Hawaiian organizations, and the private sector. The appropriate SHPO or Tribal Historic Preservation Officer is an important point of contact. In addition to having a formal role under the Act, the SHPO or Tribal Historic Preservation Officer can assist in identifying other parties with interests, as well as sources of information.

(e) The agency needs to inform other agencies, organizations, and the public in a timely manner about its projects and programs, and about the possibility of impacts on historic resources of interest to them. However, the agency cannot force a group to express its views, or participate in the consultation. These groups also bear a responsibility, once they have been made aware that a Federal agency is interested in their views, to provide them in a suitable format and in a timely fashion.

(f) Agency efforts to inform the public about its projects and programs and about the possibility of impacts on historic resources must be carried out in a manner consistent with the provisions of section 304 of the Act, which calls for withholding from disclosure to the public information on the location, character, or ownership of a historic resource where such disclosure may:

(1) Cause a significant invasion of privacy;

(2) Risk harm to the historic resource; or

(3) Impede the use of a traditional religious site by practitioners.

Consultation with Native Americans

(g) Inclusion of Indian tribes and Native Hawaiian organizations in the consultation process is imperative and is specifically mandated by the Act [Sec. 110(a)(2)(D)]:

(1) Properties with traditional religious and cultural importance to Native American and Native Hawaiian groups may be eligible for the National Register; such properties must be considered, and the appropriate Native American and/or Native Hawaiian groups must be consulted in project and program planning through the section 106 review process (see NHPA Sec. 101(d)(6)(A&B);

(2) Section 101(d)(2) of the Act provides that Indian tribes may assume State Historic Preservation Officer responsibilities on tribal lands, when approved to do so by the Secretary of the Interior. In those cases where a tribe has assumed such responsibilities on tribal lands, a Federal agency must consult with the tribe instead of the SHPO, in order to meet agency responsibilities for consultation pursuant to the Act;

(3) the Native American Graves Protection and Repatriation Act of 1990 (NAGPRA) establishes consultation requirements that may affect or be affected by consultation pursuant to section 106 of the NHPA concerning activities on Federal and Tribal lands that could affect human remains and cultural items;

(4) Section 110 requires that an agency's efforts to comply with section 106 must also be consistent with the requirements of section 3(c) of NAGPRA concerning the disposition of human

remains and Native American cultural items from Federal and Tribal lands.

(h) Where those consulted do not routinely or customarily participate in traditional governmental means of consultation (e.g., through public meetings, exchanges of correspondence), reasonable efforts should be made to accommodate their cultural values and modes of communication.

Standard 6. An agency manages and maintains historic properties under its jurisdiction or control in a manner that considers the preservation of their historic, architectural, archeological, and cultural values. [Sec. 110(a)(1), Sec. 110 (a)(2)(B), Sec. 110(b)].

Guidelines

(a) To the extent feasible, as part of its property management program, the agency should endeavor to retain historic buildings and structures in their traditional uses and significant archeological sites and landscapes in their undisturbed condition.

(b) Where it is no longer feasible to continue the traditional use or maintain the undisturbed condition of a historic property, the agency should consider an adaptive use that is compatible with the historic property. The agency should consider as wide a range of adaptive use options as is feasible given its own management needs, cost factors, and the needs of preservation. A use that severely damages or destroys a historic property is not consistent with the section 110(a)(1) requirement to preserve historic properties in accordance with the professional standards established pursuant to section 101(g) of the Act. Adaptive use proposals must be reviewed in accordance with section 106 of the Act.

(c) Where modification of a historic property is required to allow it to meet contemporary needs and requirements, the agency should ensure that The Secretary of the Interior's Standards for the Treatment of Historic Properties and its accompanying guidelines are followed. When such modification requires disturbance of the earth, and it is not feasible to avoid and protect significant archeological resources, the archeological resources should be excavated and the data recovered. Excavation should be limited to the area that will be disturbed. All archeological work should conform to the Secretary's ''Standards for Archeological Documentation.'' Agencies are authorized and directed by section 110(a)(1) to carry out (or cause a lessee or concessioner to carry out) whatever preservation work is necessary (e.g., rehabilitation or documentation) in preparation for use. Proposals to modify historic properties must be reviewed in accordance with section 106 of the Act.

(d) Until and unless decisions are made to manage them in some other manner, historic properties, and properties not yet formally evaluated that may meet the criteria for inclusion in the National Register, should be maintained so that their preservation is ensured through adherence to The Secretary of the Interior's Standards for the Treatment of Historic Properties.

(e) The relative cost of various management strategies for a historic structure, ranging from full rehabilitation and adaptive use to demolition and replacement with a modern building, should be carefully and objectively considered, with reference to the pertinent requirements of Executive Order 11912, as amended, to the pertinent criteria established in OMB Circular A–94, and to the pertinent principles and methods set forth in the National Bureau of Standards Life-Cycle Costing Manual (NBS Handbook 135).

(f) Applicable long and short-term costs should be carefully considered as part of any cost analysis. It is often the case that the short-term costs of preserving and rehabilitating a historic structure are balanced by long-term savings in maintenance or replacement; on the other hand, failure to perform needed cyclic maintenance may shorten the life of a building and decrease the value of investment in its rehabilitation.

(g) Where it is not feasible to maintain a historic property, or to rehabilitate it for contemporary use, the agency may elect to modify it in ways that are inconsistent with the Secretary's ''Standards for Rehabilitation,'' allow it to deteriorate, or demolish it. However, the decision to act or not act to preserve and maintain historic properties should be an explicit one, reached following appropriate consultation within the section 106 review process and in relation to other management needs.

(h) Where the agency determines in accordance with section 106 that maintaining or rehabilitating a historic property for contemporary use in accordance with the Secretary's Standards is not feasible, the agency must provide for appropriate recording of the historic property in accordance with section 110(b) before it is altered, allowed to deteriorate, or demolished.

Standard 7. An agency gives priority to the use of historic properties in carrying out agency missions. [Sec. 110(a)(1)].

Guidelines

(a) For the most part, use of historic properties involves the integration of those properties into the activities directly associated with the agency's mission. However, the agency should also be open to the possibility of other uses, such as the use of traditional sacred sites or plant gathering areas by Native Americans, or use of an archeological site as a public interpretive facility.

(b) An agency with historic properties under its jurisdiction and control should maintain an inventory of those properties that notes the current use and condition of each property. The agency should provide for regular inspection of the properties and an adequate budget for their appropriate maintenance.

(c) Section 110(a)(1) applies not only to historic properties under an agency's ownership or control, but to other historic properties available to an agency. An agency that requires the use of non-federal property is required to give priority to the use of historic properties. In such cases the agency should notify potential private-sector offerors of this priority and, if feasible, offer incentives to help ensure that historic properties will be offered.

(d) Where an agency carries out its mission through the award of grant funds for specific activities, and where those activities will inevitably affect historic properties, the agency should, to the extent feasible, design its grants programs so as to encourage grantees to retain and make appropriate use of historic properties in carrying out grant-funded activities.

(e) As provided for in section 111 of the Act, the agency should consider leases, exchanges, and management agreements with other parties as means of providing for the continuing or adaptive use of historic properties.

(f) Surplus properties that are listed in or have been formally determined eligible for the National Register can be transferred to State and local governments for historic preservation purposes through the Historic Surplus Property Program. Additionally, properties or portions of surplus properties may be made available to States or local agencies at no cost for parks and recreation through application to the Federal Lands-to-Parks Program. Contact the NPS' Heritage Preservation Services Division or its Recreation Resources Assistance Division in Washington, D.C., for more information on these programs.

(g) The use of historic properties is not mandated where to do so would greatly increase costs, or where historic

properties will not serve the agency's requirements. The agency's responsibility is to balance the needs of the agency mission, the public interest in protecting historic properties, the costs of preservation, and other relevant public interest factors in making management decisions.

Appendix A

Section 110 of the National Historic Preservation Act (16 U.S.C. 470h–2)

(a)(1) The heads of all Federal agencies shall assume responsibility for the preservation of historic properties which are owned or controlled by such agency. Prior to acquiring, constructing, or leasing buildings for purposes of carrying out agency responsibilities, each Federal agency shall use, to the maximum extent feasible, historic properties available to the agency. Each agency shall undertake, consistent with the preservation of such properties and the mission of the agency and the professional standards established pursuant to section 101(g), any preservation, as may be necessary to carry out this section. [Standards 1, 6 and 7].

(2) Each Federal agency shall establish (unless exempted pursuant to section 214), in consultation with the Secretary [of the Interior], a preservation program for the identification, evaluation, and nomination to the National Register of Historic Places, and protection of historic properties. [Standard 1]. Such program shall ensure—

(A) That historic properties under the jurisdiction or control of the agency are identified, evaluated, and nominated to the National Register [Standards 2 and 3];

(B) That such properties under the jurisdiction or control of the agency as are listed in or may be eligible for the National Register are managed and maintained in a way that considers the preservation of their historic, archeological, architectural, and cultural values in compliance with section 106 and gives special consideration to the preservation of such values in the case of properties designated as having National significance [Standard 4];

(C) That the preservation of properties not under the jurisdiction or control of the agency, but subject to be potentially affected by agency actions are given full consideration in planning [Standards 4 and 6];

(D) That the agency's preservation-related activities are carried out in consultation with other Federal, State, and local agencies, Indian tribes, Native Hawaiian organizations carrying out historic preservation planning activities, and with the private sector [Standard 5]; and

(E) That the agency's procedures for compliance with section 106 —

(i) Are consistent with regulations issued by the [Advisory] Council [on Historic Preservation] pursuant to section 211 [Standard 4];

(ii) Provide a process for the identification and evaluation of historic properties for listing in the National Register and the development and implementation of agreements, in consultation with State Historic Preservation Officers, local governments, Indian tribes, Native Hawaiian organizations, and the interested public, as appropriate, regarding the means by which adverse effects on such properties will be considered [Standard 4]; and

(iii) provide for the disposition of Native American cultural items from Federal or tribal land in a manner consistent with section 3@ of the Native American Graves Protection and Repatriation Act (25 U.S.C. 3002(c)) [Standard 4].

(b) Each Federal agency shall initiate measures to assure that where, as a result of Federal action or assistance carried out by such agency, a historic property is to be substantially altered or demolished, timely steps are taken to make or have made appropriate records, and that such records then be deposited, in accordance with section 101(a), in the Library of Congress or with such other appropriate agency as may be designated by the Secretary, for future use and reference [Standard 6].

(c) The head of each Federal agency shall, unless exempted under section 214, designate a qualified official to be known as the agency's ''preservation officer'' who shall be responsible for coordinating that agency's activities under this Act. Each Preservation Officer may, in order to be considered qualified, satisfactorily complete an appropriate training program established by the Secretary under section 101(h) [Standard 1].

(d) Consistent with the agency's mission and mandates, all Federal agencies shall carry out agency programs and projects (including those under which any federal assistance is provided or any Federal license, permit, or other approval is required) in accordance with the purposes of this Act and, give consideration to programs and projects which will further the purposes of this Act [Standard 1].

(e) The Secretary shall review and approve the plans of transferees of surplus federally owned historic properties not later than ninety days after his receipt of such plans to ensure that the prehistorical, historical, architectural, or culturally significant values will be preserved or enhanced [Standard 7].

(f) Prior to the approval of any Federal undertaking which may directly and adversely affect any National Historic Landmark, the head of the responsible Federal agency shall, to the maximum extent possible, undertake such planning and actions as may be necessary to minimize harm to such landmark, and shall afford the Advisory Council on Historic Preservation a reasonable opportunity to comment on the undertaking [Standard 4].

(g) Each Federal agency may include the costs of preservation activities of such agency under this Act as eligible project costs in all undertakings of such agency or assisted by such agency. The eligible project costs may also include amounts paid by a Federal agency to any State to be used in carrying out such preservation responsibilities of the Federal agency under this Act, and reasonable costs may be charged to Federal licensees and permittees as a condition to the issuance of such license or permit [Standard 1].

(h) The Secretary shall establish an annual preservation awards program under which he may make monetary awards in amounts not to exceed $1,000 and provide citations for special achievement to officers and employees of Federal, State, and certified local governments in recognition of their outstanding contributions to the preservation of historic resources. Such program may include the issuance of annual awards by the president of the United States to any citizen of the United States recommended for such award by the Secretary.

(i) Nothing in this Act shall be construed to require the preparation of an environmental impact statement where such statement would not otherwise be required under the National Environmental Policy Act of 1969, and nothing in this Act shall be construed to provide any exemption from any requirement respecting the preparation of such a statement under such Act.

(j) The Secretary shall promulgate regulations under which the requirements of this section may be waived in whole or in part in the event of a major natural disaster or an imminent threat to the national security.

(k) Each Federal agency shall ensure that the agency will not grant a loan, loan guarantee, permit, license, or other assistance to an applicant who, with intent to avoid the requirements of section 106, has intentionally

significantly adversely affected a historic property to which the grant would relate, or having the legal power to prevent it, allowed such significant adverse effect to occur, unless the agency, after consultation with the Council, determines that circumstances justify granting such assistance despite the adverse effect created or permitted by the applicant [Standard 4].

(l) With respect to any undertaking subject to section 106 which adversely affects any property included in or eligible for inclusion in the National Register, and for which a Federal agency has not entered into an agreement with the Council, the head of such agency shall document any decision made pursuant to section 106. The head of such agency may not delegate his or her responsibilities pursuant to such section. Where a section 106 memorandum of agreement has been executed with respect to an undertaking, such memorandum shall govern the undertaking and all of its parts [Standard 4].

Appendix B

Purposes of the National Historic Preservation Act

Section 110(d) of the National Historic Preservation Act (the Act) calls on all Federal agencies, consistent with their mission and mandates, to carry out their activities in accordance with the purposes of the Act and to consider programs and projects that will further the purposes of the Act. The purposes of the Act are set forth in sections 1 and 2 of the Act. These sections are directly germane to all Federal preservation programs:

1(b)(2): The historical and cultural foundations of the Nation should be preserved as a living part of our community life and development in order to give a sense of orientation to the American people;

1(b)(4): The preservation of this irreplaceable heritage is in the public interest so that its vital legacy of cultural, educational, aesthetic, inspirational, economic, and energy benefits will be maintained and enriched for future generations of Americans;

1(b)(6): The increased knowledge of our historic resources, the establishment of better means of identifying and administering them, and the encouragement of their preservation will improve the planning and execution of federal and federally assisted projects and will assist economic growth and development, and

1(b)(7): Although the major burdens of historic preservation have been borne and major efforts initiated by private agencies and individuals, and both should continue to play a vital role, it is nevertheless necessary and appropriate for the Federal Government to accelerate its historic preservation programs and activities, to give maximum encouragement to agencies and individuals undertaking preservation by private means, and to assist State and local governments and the National Trust for Historic Preservation in the United States to expand and accelerate their historic preservation programs and activities.

Section 2: It shall be the policy of the Federal Government, in cooperation with other nations and in partnership with the States, local governments, Indian tribes, and private organizations and individuals to—

(1) Use measures, including financial and technical assistance, to foster conditions under which our modern society and our prehistoric and historic resources can exist in productive harmony and fulfill the social, economic, and other requirements of present and future generations;

(2) Provide leadership in the preservation of the prehistoric and historic resources of the United States and of the international community of nations and in the administration of the national preservation program in partnership with the States, Indian tribes, Native Hawaiians, and local governments;

(3) Administer federally owned, administered, or controlled prehistoric and historic resources in a spirit of stewardship for the inspiration and benefit of present and future generations;

(4) Contribute to the preservation of nonfederally owned prehistoric and historic resources and give maximum encouragement to organizations and individuals undertaking preservation by private means;

(5) Encourage the public and private preservation and utilization of all usable elements of the Nation's historic built environment; and

(6) Assist State and local governments, Indian tribes and Native Hawaiian organizations and the National Trust for Historic Preservation in the United States to expand and accelerate their historic preservation programs and activities.

[FR Doc. 97–15939 Filed 6–17–97; 8:45 am]

BILLING CODE 4310–70–P

INTERNATIONAL TRADE COMMISSION

[Investigation No. 731–TA–748 (Final)]

Engineered Process Gas Turbo-Compressor Systems From Japan

Determination

On the basis of the record [1] developed in the subject investigation, the United States International Trade Commission determines,[2] pursuant to section 735(b) of the Tariff Act of 1930 (19 U.S.C. 1673d(b)) (the Act), that an industry in the United States is materially injured by reason of imports from Japan of engineered process gas turbo-compressor systems, whether assembled or unassembled, and whether complete or incomplete, that have been found by the Department of Commerce to be sold in the United States at less than fair value (LTFV). The subject imports are provided for in subheadings 8414.80.20, 8414.90.40, 8419.60.50, 8406.81.10, 8406.82.10, 8406.90.20 through 8406.90.45, 8483.40.50, 8501.53.40, 8501.53.60, 8501.53.80, and 9032.89.60 of the Harmonized Tariff Schedule of the United States.

Background

The Commission instituted this investigation effective May 8, 1996, following receipt of a petition filed with the Commission and the Department of Commerce by Dresser-Rand Company, Corning, NY. The final phase of the investigation was scheduled by the Commission following notification of a preliminary determination by the Department of Commerce that imports of engineered process gas turbo-compressor systems, whether assembled or unassembled, and whether complete or incomplete, from Japan were being sold at LTFV within the meaning of section 733(b) of the Act (19 U.S.C. 1673b(b)). Notice of the scheduling of the Commission's investigation and of a public hearing to be held in connection therewith was given by posting copies of the notice in the Office of the Secretary, U.S. International Trade Commission, Washington, DC, and by publishing the notice in the **Federal Register** of December 26, 1996 (61 FR 68053). The hearing was held in Washington, DC, on April 24, 1997, and all persons who requested the opportunity were permitted to appear in person or by counsel. The Commission transmitted its determination in this investigation to the Secretary of

[1] The record is defined in sec. 207.2(f) of the Commission's Rules of Practice and Procedure (19 CFR § 207.2(f)).

[2] Commissioner Crawford dissenting.

Commerce on June 9, 1997. The views of the Commission are contained in USITC Publication 3042 (June 1997), entitled ''Engineered Process Gas Turbo-Compressors From Japan: Investigation No. 731–TA–748 (Final).''

Issued: June 9, 1997.

By order of the Commission.

Donna R. Koehnke,

Secretary.

[FR Doc. 97–15998 Filed 6–17–97; 8:45 am]

BILLING CODE 7020–02–P

DEPARTMENT OF JUSTICE

United States Parole Commission

Sunshine Act Meeting

Public Announcement

Pursuant to the Government in the Sunshine Act (Public Law 94–409) (15 U.S.C. Section 552b)

AGENCY HOLDING MEETING: Department of Justice; United States Parole Commission.

TIME AND DATE: 1:30 p.m., Tuesday, June 17, 1997.

PLACE: 5550 Friendship Boulevard, Suite 400, Chevy Chase, Maryland 20815.

STATUS: Open.

MATTERS TO BE CONSIDERED: The following matters have been placed on the agenda for the open Parole Commission meeting:

1. Approval of minutes of previous Commission meeting.

2. Reports from the Chairman, Commissioners, Legal, Chief of Staff, Case Operations, and Administrative Sections.

3. Approval of Revised Rules and Procedures Manual.

4. Approval of Changes to the Rules and Procedures Manual.

5. Approval of Proposed Revisions to Regulations regarding the Freedom of Information Act.

AGENCY CONTACT: Tom Kowalski, Case Operations, United States Parole Commission, (301) 492–5962.

Dated: June 13, 1997.

Michael A. Stover,

General Counsel, U.S. Parole Commission.

[FR Doc. 97–16068 Filed 6–16–97; 11:03 am]

BILLING CODE 4410–01–M

DEPARTMENT OF LABOR

Office of the Secretary

Submission for OMB Review; Comment request

June 12, 1997.

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, Theresa M. O'Malley ((202) 219–5096 ext. 143) or by E-Mail to TOMalley@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 through Friday.

Comments should be sent to Office of Information and Regulatory Affairs, Attn: OMB Desk Officer for BLS, DM, ESA, ETA, MSHA, OSHA, PWBA, or VETS, Office of Management and Budget, Room 10235, Washington, DC 20503 (202) 395–7316, within 30 days from the date of this publication in the **Federal Register.**

The OMB is particularly interested in comments which:

- Evaluate whether the proposed collection of information is necessary for the proper performance of the functions of the agency, including whether the information will have practical utility;
- Evaluate the accuracy of the agency's estimate of the burden of the proposed collection of information, including the validity of the methodology and assumptions used;
- Enhance the quality, utility, and clarity of the information to be collected; and
- Minimize the burden of the collection of information on those who are to respond, including through the use of appropriate automated, electronic, mechanical, or other technological collection techniques or other forms of information technology, e.g., permitting electronic submission of responses.

Agency: Employment and Training Administration.

Title: Worker Adjustment Annual Substate Area Report.

OMB Number: 1205–0346 (reinstatement, without change).

Frequency: Annually.

Affected Public: State, Local or Tribal Government.

Number of Respondents: 52.

Estimated Time Per Respondent: 1 hour.

Total Burden Hours: 52.

Total Annualized capital/startup costs: 0.

Total annual costs (operating/maintaining systems or purchasing services): 0.

Description: This information will be used to assess formula programs under Title III of the Job Training Partnership Act (JTPA), as amended. Participant and financial data will be used to monitor program performance, and to prepare reports and budget requests.

Agency: Employment and Training Administration.

Title: Weekly Claims and Extended Benefits Data; Weekly Initial and Continued Claims Report.

OMB Number: 1205–0028 (revision).

Frequency: Weekly.

Affected Public: States.

Number of Respondents: 53.

Estimated Time Per Respondent: ETA 538=30 minutes, ETA 529=50 minutes.

Total Burden Hours: 3,675.

Total Annualized capital/startup costs: 0.

Total annual costs (operating/maintaining systems or purchasing services): 0.

Description: The Federal-State Extended Unemployment Compensation Act of 1970 and amendments provide for extended benefits to be paid to claimants exhausting regulator benefits in a State if that State has certain levels of insured unemployment as measured by a thirteen week moving average of the insured unemployment rate. the ETA 538 and 539 reports are the vehicles States use to report weekly insured unemployment and other information necessary to calculate the trigger rate.

Theresa M. O'Malley,

Departmental Clearance Officer.

[FR Doc. 97–15941 Filed 6–17–97; 8:45 am]

BILLING CODE 4510–30–M

LEGAL SERVICES CORPORATION

Availability of 1998 Competitive Grant Funds

AGENCY: Legal Services Corporation.

ACTION: Correction.

SUMMARY: In notices published on April 24, 1997 (62 FR 20038) and May 16, 1997 (62 FR 27071), the Legal Services Corporation announced the availability of competitive grant funds to solicit grant proposals from interested parties who are qualified to provide effective, efficient and high quality civil legal

services to eligible clients for calendar year 1998. The following service area should not have been included.

State	Service area
North Dakota	MND

Date Issued: June 13, 1997.

Kathleen Welch,

Managing Program Counsel, Office of Program Operations.

[FR Doc. 97–16000 Filed 6–17–97; 8:45 am]

BILLING CODE 7050–01–P

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice (97–087)]

Agency Information Collection: Submission for OMB Review, Comment Request

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 18, 1997.

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: Small Business and Small Disadvantaged Business Concerns.

OMB Number: 2700–0078.

Type of review: Extension.

Need and Uses: Reports are required to monitor Mentor-Protege performance and progress according to the Mentor Protege Agreement. Reports are internal control to determine if Agency objectives are met.

Affected Public: Business or other for-profit, not-for-profit institutions, State, Local or Tribal Government.

Number of Respondents: 48.

Responses Per Respondent: 2.

Annual Responses: 96.

Hours per Request: 1.

Annual Burden Hours: 96.

Frequency of Report: Semi-annually.

Donald J. Andreotta,

Deputy Chief Information Officer (Operations), Office of the Administrator.

[FR Doc. 97–15957 Filed 6–17–97; 8:45 am]

BILLING CODE 7510–01–M

NATIONAL AERONAUTICS AND SPACE ADMINISTRATION

[Notice (97–088)]

Agency Information Collection: Submission for OMB Review, Comment Request

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 18, 1997.

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: Uncompensated Overtime.

OMB Number: 2700–0080.

Type of review: Extension.

Need and Uses: For contracts over $500,000, uncompensated overtime information is used to determine (i) whether a contractor will be able to hire and retain qualified individuals, (ii) whether uncompensated overtime hours will be properly accounted, and (iii) the validity of the proposed uncompensated hours.

Affected Public: Business or other for-profit, not-for-profit institutions, State, Local or Tribal Government.

Number of Respondents: 657.

Responses Per Respondent: 1.

Annual Responses: 657.

Hours Per Request: 4.

Annual Burden Hours: 2628.

Frequency of Report: Annually.

Donald J. Andreotta,

Deputy Chief Information Officer (Operations), Office of the Administrator.

[FR Doc. 97–15958 Filed 6–12–97; 8:45 am]

BILLING CODE 7510–01–M

NUCLEAR REGULATORY COMMISSION

Biweekly Notice; Applications and Amendments to Facility Operating Licenses Involving No Significant Hazards Considerations

I. Background

Pursuant to Public Law 97–415, the U.S. Nuclear Regulatory Commission (the Commission or NRC staff) is publishing this regular biweekly notice. Public Law 97–415 revised section 189 of the Atomic Energy Act of 1954, as amended (the Act), to require the Commission to publish notice of any amendments issued, or proposed to be issued, under a new provision of section 189 of the Act. This provision grants the Commission the authority to issue and make immediately effective any amendment to an operating license upon a determination by the Commission that such amendment involves no significant hazards consideration, notwithstanding the pendency before the Commission of a request for a hearing from any person. This biweekly notice includes all notices of amendments issued, or proposed to be issued from May 23, 1997, through June 6, 1997. The last biweekly notice was published on June 4, 1997 (62 FR 30629).

Notice of Consideration of Issuance of Amendments to Facility Operating Licenses, Proposed No Significant Hazards Consideration Determination, and Opportunity for a Hearing

The Commission has made a proposed determination that the following amendment requests involve no significant hazards consideration. Under the Commission's regulations in 10 CFR 50.92, this means that operation of the facility in accordance with the proposed amendment would not (1) involve a significant increase in the probability or consequences of an accident previously evaluated; or (2) create the possibility of a new or different kind of accident from any accident previously evaluated; or (3) involve a significant reduction in a margin of safety. The basis for this proposed determination for each amendment request is shown below.

The Commission is seeking public comments on this proposed determination. Any comments received within 30 days after the date of publication of this notice will be considered in making any final determination.

Normally, the Commission will not issue the amendment until the expiration of the 30-day notice period. However, should circumstances change during the notice period such that failure to act in a timely way would result, for example, in derating or shutdown of the facility, the Commission may issue the license amendment before the expiration of the 30-day notice period, provided that its final determination is that the amendment involves no significant hazards consideration. The final determination will consider all public and State comments received before action is taken. Should the Commission

take this action, it will publish in the **Federal Register** a notice of issuance and provide for opportunity for a hearing after issuance. The Commission expects that the need to take this action will occur very infrequently.

Written comments may be submitted by mail to the Chief, Rules Review and Directives Branch, Division of Freedom of Information and Publications Services, Office of Administration, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, and should cite the publication date and page number of this **Federal Register** notice. Written comments may also be delivered to Room 6D22, Two White Flint North, 11545 Rockville Pike, Rockville, Maryland from 7:30 a.m. to 4:15 p.m. Federal workdays. Copies of written comments received may be examined at the NRC Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC. The filing of requests for a hearing and petitions for leave to intervene is discussed below.

By July 18, 1997, the licensee may file a request for a hearing with respect to issuance of the amendment to the subject facility operating license and any person whose interest may be affected by this proceeding and who wishes to participate as a party in the proceeding must file a written request for a hearing and a petition for leave to intervene. Requests for a hearing and a petition for leave to intervene shall be filed in accordance with the Commission's ''Rules of Practice for Domestic Licensing Proceedings'' in 10 CFR Part 2. Interested persons should consult a current copy of 10 CFR 2.714 which is available at the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC and at the local public document room for the particular facility involved. If a request for a hearing or petition for leave to intervene is filed by the above date, the Commission or an Atomic Safety and Licensing Board, designated by the Commission or by the Chairman of the Atomic Safety and Licensing Board Panel, will rule on the request and/or petition; and the Secretary or the designated Atomic Safety and Licensing Board will issue a notice of a hearing or an appropriate order.

As required by 10 CFR 2.714, a petition for leave to intervene shall set forth with particularity the interest of the petitioner in the proceeding, and how that interest may be affected by the results of the proceeding. The petition should specifically explain the reasons why intervention should be permitted with particular reference to the following factors: (1) The nature of the petitioner's right under the Act to be made a party to the proceeding; (2) the nature and extent of the petitioner's property, financial, or other interest in the proceeding; and (3) the possible effect of any order which may be entered in the proceeding on the petitioner's interest. The petition should also identify the specific aspect(s) of the subject matter of the proceeding as to which petitioner wishes to intervene. Any person who has filed a petition for leave to intervene or who has been admitted as a party may amend the petition without requesting leave of the Board up to 15 days prior to the first prehearing conference scheduled in the proceeding, but such an amended petition must satisfy the specificity requirements described above.

Not later than 15 days prior to the first prehearing conference scheduled in the proceeding, a petitioner shall file a supplement to the petition to intervene which must include a list of the contentions which are sought to be litigated in the matter. Each contention must consist of a specific statement of the issue of law or fact to be raised or controverted. In addition, the petitioner shall provide a brief explanation of the bases of the contention and a concise statement of the alleged facts or expert opinion which support the contention and on which the petitioner intends to rely in proving the contention at the hearing. The petitioner must also provide references to those specific sources and documents of which the petitioner is aware and on which the petitioner intends to rely to establish those facts or expert opinion. Petitioner must provide sufficient information to show that a genuine dispute exists with the applicant on a material issue of law or fact. Contentions shall be limited to matters within the scope of the amendment under consideration. The contention must be one which, if proven, would entitle the petitioner to relief. A petitioner who fails to file such a supplement which satisfies these requirements with respect to at least one contention will not be permitted to participate as a party.

Those permitted to intervene become parties to the proceeding, subject to any limitations in the order granting leave to intervene, and have the opportunity to participate fully in the conduct of the hearing, including the opportunity to present evidence and cross-examine witnesses.

If a hearing is requested, the Commission will make a final determination on the issue of no significant hazards consideration. The final determination will serve to decide when the hearing is held.

If the final determination is that the amendment request involves no significant hazards consideration, the Commission may issue the amendment and make it immediately effective, notwithstanding the request for a hearing. Any hearing held would take place after issuance of the amendment.

If the final determination is that the amendment request involves a significant hazards consideration, any hearing held would take place before the issuance of any amendment.

A request for a hearing or a petition for leave to intervene must be filed with the Secretary of the Commission, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, Attention: Docketing and Services Branch, or may be delivered to the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington DC, by the above date. A copy of the petition should also be sent to the Office of the General Counsel, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, and to the attorney for the licensee.

Nontimely filings of petitions for leave to intervene, amended petitions, supplemental petitions and/or requests for a hearing will not be entertained absent a determination by the Commission, the presiding officer or the Atomic Safety and Licensing Board that the petition and/or request should be granted based upon a balancing of factors specified in 10 CFR 2.714(a)(1)(i)–(v) and 2.714(d).

For further details with respect to this action, see the application for amendment which is available for public inspection at the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, and at the local public document room for the particular facility involved.

Baltimore Gas and Electric Company, Docket No. 50–317, Calvert Cliffs Nuclear Power Plant, Unit No. 1, Calvert County, Maryland

Date of amendment request: May 16, 1997

Description of amendment request: The modification involves replacing the service water (SRW) heat exchangers with new plate and frame heat exchangers having increased thermal performance capability. The saltwater (SW) and SRW piping configuration will be modified as necessary to allow proper fit-up to the new components. A flow control scheme to throttle saltwater flow to the heat exchangers and the associated bypass lines will be added.

Saltwater strainers with an automatic flushing arrangement will be added upstream of each heat exchanger. The majority of the physical work associated with this modification is restricted to the SRW pump room.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

1. Would not involve significant increase in the probability or consequences of an accident previously evaluated.

None of the systems associated with the proposed modification are accident initiators. The SW and SRW Systems are used to mitigate the effects of accidents analyzed in the UFSAR [Updated Final Safety Analysis Report]. The SW and SRW Systems provide cooling to safety-related equipment following an accident. They support accident mitigation functions; therefore, the proposed modification does not increase the probability of an accident previously evaluated.

The proposed modification will increase the heat removal capacity of the SRW System. The design provided under this activity ensures that the safety features provided by the SW and SRW are maintained, and in some instances enhanced; i.e., the availability of important-to-safety equipment required to mitigate the radiological consequences of an accident described in the UFSAR is enhanced by the flexibility and increased thermal margin provided with this design.

The redundant cooling capacity of the SW and SRW Systems have not been altered. Furthermore, the proposed activity will not change, degrade, or prevent actions described or assumed in any accident described in the UFSAR. The proposed activity will not alter any assumptions previously made in evaluating the radiological consequences of any accident described in the UFSAR. Therefore, the consequences of an accident previously evaluated in the UFSAR have not increased.

Therefore, the proposed modification does not involve a significant increase in the probability or consequences of an accident previously evaluated.

2. Would not create the possibility of a new or different type of accident from any accident previously evaluated.

The proposed activity involves modifying the SW and SRW System components necessary to support the installation of new SRW heat exchangers. None of the systems associated with this modification are identified as accident initiators in the UFSAR. The SW and SRW Systems are used to mitigate the effects of accidents analyzed in the UFSAR. None of the functions required of the SRW or SW System have been changed by this modification. This activity does not modify any system, structure, or component such that it could become accident initiator, as opposed to its current role as an accident mitigator.

Therefore, the proposed change does not create the possibility of a new or different type of accident from any accident previously evaluated.

3. Would not involve a significant reduction in a margin of safety.

The safety design basis for the SW and SRW Systems is the availability of sufficient cooling capacity to ensure continued operation of equipment during normal and accident conditions. The redundant cooling capacity of these systems, assuming a single failure, is consistent with assumptions used in the accident analysis.

The design, procurement, installation, and testing of the equipment associated with the proposed modification are consistent with the applicable codes and standards governing the original systems, structures, and components. The design of instruments and associated cabling ensures that physical and electrical separation of the two subsystems is maintained. Common-mode failure is not introduced by this activity. The equipment is qualified for the service conditions stipulated for that environment. New cable and raceways for this design will be installed in accordance with seismic design requirements. The additional electrical load has been reviewed to ensure the load limits for the vital 1E buses are not exceeded. The circuits and components related to the control valves control loops are safety-related, and are similar to those used for the other safety-related flow control functions. The proposed modification will not have any adverse effects on the safety-related functions of the SW and SRW Systems.

For the above reasons, the existing safety bases have not been altered by the proposed modification. This activity will not reduce the margin of safety as it exists now. In fact, the margin of safety has been increased by this activity due to the increase in the thermal capacity of the dual train design and the increased availability of safety-related components.

Therefore, this proposed modification does not significantly reduce the margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Calvert County Library, Prince Frederick, Maryland 20678.

Attorney for licensee: Jay E. Silbert, Esquire, Shaw, Pittman, Potts and Trowbridge, 2300 N Street, NW., Washington, DC 20037.

NRC Project Director: Alexander W. Dromerick, Acting Director.

Carolina Power & Light Company, et al., Docket No. 50–400, Shearon Harris Nuclear Power Plant, Unit 1, Wake and Chatham Counties, North Carolina

Date of amendment request: April 23, 1997

Description of amendment request: The proposed changes would revise surveillances 4.3.2.1.1.a, 4.3.2.1.4.b, 4.3.2.1.6.g, 4.3.2.1.10a, 4.3.2.1.10.b, and 4.7.3.b.3 to provide enhanced descriptions of the tests being performed and the tested components.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

This change clarification does not involve a significant hazards consideration for the following reasons:

(1) The proposed amendment does not involve a significant increase in the probability or consequences of an accident previously evaluated.

The components affected by the proposed changes are not initiators of any accident previously evaluated. The proposed changes to specification 4.3.2.1 items affect only the description of the testing and make no changes in actual operation or testing. The sample heat exchanger valves isolate on receipt of a Safety Injection signal and that feature is unaffected by the additional testing in the proposed change. Therefore, there is no increase in the probability or consequence of a previously analyzed accident.

(2) The proposed amendment does not create the possibility of a new or different kind of accident from any accident previously evaluated.

The proposed changes to the surveillance frequencies do not involve physical alterations or additions to plant equipment or alter the manner in which safety-related systems function or are normally operated. The additional testing proposed for the sample heat exchanger valves demonstrates the proper operation of a design feature but does not operate the valve in any new way. Therefore, the proposed change does not create the possibility of a new or different kind of accident from any accident previously evaluated.

(3) The proposed amendment does not involve a significant reduction in the margin of safety.

The proposed changes to specification 4.3.2.1 clarify existing testing. The additional testing for the CCW [component cooling water] surge tank level instrumentation adds two components to the surveillance documentation. Therefore, there is no reduction in the margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Cameron Village Regional Library, 1930 Clark Avenue, Raleigh, North Carolina 27605.

Attorney for licensee: William D. Johnson, Vice President and Senior Counsel, Carolina Power & Light Company, Post Office Box 1551, Raleigh, North Carolina 27602.

NRC Project Director: Mark Reinhart, Acting.

Commonwealth Edison Company, Docket Nos. 50–373 and 50–374, LaSalle County Station, Units 1 and 2, LaSalle County, Illinois

Date of amendment request: April 14, 1997

Description of amendment request: The proposed amendments would revise TS 3/4.3.8, ''Feedwater/Main Turbine Trip System Actuation Instrumentation'' by changing the minimum channels required from 3 to 4. This change reflects a modification that is being installed to correct a design deficiency that could have resulted in a failure to trip the feedwater pumps and main turbine on high water level due to the loss of one of the two instrument lines. The modification adds an auxiliary contact to the trip system logic resulting in an additional channel. The licensee is also proposing to modify the TS action statements for inoperable channels to be similar to TS 3.3.1, ''Reactor Protection System.''

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

(1) Involve a significant increase in the probability or consequences of an accident previously evaluated because:

The proposed Technical Specification (TS) change will resolve the common instrument line failure (break) from preventing reactor high water level trip of Feedwater Pumps and Main Turbine. It will not change the probability of occurrence of any accidents, because this instrumentation is not an accident initiator. This instrumentation resolves a potential concern regarding the results of an instrument line break in conjunction with a Feedwater Controller Failure Maximum Demand, which has been postulated and analyzed separately, but are not required to be analyzed in combination, as is described in Chapter 15 of the LaSalle UFSAR. There will not be any increase in probability of feedwater transient (postulated feedwater controller failure with assumed simultaneous failure of one high level trip channel of Feedwater/Main Turbine Trip Actuation Instrumentation), nor an instrument line break. The design change associated with this TS change will prevent the failure of the level 8 trip of Feedwater Pumps and Main Turbine due to loss of common variable water leg of level instrument channels ''B'' and ''C''. Thus there is a slight increase [in] the reliability of the high level trip by assuring that a single instrument failure, including a failure of a sensing line, will not prevent a level 8 trip. The Feedwater/Main Turbine Trip on Reactor Vessel Water Level-High, Level 8, mitigates the consequences of the transient, Feedwater Controller Failure Maximum Demand, due to the main turbine trip with subsequent Turbine Stop Valve closure scram and Reactor Recirculation Pump Trip. This limits the neutron flux peak and fuel thermal transients so that no fuel damage occurs. MCPR remains at or above the operating limit and peak centerline fuel temperature increase is small. The consequences of an accident will not increase, because the redundancy of the instrumentation portion of the Trip Function is somewhat increased.

TS 3.3.8 limiting Condition for Operation (LCO) Actions b and c are proposed to be changed to be similar to the LCO for TS 3.3.1, Reactor Protection System Action b.1 to assure trip capability, while being consistent with the allowed outage times of current TS 3.3.8. Also, the proposed action statements and allowed outage times are consistent with LCO 3.3.2.2, ''Feedwater and Main Turbine High Water Level Trip Instrumentation'', of NUREG 1433, Revision 1, Standard Technical Specifications, General Electric Plants, BWR4, dated April 1995. The limit on continued plant operation of 72 hours in current Action c.1, is overly restrictive, since with one inoperable channel tripped and one Operable channel, the Trip Function is restored to the same status as current Action b.1 (one more instrument failure will cause a failure to actuate on high reactor water level). Therefore, although the proposed Actions are increasing the allowed outage time for the case with only one remaining Operable channel, from 72 hours to 7 days, the level of protection for automatic trip capability is maintained except for a 2 hour period during which trip capability may not exist. In addition, like current Action b.1, the proposed Actions assure that the longest time that automatic trip capability failure due to another instrument failure will exist is 7 days. Therefore, the potential for failure of the Feedwater/Main Turbine trip on reactor vessel high water level may be slightly increased, but is not significant considering the non-safety-related Feedwater Pump and Main Turbine trips are not and are not required to be single-failure proof.

Based on the above, the proposed amendments will not increase the probability or consequences of any accident previously evaluated.

(2) Create the possibility of a new or different kind of accident from any accident previously evaluated because:

The Feedwater/Main Turbine trip is a non-safety function in the non-safety-related feedwater system. The high water level trip is an equipment protective action preventing main steam carry over in the main steam from damaging the main turbine and preventing high pressure liquid discharge through the safety relief valve discharge lines in case of a feedwater transient due to a controller failure to maximum demand. The trip system is not designed to any applicable standards or regulatory guides or 10CFR50 Appendix A General Design Criteria per UFSAR Table 7.1–2. The trip system is not designed nor required to meet the single failure criteria. This is a non-safety/non-divisional trip actuation required in Operating Condition 1, Run Mode, such that high integrity of the trip is maintained. The feedwater system is not required to mitigate the consequences of accidents.

The design change associated with this TS change will increase the reliability of the trip logic. This is accomplished by assuring that a failure of a sensing line will not prevent or cause a level 8 trip. The failure of Feedwater/Main Turbine channel ''C'' trip channel will not have any impact on the RCIC system nor Feedwater/Main Turbine channels ''A'' & ''B'', because the added signal is isolated by a safety-related relay. The 2 out of 3 logic for the trip is maintained.

In addition, the changes to the action statements of the specification do not allow a condition that could cause the actuation instrumentation to fail in a different manner.

Based on the above, the proposed change will not create the possibility of a new or different kind [of accident] from any accident or transient previously evaluated.

(3) Involve a significant reduction in the margin of safety because:

The proposed TS change will not prevent tripping of Feedwater/Main Turbine or cause false trips. The existing 2 out of 3 logic trip is maintained and does not affect existing failure modes or introduce new failure modes. This change will prevent failure of level 8 trip of Feedwater Pumps and Main Turbine upon loss of common variable water leg for Reactor Vessel Water Level-High, Level 8, instrument channels ''B'' & ''C'' and will slightly increase reliability of the trip logic. Failure of the non-safety-related trip logic will not impact any safety-related system, structure, or component.

The changes to the TS LCO Action statements is consistent with the existing actions, while minimizing the time that automatic trip capability is not maintained. The change from 72 hours allowed operation with one channel Operable and only one channel tripped to 7 days is consistent with the current allowed outage time for only one channel inoperable and not tripped, so any change to the margin of safety provided by the current action requirements is minor.

Based on the above, the proposed TS change does not involve a significant reduction in the margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the requested amendments involve no significant hazards consideration.

Local Public Document Room location: Jacobs Memorial Library, Illinois Valley Community College, Oglesby, Illinois 61348.

Attorney for licensee: Michael I. Miller, Esquire; Sidley and Austin, One First National Plaza, Chicago, Illinois 60603.

NRC Project Director: Robert A. Capra.

Commonwealth Edison Company, Docket Nos. 50–254 and 50–265, Quad Cities Nuclear Power Station, Units 1 and 2, Rock Island County, Illinois

Date of amendment request: May 1, 1997

Description of amendment request: This request changes Technical Specification (TS) Surveillance Requirement (SR) 4.9.A.8.b by clarifying the load value for the emergency diesel generator to be equal to or greater than the largest single load and revise the frequency and voltage requirements during performance of the test.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

(1) Involve a significant increase in the probability or consequences of an accident previously evaluated because of the following:

The proposed changes represent a clarification of the intent of the performance of the largest single emergency load rejection surveillance for the diesel generator. These changes allow for simulated testing that will more closely duplicate actual emergency loading conditions. By removing the specific load value requirement from the surveillance, the test can be performed using the actual largest load in the same plant configuration that would exist during an actual accident scenario. Verification of the steady-state voltage and frequency within the required time limits provides confidence that the diesel generator can successfully recover from this transient. This provides greater assurance that the diesel generator is capable of performing its intended design function during an accident and the subsequent recovery. The changes to the surveillance requirement will not significantly increase the consequences of an accident previously evaluated.

The diesel generator's design function is to mitigate the consequences of an accident by providing an independent onsite source of alternate AC power with the capacity for operation of systems required to shutdown the reactor and maintain it in a safe shutdown condition until offsite power is restored. The diesel generator and its associated subsystems are not assumed in any safety analysis to initiate any accident sequence for Quad Cities Station; therefore, the probability of an accident previously evaluated is not increased by the proposed amendment.

(2) Create the possibility of a new or different kind of accident from any accident previously evaluated because:

The proposed changes do not create the possibility of a new or different kind of accident previously evaluated for Quad Cities Station. The changes revise the largest single emergency load rejection surveillance test acceptance criteria for the diesel generator. This load rejection transient for the diesel generator is bounded by a previously performed accident analysis. This analysis assumes the loss of one diesel generator due to loss of 125 VDC control power for the duration of a LOCA combined with a LOOP. The diesel generator's design function is to mitigate the consequences of an accident by providing an independent onsite source of alternate AC power with the capacity for operation of systems required to shutdown the reactor and maintain it in a safe shutdown condition until offsite power is restored. Only one diesel generator is required to perform this function per unit. Performance of the Surveillance Requirement as proposed provides greater assurance that the diesel generator is capable of performing its intended design function during an accident and the subsequent recovery. No significant changes to existing testing or new modes of facility operation are proposed by this change. The proposed changes maintain at least the present level of operability. Therefore, the proposed changes do not create the possibility of a new or different kind of accident from any previously evaluated.

(3) Involve a significant reduction in the margin of safety because:

The proposed amendment is required to ensure the diesel generator is tested in accordance with the design basis requirements. The changes represent a revision to the test acceptance criteria for performance of the largest single emergency load rejection surveillance for the diesel generator. This is a possible transient for the diesel generator that is bounded by a previously performed accident analysis. The proposed changes do not adversely affect the capability of the diesel generator to perform its design function. This function is to mitigate the consequences of an accident by providing an independent onsite source of alternate AC power with the capacity for operation of systems required to shutdown the reactor and maintain it in a safe shutdown condition until offsite power is restored. Performance of the Surveillance Requirement as proposed provides greater assurance that the diesel generator is capable of performing its intended design function during an accident and the subsequent recovery. Existing plant safety margins or the reliability of the equipment assumed to operate in the safety analysis are not changed. The proposed changes have been evaluated at Quad Cities and found to be acceptable for use based on system design, safety analysis requirements and operational performance. Since the changes maintain the necessary levels of system reliability, the proposed changes do not involve a significant reduction in the margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the requested amendments involve no significant hazards consideration.

Local Public Document Room location: Dixon Public Library, 221 Hennepin Avenue, Dixon, Illinois 61021.

Attorney for licensee: Michael I. Miller, Esquire; Sidley and Austin, One First National Plaza, Chicago, Illinois 60603.

NRC Project Director: Robert A. Capra.

Duke Power Company, et al., Docket Nos. 50–413 and 50–414, Catawba Nuclear Station, Units 1 and 2, York County, South Carolina

Date of amendment request: May 27, 1997.

Description of amendment request: The proposed amendments would delete from the Technical Specifications (TS) of each unit the specified minimum volume of borated water available to the Standby Makeup Pump; the minimum volume is already specified in other parts of the TS.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

(1) Will the change involve a significant increase in the probability or consequences of an accident previously evaluated?

No. This amendment to the Catawba TS maintains the necessary minimum volume of borated water available to mitigate a design basis SSS [standby shutdown system] event through a 72 hour period. Eliminating TS Surveillance 4.7.13.3a.2 does not increase the probability or consequences of any previously evaluated accident, since an adequate borated water source for the SMP [standby makeup pump] is continued to be required by other existing TS.

(2) Will the change create the possibility of a new or different kind of accident from any accident previously evaluated?

No. This amendment to the Catawba TS continues to ensure that the necessary minimum volume of borated water is available to mitigate an SSS event. The SSS is required to mitigate certain previously evaluated design basis fire, security, and other events. This amendment does not create the possibility of a new or different kind of accident from any accident previously evaluated. This amendment changes the TS applicable to an accident mitigating function and does not impact any accident initiator, either new, different, or previously evaluated.

(3) Will the change involve a significant reduction in a margin of safety?

No. This amendment continues to ensure that the necessary minimum volume of borated water is available to mitigate an SSS design basis event. The available minimum volume is maintained well above the design basis requirement. Since the source of borated water that is available to supply the SMP continues to be controlled by existing TS (TS 3.7.13.3a.1 and 3.9.10), which both envelope the current 112,320 gallons, sufficient volume has been and will continue

to be present to meet design basis requirements. Therefore, no reduction in a margin of safety will result from the changes proposed in this amendment.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: York County Library, 138 East Black Street, Rock Hill, South Carolina 29730.

Attorney for licensee: Mr. Paul R. Newton, Legal Department (PB05E), Duke Power Company, 422 South Church Street, Charlotte, North Carolina 28242–0001.

NRC Project Director: Herbert N. Berkow.

Duke Power Company, et al., Docket No. 50–414, Catawba Nuclear Station, Unit 2, York County, South Carolina

Date of amendment request: May 27, 1997

Description of amendment request: The proposed amendment would delete from the Technical Specification of Unit 2 requirements regarding steam generator tube sleeving and repair. These requirements are not applicable to the Westinghouse Model D5 steam generators used by Unit 2.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

(1) Will the change involve a significant increase in the probability or consequences of an accident previously evaluated?

No. This amendment to the Catawba Unit 2 Technical Specifications will have no impact on operation of the facility since the change will delete steam generator repair methods that are not applicable to the Catawba Unit 2 steam generators and have not been used to repair the Catawba Unit 2 steam generators.

(2) Will the change create the possibility of a new or different type of accident from any accident previously evaluated?

No. This amendment will delete steam generator repair methods that are not applicable and have not been used. Therefore, the proposed changes will not create the possibility of a new or different accident.

(3) Will the change involve a significant reduction in the margin of safety?

No. This amendment will delete steam generator repair methods that are not applicable and have not been used. There will be no impact on safety margins as a result of these changes.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: York County Library, 138 East Black Street, Rock Hill, South Carolina 29730.

Attorney for licensee: Mr. Paul R. Newton, Legal Department (PB05E), Duke Power Company, 422 South Church Street, Charlotte, North Carolina 28242.

NRC Project Director: Herbert N. Berkow.

Entergy Operations, Inc., et al., Docket No. 50–416, Grand Gulf Nuclear Station, Unit 1, Claiborne County, Mississippi.

Date of amendment request: May 7, 1997.

Description of amendment request: The amendment request would eliminate selected response time testing (RTT) surveillance requirements (SRs) from the Technical Specifications (TSs) for certain components of the following systems: reactor protection system (SR 3.3.1.1.15), primary containment and drywell isolation instrumentation (SR 3.3.6.1.8), and emergency core cooling system (SRs 3.5.1.8 and 3.5.2.7).

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

1. No significant increase in the probability or consequences of an accident previously evaluated results from this change.

The purpose of the proposed Technical Specification (TS) change is to eliminate response time testing (RTT) requirements for selected components in the Reactor Protection System (RPS), Primary Containment and Drywell Isolation Instrumentation, and Emergency Core Cooling System (ECCS) actuation instrumentation. The Boiling Water Reactor Owners' Group (BWROG) has completed an evaluation which demonstrates that [RTT] is redundant to the other TS-required testing. These other tests, in conjunction with actions taken in response to NRC Bulletin 90–01, ''Loss of Fill-Oil in Transmitters Manufactured by Rosemount,'' and Supplement 1 [to the bulletin], are sufficient to identify failure modes or degradations in instrument response time and ensure operation of the associated systems within acceptable limits. There are no known failure modes that can be detected by [RTT] that cannot also be detected by the other TS-required testing. This evaluation was documented in NEDO–32291–A, ''System Analyses for Elimination of Selected Response Time Testing Requirements,'' October 1995. EOI [The licensee] has confirmed the applicability of this evaluation to Grand Gulf Nuclear Power Station (GGNS). In addition, EOI will complete the actions identified in the NRC staff's Safety Evaluation of NEDO–32291–A.

Elimination of [ECCS] RTT during MODES 4 and 5 [(i.e., cold shutdown and refueling, respectively)] is acceptable since there are no design basis accidents in MODES 4 and 5 for which the ECCS High Pressure Core Spray (HPCS) system is required to initiate within a specified period of time. The requirement to maintain [ECCS] OPERABLE during Modes 4 and 5 is preserved in the affected Technical Specification. The ECCS RTT required by SR 3.5.1.8 (applicable during MODES 1, 2, and 3, [or power operation, startup, and hot shutdown, respectively]) is adequate to identify any operability problems with the ECCS HPCS system. In addition, during MODES 4 and 5, the probability and consequences of accidents are reduced due to the pressure and temperature limitations of these MODES.

Because of the continued application of other TS-required tests such as channel calibrations, channel checks, channel functional tests, and logic system functional tests, the response time of these systems [listed in the first paragraph] will be maintained within the acceptance limits assumed in the plant [(GGNS)] safety analyses and required for successful mitigation of an initiating event. The proposed changes do not affect the capability of the associated systems to perform their intended function within their required response time, nor do the proposed changes themselves affect the operation of any equipment.

As a result, EOI has concluded that the proposed changes do not involve a significant increase in the probability or the consequences of an accident previously evaluated.

2. This change would not create the possibility of a new or different kind of accident from any [accident] previously evaluated.

The proposed changes only apply to the testing requirements for the components [in the systems] identified above and do not result in any physical change to these or other components [in other systems] or their operation. As a result, no new failure modes are introduced. Therefore, the proposed changes do not create the possibility of a new or different kind of accident from any accident previously evaluated.

3. This change would not involve a significant reduction in a margin of safety.

The current TS-required response times are based on the minimum allowable values assumed in the plant [(GGNS)] safety analyses. These analyses conservatively establish the margin of safety. As described above, the proposed changes do not affect the capability of the associated systems to perform their intended function within the allowable response time used as the basis for the plant safety analyses. The potential failure modes for the components within the scope of this request were evaluated for

impact on instrument response time. This evaluation confirmed that, with the exception of loss of fill-oil of Rosemount transmitters, the remaining TS-required testing is sufficient to identify failure modes or degradations in instrument response times and ensure operation of the instrumentation within the scope of this request is within acceptable limits. The actions taken in response to NRC Bulletin 90–01 and Supplement 1 [to the bulletin] are adequate to identify loss of fill-oil failures of Rosemount transmitters. As a result, it has been concluded that plant and system response to an initiating event will remain in compliance with the assumptions of the [GGNS] safety analysis. Elimination of RTT for ECCS HPCS system in MODES 4 and 5 does not reduce the margin of safety since there are no design basis events in MODES 4 and 5 requiring this system to respond in [a] specified period of time from onset of the event. Response time testing required by SR 3.5.1.8 (applicable during MODES 1, 2, and 3) is adequate to identify any equipment or operability concerns).

Further, although not explicitly evaluated, the proposed changes will provide an improvement to plant safety and operation by reducing the time safety systems are unavailable, reducing the potential for inadvertent safety system actuation, reducing plant shutdown risk, limiting radiation exposure to plant personnel [that would be due to the RTT], and eliminating the diversion of key personnel resources to conduct unnecessary testing. Therefore, EOI concluded that this request will result in an overall increase in the margin of safety.

[Therefore, the proposed changes do not involve a significant reduction in a margin of safety.]

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room Location: Judge George W. Armstrong Library, 220 S. Commerce Street, Natchez, MS 39120.

Attorney for licensee: Nicholas S. Reynolds, Esquire, Winston and Strawn, 1400 L Street, N.W., 12th Floor, Washington, DC 20005–3502.

NRC Project Director: William D. Beckner.

Entergy Operations Inc., Docket No. 50–382, Waterford Steam Electric Station, Unit 3, St. Charles Parish, Louisiana

Date of amendment request: May 24, 1997.

Description of amendment request: The proposed amendment will modify Technical Specification (TS) 3/4.7.4, Ultimate Heat Sink (UHS), Table 3.7–3, by incorporating more restrictive dry cooling tower (DCT) fan requirements, and it will change the wet cooling tower water consumption in the TS Bases. This proposed amendment seeks to modify the TS to be consistent with revised design basis calculations.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

1. Will operation of the facility in accordance with this proposed change involve a significant increase in the probability or consequences of an accident previously evaluated?

Response: No.

The proposed change modifies the UHS TS by not allowing operation with less than 12 DCT fans per DCT. This change is necessary to adequately preserve the assumptions and limits of the revised UHS design basis calculations. These calculations conclude that the UHS is capable of dissipating the maximum peak heat load resulting from the limiting design bases accident (i.e., large break LOCA [large break loss of coolant accident]). The proposed change does not directly affect any material condition of the plant that could directly contribute to causing an accident or that could contribute to the consequences of an accident. The proposed change ensures that the mitigating effects of the UHS will be consistent with the design basis analysis. Therefore, the proposed change will not involve a significant increase in the probability or consequences of any accident previously evaluated.

2. Will operation of the facility in accordance with this proposed change create the possibility of a new or different type of accident from any accident previously evaluated?

Response: No.

The proposed change modifies the UHS TS to be consistent with revised design basis calculations. The UHS TS is being modified to eliminate operation with less than 12 DCT fans per DCT. The proposed change will not alter the operation of the plant or the manner in which the plant is operated. Therefore, the proposed change will not create the possibility of a new or different kind of accident from any accident previously evaluated.

3. Will operation of the facility in accordance with this proposed change involve a significant reduction in a margin of safety?

Response: No.

The proposed change modifies the UHS TS by not allowing operation with less than 12 DCT fans per DCT. The proposed change preserves the margin of safety by ensuring that the UHS will be capable of dissipating the maximum design basis accident heat load with adequate margin. Therefore, the proposed change will not involve a significant reduction in a margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room Location: University of New Orleans Library, Louisiana Collection, Lakefront, New Orleans, LA 70122.

Attorney for licensee: N.S. Reynolds, Esq., Winston & Strawn 1400 L Street N.W., Washington, D.C. 20005–3502.

NRC Project Director: William D. Beckner.

Entergy Operations Inc., Docket No. 50–382, Waterford Steam Electric Station, Unit 3, St. Charles Parish, Louisiana

Date of amendment request: May 24, 1997

Description of amendment request: The proposed amendment will modify Technical Specifications (TS) 3.1.1.1, 3.1.1.2, 3.10.1 and Figure 3.1–1 by removing the cycle dependent boron concentration and boration flow rate from the Action Statements and removing the ''RWSP at 1720 ppm'' curve from the figure. A change to TS Bases 3/4.1.1.1 and 3/4.1.1.2 has been included to support this change.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

1. Will operation of the facility in accordance with this proposed change involve a significant increase in the probability or consequences of an accident previously evaluated?

Response: No.

The Shutdown Margin requirements are determined by the reload analysis performed every cycle. The Cycle 9 reload analysis has determined that the current Shutdown Margin requirements are acceptable. The proposed change eliminates the reference to 1720 ppm in the Action Statement because 1720 is not adequate to ensure that the Shutdown Margin requirements are met at the beginning of cycle. The proposed Action Statement will continue to ensure that in the event the Shutdown Margin requirements are not met, boration will be immediately initiated to restore the Shutdown Margin to within limits.

Therefore, the proposed change will not involve a significant increase in the probability or consequences of any accident previously evaluated.

2. Will operation of the facility in accordance with this proposed change create the possibility of a new or different type of accident from any accident previously evaluated?

Response: No.

The proposed change does not change the design or configuration of the plant nor does it change how boration systems are operated during normal or accident conditions. It

ensures that the Shutdown Margin requirements for accidents already evaluated are promptly restored in the event that the requirements are not met.

Therefore, the proposed change will not create the possibility of a new or different kind of accident from any accident previously evaluated.

3. Will operation of the facility in accordance with this proposed change involve a significant reduction in a margin of safety?

Response: No.

The proposed change has not decreased the amount of Shutdown Margin required. The current Shutdown Margin requirements have been validated by the Reload Analysis for Cycle 9 and are adequate to ensure that the reactor can be made subcritical from all operating conditions, transients, and design basis events. The proposed change ensures that the Shutdown Margin requirements are promptly restored in the event that they are not met. As such, the proposed change ensures that the current margin of safety is maintained.

Therefore, the proposed change will not involve a significant reduction in a margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room Location: University of New Orleans Library, Louisiana Collection, Lakefront, New Orleans, LA 70122.

Attorney for licensee: N.S. Reynolds, Esq., Winston & Strawn 1400 L Street N.W., Washington, D.C. 20005–3502.

NRC Project Director: William D. Beckner.

Entergy Operations Inc., Docket No. 50–382, Waterford Steam Electric Station, Unit 3, St. Charles Parish, Louisiana

Date of amendment request: June 3, 1997

Description of amendment request: The proposed amendment requests a change to the ACTION Requirements for Technical Specification 3/4.3.2 for the Safety Injection System Sump Recirculation Actuation Signal (RAS). The proposed change will revise the allowed outage time for a channel of RAS to be in the tripped condition from ''prior to entry into the applicable MODE(S) following the next COLD SHUTDOWN'' to the more restrictive time limit of 48 hours and adds a shutdown requirement. Additionally, the 3.0.4 exemption is being removed from the ACTION for the tripped condition. A change to the Technical Specification Basis Section 3/4.3.2 has also been included.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

1. Will operation of the facility in accordance with this proposed change involve a significant increase in the probability or consequences of an accident previously evaluated?

Response: No.

The proposed revision to the TS changes the allowed outage time that a channel of RAS can be in the tripped condition from a maximum of approximately 18 months when one channel is inoperable and 92 days when two channels are inoperable to 48 hours. If a channel were in the tripped condition and a single failure occurred (that of one other channel of RAS), a premature [refueling water storage pool] RWSP low level signal would be generated. During a Design Basis Accident with a containment high pressure condition causing the RWSP outlet check valves to seat, this single failure would prevent the contents of the RWSP from being injected into the reactor coolant system and possibly resulting in failure of both trains of [Emergency Core Cooling System] ECCS and [Containment Spray] CS. Additionally, this would cause the [Low Pressure Safety Injection] LPSI pumps to stop. Reducing the time that a channel of RAS can be placed in the tripped condition will reduce the probability of this scenario occurring during a Design Basis Accident. Since the allowed outage time for a channel of RAS is being limited to 48 hours, this is considered an off-normal operation and a single failure is not required to be postulated during a Design Basis Accident in the accident analysis. Reducing the time the channel can be placed in the tripped condition and thus, the exposure time to this scenario, would not be an accident initiator. The proposed change of being more conservative in the time and condition limits in the TS will not affect the assumptions, design parameters, or results of any accident previously evaluated.

Therefore, the proposed change will not involve a significant increase in the probability or consequences of any accident previously evaluated.

2. Will operation of the facility in accordance with this proposed change create the possibility of a new or different type of accident from any accident previously evaluated?

Response: No.

The proposed change does not change the design or configuration of the plant. The proposed change provides a more conservative allowed outage time for the channel to be in the tripped condition. There has been no physical change to plant systems, structures or components nor will the proposed change reduce the ability of any of the safety-related equipment required to mitigate Anticipated Operational Occurrences or accidents. In fact, this change will potentially increase the ability of safety related equipment to perform its functions. The configuration required by the proposed specification is permitted by the existing specification.

Therefore, the proposed change will not create the possibility of a new or different kind of accident from any accident previously evaluated.

3. Will operation of the facility in accordance with this proposed change involve a significant reduction in a margin of safety?

Response: No.

The proposed change provides a more conservative allowed outage time for the channel to be in the tripped condition. By reducing the allowed outage time, the probability is reduced that a single failure (that of a failure of one channel of RAS with one channel in the tripped condition) would occur that would cause the suction to be prematurely supplied by the Safety Injection System Sump, potentially disabling the [High Pressure Safety Injection] HPSI and CS pumps, and stopping of the LPSI pumps. Therefore, the only change to the margin of safety would be an increase. Since the allowed outage time for a channel of RAS is being limited to 48 hours, this is considered an off-normal operation and a single failure is not required to be postulated during a Design Basis Accident in the accident analysis. The proposed changes do not affect the limiting conditions for operation or their bases.

Therefore, the proposed change will not involve a significant reduction in a margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room Location: University of New Orleans Library, Louisiana Collection, Lakefront, New Orleans, LA 70122.

Attorney for licensee: N.S. Reynolds, Esq., Winston & Strawn 1400 L Street N.W., Washington, D.C. 20005–3502.

NRC Project Director: William D. Beckner.

IES Utilities Inc., Docket No. 50–331, Duane Arnold Energy Center, Linn County, Iowa

Date of amendment request: May 9, 1997

Description of amendment request: The proposed amendment would revise the definitions of Limiting Safety System Setting (LSSS) and Instrument/Channel Calibration to reference a new program being added to the Technical Specification (TS) (Section 6.13) for the control of instrument setpoints.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards

consideration, which is presented below:

1. The proposed TS amendment will not significantly increase the probability or consequences of any previously-evaluated accidents.

The proposed changes will not result in any direct hardware changes. The change only adds a program to the TS for the establishment and control of instrumentation setpoints that is consistent with current DAEC [Duane Arnold Energy Center] practice. The Instrument Setpoint Control Program is based upon a methodology for the calculation of instrument setpoints that conforms to the guidelines of Regulatory Guide 1.105, Rev. 2. The methodology ensures that adequate margin exists between the normal plant operating conditions and actual instrument setpoints to preclude spurious plant/equipment trips. As a result, the proposed program establishes the criteria for changes in instrument setpoints to ensure that such changes will not result in unnecessary plant transients. Consequently, the probability of any previously-analyzed event is not increased by this change.

The role of the instrumentation and their associated setpoints is in detecting and mitigating plant events and thereby limiting the consequences of any previously-analyzed event. The LSSS[NTSP] and corresponding LTPO[AV] have been developed in accordance with the DAEC Instrument Setpoint Control Program criteria to ensure that the instrumentation remains capable of mitigating events as described in the safety analyses and that the results and consequences described in the safety analyses remain bounding. Therefore, these changes do not involve a significant increase in the consequences of an accident previously evaluated.

2. The proposed changes will not create a new or different kind of accident from those previously evaluated.

The proposed changes will not change the method or manner of plant operation, in particular, calibration of TS-required instrumentation. The use of the proposed TS program for the control of changes to instrument setpoints does not impact safe operation of the DAEC in that the design and safety analysis limits will continue to be satisfied. The proposed TS program involves no system additions or physical modifications, other than setpoint changes. Any setpoint changes must conform to the criteria set forth in the TS Instrument Setpoint Control Program. The instrument setpoints are developed using a methodology that conforms to the guidelines contained in Regulatory Guide 1.105, Rev. 2 to ensure the affected instrumentation remains capable of mitigating accidents and transients. Since operational methods remain unchanged and the instrument setpoints have been evaluated to maintain the plant within existing design basis criteria, no new or different type of accident is created.

3. The proposed change will not result in a significant reduction in any margin of safety.

The proposed TS program establishes the DAEC Instrument Setpoint Control Program, which is based upon an NRC-approved methodology. The program establishes the controls and criteria used to establish and revise instrument setpoints. The setpoint calculations use the uncertainties associated with the DAEC instrumentation and actual DAEC physical data and operating practices to ensure the validity of the resulting LTPO[AV] and LSSS[NTSP]. The methodology is based upon combining the uncertainties of the associated channels and takes into account calibration accuracy, instrument uncertainties, drift, etc. The use of this methodology for establishing these setpoints ensures that the design and/or safety analysis limits are not exceeded in any transient or accident. Therefore, the proposed change does not involve a significant reduction in the margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Cedar Rapids Public Library, 500 First Street, SE., Cedar Rapids, Iowa 52401.

Attorney for licensee: Jack Newman, Al Gutterman, Morgan, Lewis & Bockius, 1800 M Street, NW., Washington, DC 20036–5869.

NRC Project Director: Gail H. Marcus.

IES Utilities Inc., Docket No. 50–331, Duane Arnold Energy Center, Linn County, Iowa

Date of amendment request: May 9, 1997

Description of amendment request: The proposed amendment would revise the definition of Limiting Condition for Operation (LCO) to address the situation when systems, components, etc., are removed from service or otherwise made inoperable during secondary modes of operation, without requiring entry into the LCO actions.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

1. The proposed TS amendment will not significantly increase the probability or consequences of any previously evaluated accidents.

The proposed change merely adds criteria to the TS that are consistent with the original design and licensing basis assumptions. Operation in secondary modes of operation (such as surveillance testing, torus cooling mode (test line-up) or Residual Heat Removal system, and use of High Pressure Coolant Injection system or Reactor Core Isolation Cooling system in test line-up for reactor pressure control during transients) is assumed in the safety analysis report (Ref. UFSAR Section 6.3.4.2.1 and 7.3.4.2). Because no changes in actual equipment operation or testing are being made as part of this change, the probability of any event which could be induced by such operation or testing is not increased. Also, the change will ensure that the time such equipment is removed from service is kept very short in duration, either through existing TS Allowed Outage Time (AOT) notes or administratively by procedures. This is consistent with the assumption that the time in such secondary modes of operation (*i.e.*, safe test interval) is much shorter than the allowable repair time (*i.e.*, LCO time). Therefore, the proposed change will not significantly increase the probability of any previously evaluated accident.

The uniform application of the new TS criteria will further ensure that the plant remains within the original design and licensing basis assumptions for equipment removed from service during secondary modes of operation. In particular, in the special case where testing also removes the redundant system, train, component, etc., from service, these criteria ensure that both affected systems, trains, etc., are properly controlled. This is acceptable because the time in such secondary modes of operation is very short in duration, such that the impact on the overall availability/reliability is insignificant. Therefore, the consequences of any previously analyzed accident are not significantly increased by this change.

2. The proposed changes will not create a new or different kind of accident from those previously evaluated.

The proposed changes will not add a new or different kind of accident because the plant will not be operated in a different way. Operation in secondary modes has been previously evaluated and found to be acceptable (Ref. General Electric reports APED–5736: *Guideline for Determining Safe Test Intervals and Repair Times for Engineered Safeguards, and NEDO–10739: Methods for Calculating Safe Test Intervals and Allowable Repair Times for Engineered Safeguard Systems*). The proposed change merely adds criteria to the TS that are consistent with the assumptions contained within these evaluations. Consequently, no new or different accidents are postulated as a result of this proposed change.

3. The proposed change will not result in a significant reduction in any margin of safety.

Because the criteria being added to the TS enforce the assumptions of the evaluations that form the basis of the existing TS (Ref. TS Bases 4.1, 4.2, and 3.5), the proposed change will not result in a significant reduction in any margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Cedar Rapids Public Library,

00 First Street, SE., Cedar Rapids, Iowa 52401.

Attorney for licensee: Jack Newman, Al Gutterman, Morgan, Lewis & Bockius, 1800 M Street, NW., Washington, DC 20036–5869.

NRC Project Director: Gail H. Marcus.

Indiana Michigan Power Company, Docket Nos. 50–315 and 50–316, Donald C. Cook Nuclear Plant, Units 1 and 2, Berrien County, Michigan

Date of amendment requests: December 20, 1996

Description of amendment requests: The proposed amendments would reduce the frequency and scope of reactor coolant pump flywheel inspections.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

We have evaluated the proposed T/S changes and have determined they do not represent a significant hazards consideration based on the criteria established in 10 CFR 50.92(c). Operation of Cook Nuclear Plant in accordance with the proposed amendment will not:

1. Involve a significant increase in the probability or consequence of an accident previously evaluated.

This change will reduce the frequency and scope of the surveillance testing on the reactor coolant pump flywheels. Operating power plants have been inspecting their flywheels for over 20 years with no flaws identified which affect flywheel integrity. Past examinations performed to satisfy T/S 4.4.10.1 have not revealed any cracking of flywheel plates at Cook Nuclear Plant. Crack extension over a 60 year service life is negligible. Structural reliability studies have shown that eliminating inspections after 10 years of plant life will not significantly change the probability of failure. Most flaws which could lead to failure would be detected during preservice inspection or, at worst, early in plant life, and crack growth over plant life is negligible. As stated in the SER associated with WCAP–14535, assuming an initial crack of 10% of the distance from the keyway to the flywheel outer radius and a maximum fatigue crack growth, ASME margins would be maintained during the 10-year inspection period. Therefore, the change in test frequency will not endanger public health or safety. For these reasons, it is our belief the proposed changes do not involve a significant increase in the probability or consequences of a previously evaluated accident.

2. Create the possibility of a new or different kind of accident from any accident previously evaluated.

The changes will not introduce any new modes of plant operation, nor will any physical changes to the plant be required. Thus, the changes will not create the possibility of a new or different kind of accident from any accident previously analyzed or evaluated.

3. Involve a significant reduction in a margin of safety.

This change will reduce the frequency and scope of the surveillance testing on the reactor coolant pump flywheels. Operating power plants have been inspecting their flywheels for over 20 years with no flaws identified which affect flywheel integrity. Past examinations performed to satisfy T/S 4.4.10.1 have not revealed any cracking of flywheel plates at Cook Nuclear Plant. Crack extension over a 60 year service life is negligible. Structural reliability studies have shown that eliminating inspections after 10 years of plant life will not significantly change the probability of failure. Most flaws which could lead to failure would be detected during preservice inspection or at worst early in plant life, and crack growth over plant life is negligible. As stated in the SER associated with WCAP–14535, assuming an initial crack of 10% of the distance from the keyway to the flywheel outer radius and a maximum fatigue crack growth, ASME margins would be maintained during the 10-year inspection period. For these reasons, it is our belief the proposed changes do not involve a significant reduction in a margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment requests involve no significant hazards consideration.

Local Public Document Room location: Maud Preston Palenske Memorial Library, 500 Market Street, St. Joseph, MI 49085.

Attorney for licensee: Gerald Charnoff, Esq., Shaw, Pittman, Potts and Trowbridge, 2300 N Street, NW., Washington, DC 20037.

NRC Project Director: Gail H. Marcus.

Niagara Mohawk Power Corporation, Docket No. 50–410, Nine Mile Point Nuclear Station, Unit 2, Oswego County, New York

Date of amendment request: April 30, 1997

Description of amendment request: The proposed amendment would remove Technical Specifications (TSs) regarding meteorological monitoring instrumentation in accordance with NRC Generic Letter (GL) 95–10, ''Relocation of Selected Technical Specification Requirements Related to Instrumentation.'' Specifically, the amendment would delete TS 3/4.3.7.3, ''Meteorological Monitoring Instrumentation,'' including associated TS Tables 3/4.3.7.3–1, and TS Bases 3/4.3.7.3. The TS Index would be revised to show these deletions. The deletion of TS 3.3.7.3 would also eliminate the requirement that a Special Report to be submitted to the NRC pursuant to TS 6.9.2 when one or more meteorological monitoring instrumentation channels is inoperable for more than 7 days. The licensee states that the deleted requirements would be relocated to the Updated Safety Analysis Report (USAR), except that the special reporting requirement would be discontinued as the licensee would continue to evaluate future inoperability of meteorological instrumentation for reportability in accordance with 10 CFR 50.72 and 10 CFR 50.73. The licensee will also insert the word ''nominal'' in the relocated tables in the USAR to indicate that the meteorological instrumentation elevations of 30 and 200 feet are nominal elevations (this change would be made because, as the licensee reported in LER 96–14, the actual locations of the air temperature monitoring instruments are 26.8 feet and 194.8 feet and the actual locations of the wind indicator (speed and direction) monitoring instruments are 30.9 feet and 199.4 feet). As stated in GL 95–10, the NRC staff has determined that meteorological monitoring instrumentation does not serve such a primary protective function as to warrant inclusion in the TS in accordance with 10 CFR 50.36 criteria. Thus, in GL 95–10, the NRC staff established that relocation of the meteorological instrumentation requirements to the USAR (whereby changes are controlled by the licensee pursuant to 10 CFR 50.59) is acceptable.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

1. The operation of Nine Mile Point Unit 2 [NMP2], in accordance with the proposed amendment, will not involve a significant increase in the probability or consequences of an accident previously evaluated.

The NMP2 meteorological monitoring instrumentation is used to provide data for use in radioactive dose assessment with respect to routine or accidental releases of radioactive materials to the atmosphere. The deletion of the special reporting requirements is an administrative change. The subject special reporting requirements serve no nuclear related protective function. The relocation of the meteorological monitoring instrumentation requirements from the TSs to the USAR, and the addition of the word nominal to the USAR and tables, will not increase the probability of an accident since the specification applies only to monitoring instrumentation. This also is an administrative change and does not reduce the effectiveness of the current instrumentation requirements. The meteorological monitoring instrumentation

requirements are not precursors to any accident previously evaluated. According to the NRC Staff (GL 95–10), the meteorological monitoring instrumentation does not serve to ensure the plant is operated within the bounds of initial conditions assumed in any design basis accidents or transients previously evaluated, or that the plant will be operated to preclude transients or accidents. In addition, the meteorological monitoring instrumentation does not function as part of the primary success path of a safety sequence analysis used to demonstrate that the consequences of these events are within the appropriate acceptance criteria. Therefore, the proposed changes do not significantly increase the probability or consequences of an accident previously evaluated.

2. The operation of Nine Mile Point Unit 2, in accordance with the proposed amendment, will not create the possibility of a new or different kind of accident from any previously evaluated.

The proposed deletion of the special reporting requirements is an administrative change. The subject special reporting requirements serve no nuclear related protective function. The proposed change also removes meteorological monitoring instrumentation specifications from the NMP2 TSs. This also is an administrative change and does not reduce the effectiveness of the current instrumentation requirements. The relocation of the meteorological instrumentation requirements to the USAR, and the addition of the word nominal to the USAR and tables, will not create the possibility of a new or different kind of accident since the specification only applies to monitoring instrumentation. The NRC Staff has concluded in GL 95–10 that the provisions of the meteorological monitoring instrumentation specifications are not related to dominant contributors to plant risk. The NMP2 meteorological instrumentation is used to provide data for use in radioactive dose assessment with respect to routine or accidental releases of radioactive materials to the atmosphere. Since no physical modification to the plant is being performed, and no changes to actual plant operations are required by the change, removal of the specifications from the NMP2 TSs will not create the possibility of a new or different kind of accident from any previously evaluated.

3. The operation of Nine Mile Point Unit 2, in accordance with the proposed amendment, will not involve a significant reduction in a margin of safety.

The proposed deletion of the special reporting requirements is an administrative change. The subject special reporting requirements serve no nuclear related protective function. The proposed removal of the instrumentation requirements from the NMP2 TSs is also an administrative change and does not reduce the effectiveness of the current instrumentation requirements. The relocation of the meteorological instrumentation requirements to the USAR, and the addition of the word nominal to the USAR and tables, will not involve a reduction in a margin of safety since the specification only applies to monitoring instrumentation. The instrumentation will continue to meet the requirements of Regulatory Guide 1.23, and the offsite dose calculations will continue to use the actual measured elevation differences. In GL 95–10, the NRC Staff concluded (1) That the meteorological monitoring instrumentation does not function as part of the primary success path of a safety sequence analysis, and (2) that the meteorological monitoring instrumentation specifications are not related to dominant contributors to plant risk. Therefore, the removal of the meteorological monitoring instrumentation specifications from the NMP2 TSs will not result in a significant reduction in any margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Reference and Documents Department, Penfield Library, State University of New York, Oswego, New York 13126.

Attorney for licensee: Mark J. Wetterhahn, Esquire, Winston & Strawn, 1400 L Street, NW., Washington, DC 20005–3502.

NRC Project Director: Alexander W. Dromerick, Acting Director.

Northeast Nuclear Energy Company, et al., Docket No. 50–245, Millstone Nuclear Power Station, Unit No. 1, New London County, Connecticut

Date of amendment request: May 15, 1997

Description of amendment request: The proposed amendment would revise Technical Specification Sections 3.1 and 4.1 ''Reactor Protection System'' and the associated Bases to remove run mode intermediate range monitor high flux/inoperative with the associated average power range monitor downscale scram trip function and incorporate editorial revisions.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

1. The operation of Millstone Nuclear Power Station, Unit No. 1, in accordance with the proposed amendment, will not involve a significant increase in the probability or consequences of an accident previously evaluated.

No physical change is being made to any systems or components that are credited in the safety analysis, therefore there is no change in the probability or consequences of any accident analyzed in the UFSAR [Updated Final Safety Analysis Report].

The design basis accident applicable to the startup power region is the Control Rod Drop Accident (CRDA). The UFSAR does not credit the RUN Mode IRM [intermediate range monitor] High Flux/Inoperative with the associated APRM [average power range monitor] downscale scram Trip Function (IRM RUN Mode SCRAM) in the termination of this accident. Accident mitigation is provided by the APRM 120% power scram. Therefore, elimination of the IRM RUN Mode SCRAM function has no adverse affect on previously evaluated accidents.

The Continuous Control Rod Withdrawal Error (CWE) transient is terminated by the Rod Block Monitor (RBM) in the RUN Mode. The APRM Reduced High Flux Scram provides the primary STARTUP Mode protection in conjunction with the IRMs and limits the consequences of this transient. Therefore, elimination of the IRM RUN Mode SCRAM function has no effect on the consequences of this transient.

Clarification of the LCO [limiting condition for operation] RPS [reactor protection system] Table aligns requirements with Limiting Safety System Settings. Further revisions to LCO 3.1 Reactor Protection System Table 3.1.1 and associated TS [technical specification] bases to clarify APRM Trip Functions do not alter the required trip functions. Deletion of RUN requirement and associated Action B for Reduced High Flux fixes an editorial error introduced in a previous amendment. This trip function is not effective with the mode switch in the RUN position and removal does not alter the neutron monitoring requirements credited in the accident analyses.

Adding a new surveillance to verify SRM [source range monitor]/IRM/APRM overlap will enhance neutron monitoring during startups and shutdowns and does not have an adverse affect on previously evaluated accidents.

None of the proposed changes will affect any of the rod blocks or other precursor events to either the CRDA or CWE. Therefore, there is no change in the probability of any accident previously analyzed.

2. The operation of Millstone Nuclear Power Station, Unit No. 1, in accordance with the proposed amendment, will not create the possibility of a new or different kind of accident from any accident previously evaluated.

The proposed changes affect only the operations of neutron monitoring and protective systems (IRM and APRM) which provide indication and mitigation actions only. Operation of these systems does not create the possibility for new precursors (such as reactivity) which would introduce a new or different kind of accident from any accident previously evaluated.

Additionally, the proposed changes do not affect the ability of those systems required to mitigate previously evaluated accidents during the modes they are credited.

3. The operation of Millstone Nuclear Power Station, Unit No. 1, in accordance with the proposed amendment, will not involve a significant reduction in a margin of safety.

The only scram function that the UFSAR takes credit for in the mitigation of the limiting accident (control rod drop accident) is the APRM 120% power scram which is not

affected by this change. Only the IRM RUN Mode SCRAM, for which the UFSAR takes no credit in the termination of any analyzed event, is removed by this change. Removal of the IRM RUN Mode SCRAM will avoid the need to operate the plant in a ''half scram'' condition with the potential for an inadvertent plant transient. For these reasons, the change does not involve a significant reduction in a margin of safety.

The Continuous Control Rod Withdrawal Error (CWE) transient is terminated by the Rod Block Monitor (RBM) in the RUN Mode. When initiated from the STARTUP Mode, the consequences of a CWE are limited by the APRM Reduced High Flux scram in conjunction with the IRM scram function. Therefore eliminating the TS requirement for the IRM RUN Mode SCRAM will not reduce the margin of safety for this transient.

Clarification of the LCO RPS Table aligns requirements with Limiting Safety System Settings. Further revisions to LCO 3.1 Reactor Protection System Table 3.1.1 and associated TS bases to clarify APRM Trip Functions do not alter the required trip functions. Deletion of the RUN requirement and associated Action B for Reduced High Flux corrects an editorial error introduced in a previous amendment. This trip function is not effective with the mode switch in the RUN position and removal does not alter the neutron monitoring requirements credited in the accident analyses.

Adding a new surveillance to verify SRM/IRM/APRM overlap will enhance neutron monitoring during startups and shutdowns and consequently does not involve a significant reduction in a margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Learning Resources Center, Three Rivers Community—Technical College, 574 New London Turnpike, Norwich, CT 06360, and the Waterford Library, ATTN: Vince Juliano, 49 Rope Ferry Road, Waterford, CT 06385.

Attorney for licensee: Lillian M. Cuoco, Esq., Senior Nuclear Counsel, Northeast Utilities Service Company, P.O. Box 270, Hartford, CT 06141–0270.

NRC Deputy Director: Phillip F. McKee.

Northeast Nuclear Energy Company, et al., Docket No. 50–336, Millstone Nuclear Power Station, Unit No. 2, New London County, Connecticut

Date of amendment request: May 20, 1997

Description of amendment request: This submittal supersedes the January 22, 1996, submittal which was previously noticed on February 28, 1996 (61 FR 7554). The proposed change would relocate the containment isolation valve (CIV) list, Table 3.6–2, from the Technical Specifications to the Technical Requirements Manual (TRM). This change would affect Technical Specification Sections 1.8.1.b, 4.6.1.1.a, 3.6.3.1, 4.6.3.1.1, and 4.6.3.1.2, and Basis Section 3/4.6.3. A note at the bottom of Table 3.6–2 regarding the CIVs that are subject to administrative controls is retained in the Technical Specifications by relocating it to Sections 1.8.1.b and 3.6.3.1. This change is being performed in accordance with Generic Letter 91–08, which provides guidance for removal of component lists from the Technical Specifications.

Additionally, a change to provide relief in the surveillance requirement in Section 4.6.1.1.a is included. The change allows valves, blind flanges, and deactivated automatic valves located inside the containment and are locked, sealed, or otherwise secured in the closed position to be verified closed prior to entering Mode 4 from Mode 5, if not performed within the previous 92 days. The current requirements check the valve position once per 31 days.

TS Bases Section 3/4.6.3 is updated to reflect the removal and relocation of the CIV list to the TRM. Also, details of the administrative controls for operating CIVs while in Modes 1 through 4 are added to Bases Section 3/4.6.3.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

1. Involve a significant increase in the probability or consequences of an accident previously evaluated.

The proposed change to relocate the containment isolation valve (CIV) list will not result in any hardware or equipment operating changes. The proposed change is based on Generic Letter (GL) 91–08 and merely relocates the CIV table and removes all references to the table. The relocation of the CIV table from the Technical Specifications does not affect the operability requirements of any of the listed valves. Technical Specifications will still continue to require the CIVs to be operable. The LCO [limiting condition for operation] and surveillance requirements for the valves will remain in Technical Specifications. The CIV table will be relocated to the Millstone Unit No. 2 Technical Requirements Manual (TRM), which is controlled in accordance with 10 CFR 50.59. This change does not alter the design, function, or operation of the valves involved. Thus, there is no significant affect on the possibility or consequences of any previously evaluated accident.

The change to Surveillance Requirement (SR) 4.6.1.1.a will allow the valves, blind flanges and deactivated automatic valves located inside the containment that are locked, sealed, or otherwise secured in the closed position to be verified closed prior to entering Mode 4 from Mode 5, if not performed within the previous 92 days, instead of the current 31 day requirement. This means that the surveillance interval could be as long as the entire operating cycle, depending on whether entry into Mode 5 is required during the cycle. The change in the surveillance frequency (increase in time from 31 days to not less than 92 days and only prior to entering Mode 4 from Mode 5) recognizes that these valves are operated under administrative controls and probability of misalignment is low. This provides adequate assurance that the containment function assumed in the accident analysis will be maintained. Therefore, there is no significant affect on the probability or consequences of any previously evaluated accident. This proposed change to SR 4.6.1.1.a is consistent with NUREG–1432 Standard Technical Specifications for Combustion Engineering Pressurized Water Reactors Revision 1 (SR 3.6.3.4).

The information added to the Bases will provide additional guidance to ensure the plant is operated correctly. This information will not result in any new approaches to plant operation. Therefore, there is not significant affect on the probability or consequences of any previously evaluated accident.

These proposed changes do not alter the design, function, or operation of the valves involved. Therefore, there is no significant increase in the probability or consequence of an accident previously evaluated.

2. Create the possibility of a new or different kind of accident from any accident previously evaluated.

The change to relocate the CIV list from the Technical Specifications to the TRM will not impose any different operational or surveillance requirements, nor will the change remove any such requirements. Adequate control will be maintained. Furthermore, as stated above, the proposed change does not alter the design, function, or operation of the valves involved, and therefore does not create the possibility of a new or different kind of accident from any accident previously evaluated.

The change to SR 4.6.1.1.a reduces the surveillance frequency for valves, blind flanges and deactivated automatic valves located inside the containment. It does not alter the design, function, or operation of the valves. Therefore, it does not create the possibility of a new or different kind of accident from any accident previously evaluated.

The information added to the Bases will provide additional guidance to ensure the plant is operated correctly. This information does not alter the design, function, or operation of the valves involved. Therefore, it does not create the possibility of a new or different kind of accident from any accident previously evaluated.

3. Involve a significant reduction in a margin of safety.

The proposed changes will not reduce the margin of safety since they have no impact on any safety analysis assumption. The proposed changes do not decrease the scope

of equipment currently required to be operable or subject to surveillance testing, nor do the proposed changes affect any instrument setpoints or equipment safety functions.

The effectiveness of Technical Specifications will be maintained since the change will not alter function or operability requirements for any CIV. In addition, the relocation of the valve list is consistent with the guidance provided in GL 91–08, and the change to the surveillance interval is consistent with NUREG–0212 Standard Technical Specifications for Combustion Engineering Pressurized Water Reactors Revision 2 (LCO 3.6.1.1) and NUREG–1432 Standard Technical Specifications for Combustion Engineering Pressurized Water Reactors Revision 1 (LCO 3.6.3).

The information added to the Bases is consistent with the guidance provided in GL 91–08 and NUREG–1432 Standard Technical Specifications for Combustion Engineering Pressurized Water Reactors Revision 1. The intent of the Technical Specifications will be met since this information will not result in any new approaches to plant operation.

Therefore, there is no significant reduction in a margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Learning Resources Center, Three Rivers Community—Technical College, 574 New London Turnpike, Norwich, CT 06360, and the Waterford Library, ATTN: Vince Juliano, 49 Rope Ferry Road, Waterford, CT 06385.

Attorney for licensee: Lillian M. Cuoco, Esq., Senior Nuclear Counsel, Northeast Utilities Service Company, P.O. Box 270, Hartford, CT 06141–0270.

NRC Deputy Director: Phillip F. McKee.

Northeast Nuclear Energy Company (NNECO), et al., Docket No. 50–423, Millstone Nuclear Power Station, Unit No. 3, New London County, Connecticut

Date of amendment request: May 9, 1997

Description of amendment request: The proposed amendment would revise the shutdown margin requirements and add Technical Specification 3/4.3.5 to provide the limiting condition for operation (LCO) and surveillance requirements for the shutdown margin monitors. The proposed amendment would also make administrative changes and revise the associated Bases section.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

NNECO has reviewed the proposed changes in accordance with 10 CFR 50.92 and has concluded that the change does not involve a significant hazards consideration (SHC). The bases for this conclusion is that the three criteria of 10 CFR 50.92(c) are not satisfied. The proposed changes do not involve [an] SHC because the changes would not:

1. Involve a significant increase in the probability or consequence of an accident previously evaluated.

The proposed Technical Specification changes will revise the current shutdown margin requirements for Modes 3, 4 and 5 in Figures 3.1–1, 3.1–2, 3.1–3, 3.1–4 and 3.1–5 and allow for additional boration of the RCS [reactor coolant system] as directed by Specification 3.3.5. The new Shutdown Margin requirements are based on re-analyses of the Boron Dilution Event provided by Westinghouse. In the re-analyses, assumptions were modified in order to justify the operability of the Shutdown Margin Monitor for count rates which are lower than currently allowed. The proposed Shutdown Margin requirements for Modes 3, 4 and 5 will continue to assure that the operator has a minimum of 15 minutes from the alarm to loss of shutdown margin during an assumed Boron Dilution Event.

The proposed change also adds Technical Specification 3/4.3.5 to provide the LCO and Surveillance Requirements for the Shutdown Margin Monitors. LCO 3.3.5 refers to the Core Operating Limits Report (COLR) which will specify the minimum count rate/alarm ratio requirements in order to consider the Shutdown Margin Monitors operable. The LCO also directs the additional boration of the RCS in order to allow the Shutdown Margin Monitors to be considered operable for lower count rates. Also, a footnote (**) is included in Specification 3/4.3.5 to make the Specification treatment of the valves consistent with the Mode 6 and Mode 5-loops drained requirements.

Due to the addition of Technical Specification 3/4.3.5, the related Bases information is added as BASES Section 3/4.3.5. Additionally, the Bases information for the Shutdown Margin Monitors which is currently in BASES Section 3/4.3.1 is moved to the added BASES Section 3/4.3.5. This Bases information is also revised to be consistent with the added Specification 3/4.3.5.

Also, due to the addition of Technical Specification 3/4.3.5, the guidance related to the Shutdown Margin Monitor in Tables 3.3–1 and 4.3–1 is deleted to avoid redundancy.

Additionally, Section 3/4.1.2 of the Bases is revised so that it refers to Figure 3.1–4 (Shutdown Margin for Mode 5/filled) instead of Figure 3.1–5 (Shutdown Margin for Mode 5/drained). This change will make the Bases consistent with the ACTION statement requirements of Technical Specifications 3.1.2.2 and 3.1.2.6.

Finally, Reference 12 (NUSCO–152, Addendum 4) is added to the list of references in Section 6.9.1.6.b. The addition of this reference is considered administrative and is not related to or required by the changes proposed for the Shutdown Margin requirements or Shutdown Margin Monitors.

The new requirements for increased Shutdown Margin (Figures 3.1–1 to 3.1–5) and additional boration (LCO 3.3.5) continue to assure that the operator will have a response time of at least 15 minutes to mitigate the consequences of a Boron Dilution Event. The implementation of the new requirements does not alter the alignment of any plant equipment and therefore, the change cannot increase the probability or consequences of any previously analyzed accident.

The proposed changes will not adversely affect the assumptions or results of other FSAR [Final Safety Analysis Report] accident analysis and it is concluded that this change is safe. The changes do not adversely affect any equipment credited in the safety analysis.

Based upon the re-analyses of the boron dilution event, revised plant operating requirements (shutdown margin) are generated to maintain the required operator action time. Therefore, there is no effect on the probability of occurrence or consequences of previously evaluated accidents.

Therefore, the proposed changes do not involve a significant increase in the probability or consequence of an accident previously evaluated.

2. Create the possibility of a new or different kind of accident from any accident previously evaluated.

The proposed Shutdown Margin requirements for Modes 3, 4 and 5 (Figures 3.1–1 to 3.1–5 and additional boration as per Specification 3.3.5) will continue to assure that the operator has a minimum of 15 minutes from the alarm to loss of shutdown margin during an assumed Boron Dilution Event. Additionally, the use of these revised requirements allows the Shutdown Margin Monitor to be considered operable for count rates which are lower than currently allowed.

The changes do not introduce any new failure modes or malfunctions since the changes implement revised, more conservative plant operating requirements (shutdown margin) which are based on re-analyses of the Boron Dilution Event. Also, the changes do not eliminate any existing requirements.

Therefore, the proposed changes do not create the possibility of a new or different kind of accident from any accident previously evaluated.

3. Involve a significant reduction in a margin of safety.

The proposed Shutdown Margin requirements for Modes 3, 4 and 5 (Figures 3.1–1 to 3.1–5 and additional boration as per Specification 3.3.5) will continue to assure that the operator has a minimum of 15 minutes from the alarm to loss of shutdown margin during an assumed Boron Dilution Event. Additionally, the use of these revised requirements allows the Shutdown Margin Monitor to be considered operable for count rates...which are lower than currently allowed.

The re-analyses of the Boron Dilution Event demonstrated that the required

operator action time is maintained. As such, the re-analyses will become the ''analysis of record'' for the Boron Dilution Event in Modes 3, 4 and 5. The Boron Dilution Event analysis is documented in FSAR Chapter 15.4.6.

The re-analyses of the Boron Dilution Event and the proposed revisions to the Technical Specifications do not adversely affect the results of the current FSAR accident analysis and therefore, it is concluded that this change is safe. Additionally, the change does not adversely affect any equipment credited in the safety analysis.

The changes do not have an adverse impact on the protective boundaries and there is no reduction in the margin of safety as specified in the Technical Specifications. Thus, this proposed change does not involve a significant reduction in the margin of safety.

Therefore, the proposed changes do not involve a significant reduction in a margin of safety.

In conclusion, based on the information provided, it is determined that the proposed changes do not involve an SHC.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Learning Resources Center, Three Rivers Community-Technical College, 574 New London Turnpike, Norwich, Connecticut, and the Waterford Library, ATTN: Vince Juliano, 49 Rope Ferry Road, Waterford, Connecticut.

Attorney for licensee: Lillian M. Cuoco, Esq., Senior Nuclear Counsel, Northeast Utilities Service Company, P.O. Box 270, Hartford, CT 06141–0270.

NRC Deputy Director: Phillip F. McKee.

Northeast Nuclear Energy Company (NNECO), et al., Docket No. 50–423, Millstone Nuclear Power Station, Unit No. 3, New London County, Connecticut

Date of amendment request: May 14, 1997

Description of amendment request: Technical Specification Surveillance Requirement 4.8.2.1.c.4 requires that each battery charger be tested to verify that it can supply a specified current at 125 volts. The proposed amendment would increase the required test voltage.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

NNECO has reviewed the proposed revision in accordance with 10CFR50.92 and has concluded that the revision does not involve a significant hazards consideration (SHC). The basis for this conclusion is that the three criteria of 10CFR50.92(c) are not satisfied. The proposed revision does not involve [an] SHC because the revision would not:

1. Involve a significant increase in the probability or consequence of an accident previously evaluated.

The proposed changes to Technical Specification Surveillance 4.8.2.1.c.4 to increase the required test voltage for the battery chargers from 125 volts to greater than or equal to 132 volts is consistent with the design criteria of the chargers and performing battery charger surveillance testing does not significantly increase the probability of an accident previously evaluated. The proposed changes to increase the required test voltage for the battery chargers provides the necessary assurance that the battery chargers will function as required in previous evaluations and does not significantly increase the consequence of an accident previously evaluated.

Therefore, the proposed revision does not involve a significant increase in the probability or consequence of an accident previously evaluated.

2. Create the possibility of a new or different kind of accident from any accident previously evaluated.

The proposed changes to Technical Specification Surveillance 4.8.2.1.c.4 to increase the required test voltage for the battery chargers from 125 volts to greater than or equal to 132 volts does not change the operation of the battery chargers during normal or accident evaluations.

Therefore, the proposed revision does not create the possibility or a new or different kind of accident from any accident previously evaluated.

3. Involve a significant reduction in a margin of safety.

The proposed change to Technical Specification Surveillance 4.8.2.1.c.4 to increase the required test voltage for the battery chargers from 125 volts to greater than or equal to 132 volts provides assurance that the battery chargers are capable of supplying the largest combined demands of the various steady state loads, plus the current required to recharge its battery, which has undergone a duty cycle discharge, to its fully charged condition in less than 24 hours.

Therefore, the proposed revision does not involve a significant reduction in a margin of safety.

In conclusion, based on the information provided, it is determined that the proposed revision does not involve an SHC.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Learning Resources Center, Three Rivers Community-Technical College, 574 New London Turnpike, Norwich, Connecticut, and the Waterford Library, ATTN: Vince Juliano, 49 Rope Ferry Road, Waterford, Connecticut.

Attorney for licensee: Lillian M. Cuoco, Esq., Senior Nuclear Counsel, Northeast Utilities Service Company, P.O. Box 270, Hartford, CT 06141–0270.

NRC Deputy Director: Phillip F. McKee.

Public Service Electric & Gas Company, Docket No. 50–354, Hope Creek Generating Station, Salem County, New Jersey

Date of amendment request: March 3, 1997 as supplemented by letter dated May 5, 1997. The May 5, 1997, supplement revised the proposed no significant hazards consideration entirely

Description of amendment request: The proposed changes to the Hope Creek (HC) Technical Specifications (TSs) would: (1) Change TS 3/4.3.1, ''Reactor Protection System Instrumentation,'' TS 3/4.3.2, ''Isolation Actuation Instrumentation,'' and TS 3/4.3.3, ''Emergency Core Cooling System Actuation Instrumentation'' to include additional information concerning response time testing; (2) Change TS 4.0.5 to reference inservice inspection and test requirements; (3) Change TS 3/4.6.1, ''Primary Containment,'' and associated Bases to reflect a design modification; (4) Change TS 3/4.7.7, ''Main Turbine Bypass System,'' to specify a new operability requirement; and (5) Change the Bases for TS 3/4.8, ''Electrical Power Systems.''

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

1. The proposed changes do not involve a significant increase in the probability or consequences of an accident previously evaluated.

The proposed changes for the TS related to response time testing reflect testing methodologies that were approved by the NRC in Amendment No. 85 to the Hope Creek TS. These proposed TS revisions involve: (1) no hardware changes; (2) no significant changes to the operation of any systems or components in normal or accident operating conditions; and (3) no changes to existing structures, systems or components. Therefore, these changes will not increase the probability of an accident previously evaluated. Since the plant systems associated with these proposed changes will still be capable of: (1) meeting all applicable design

basis requirements; and (2) retain the capability to mitigate the consequences of accidents described in the HC [Updated Final Safety Analysis Report] UFSAR, the proposed changes were determined to be justified. As a result, these changes will not involve a significant increase in the consequences of an accident previously evaluated.

The proposed changes to Surveillance Requirement 4.0.5 do not alter the current requirements for the Hope Creek inservice inspection and inservice testing programs and are considered to be editorial in nature. These proposed TS revisions involve: (1) no hardware changes; (2) no significant changes to the operation of any systems or components in normal or accident operating conditions; and (3) no changes to existing structures, systems or components. Therefore, these changes will not increase the probability of an accident previously evaluated. Since the plant systems associated with these proposed changes will still be capable of: (1) Meeting all applicable design basis requirements; and (2) retain the capability to mitigate the consequences of accidents described in the HC UFSAR, the proposed changes were determined to be justified. As a result, these changes will not involve a significant increase in the consequences of an accident previously evaluated.

The proposed changes to the drywell and suppression chamber purge system are being made to justify design modifications to that system. As discussed in NRC Notice of Violation 50–354/96–10–01, this design modification replaced isolation valves containing resilient material seals with metal seated valves under 10CFR50.59. As a result of this modification, a 24 month frequency has been implemented to perform Type C tests on these new metal seated valves. PSE&G has concluded that the 24 month frequency is appropriate for the new valves since: (1) This frequency is imposed by Surveillance Requirement 4.6.1.2.d, which is applicable to similar containment isolation valves in Table 3.6.3–1 that penetrate the primary containment; and (2) concerns raised about severe environment-induced degradation and frequent use for the previously installed resilient seal material valves are not applicable to the replacement metal seat valves. PSE&G has concluded that the valve modification was an enhancement to the Hope Creek design that did not impact the isolation capability of the drywell and suppression chamber purge system. No significant changes were made to the operation of these valves in normal or accident operating conditions. As a result, these changes will not increase the probability of an accident previously evaluated. Since the plant systems associated with these proposed changes will still be capable of: (1) Meeting all applicable design basis requirements; and (2) retain the capability to mitigate the consequences of accidents described in the HC UFSAR, the proposed changes were determined to be justified. As a result, these changes will not involve a significant increase in the consequences of an accident previously evaluated.

The proposed changes to [Limiting Condition for Operation] LCO 3.7.7 establish consistent and appropriate requirements for main turbine bypass valve operability requirements. These changes do not impact the assumptions contained in these UFSAR analyses since they do not change the manner in which Hope Creek is currently permitted to operate. Since the ACTION Statement for LCO 3.7.7 already allows indefinite continued operation below 25% of RATED THERMAL POWER with an inoperable main turbine bypass valve system, the proposed modification to the APPLICABILITY statement for this LCO does not involve: (1) Hardware changes; (2) significant changes to the operation of any systems or components in normal or accident operating conditions; or (3) changes to existing structures, systems or components. Therefore these changes will not increase the probability of an accident previously evaluated. Since the plant systems associated with these proposed changes will still be capable of: (1) meeting all applicable design basis requirements; and (2) retain the capability to mitigate the consequences of accidents described in the HC UFSAR, the proposed changes were determined to be justified. As a result, these changes will not involve a significant increase in the consequences of an accident previously evaluated.

The proposed changes to the HC emergency diesel generator (EDG) TS Bases [Change 5—Bases for TS 3/4.8, ''Electrical Power Systems''] include information contained in the Safety Evaluation Report for Technical Specification Amendment No. 75. This information concerns the bases for the allowed-outage-time (AOT) for the C and D EDGs. Concerning the revisions to planned C and D EDG outages, PSE&G believes that implementation of 10CFR50.65 requirements to monitor EDG unavailability will provide an acceptable and more clearly defined method for maintaining EDG availability within acceptable limits. As stated in PSE&G's letter LR-N97167, dated March 21, 1997, Hope Creek will not plan C or D EDG outages that exceed 72 hours if the total unavailability of the EDG will be greater than 720 hours on a 12 month rolling basis. The proposed TS revisions involve: (1) no hardware changes; (2) no significant changes to the operation of any systems or components in normal or accident operating conditions; and (3) no changes to existing structures, systems or components. Therefore these changes will not increase the probability of an accident previously evaluated. Since the plant systems associated with these proposed changes will still be capable of: (1) Meeting all applicable design basis requirements; and (2) retain the capability to mitigate the consequences of accidents described in the HC UFSAR, the proposed changes were determined to be justified. As a result, these changes will not involve a significant increase in the consequences of an accident previously evaluated.

2. The proposed change does not create the possibility of a new or different kind of accident from any accident previously evaluated.

The proposed changes for the TS related to response time testing reflect testing methodologies that were approved by the NRC in Amendment No. 85 to the Hope Creek TS and are being made to clarify the licensing basis for performing response time testing. The proposed changes will not adversely impact the operation of any safety related component or equipment. Since the proposed changes involve: (1) No hardware changes; (2) no significant changes to the operation of any systems or components; and (3) no changes to existing structures, systems or components, there can be no impact on the occurrence of an accident previously evaluated. Furthermore, there is no change in plant testing proposed in this change request that could initiate an event. Therefore, these changes will not create the possibility of a new or different kind of accident from any accident previously evaluated.

The proposed changes to Surveillance Requirement 4.0.5 do not alter the current requirements for the Hope Creek inservice inspection and inservice testing programs and are considered to be editorial in nature. The proposed changes will not adversely impact the operation of any safety related component or equipment. Since the proposed changes involve: (1) No hardware changes; (2) no changes to the operation of any systems or components; and (3) no changes to existing structures, systems or components, there can be no impact on the occurrence of an accident previously evaluated. Furthermore, there is no change in plant testing proposed in this change request that could initiate an event. Therefore, these changes will not create the possibility of a new or different kind of accident from any accident previously evaluated.

The proposed changes to the drywell and suppression chamber purge system are being made to justify design modifications to that system. As discussed in NRC Notice of Violation 50–354/96–10–01, this design modification replaced isolation valves containing resilient material seals with metal seated valves under 10 CFR 50.59. As a result of this modification, a 24 month frequency has been implemented to perform Type C tests on these new metal seated valves. PSE&G has concluded that the 24 month frequency is appropriate for the new valves since: (1) This frequency is imposed by Surveillance Requirement 4.6.1.2.d, which is applicable to similar containment isolation valves in Table 3.6.3–1 that penetrate the primary containment; and (2) concerns raised about severe environment-induced degradation and frequent use for the previously installed resilient seal material valves are not applicable to the replacement metal seat valves. PSE&G has concluded that the valve modification was an enhancement to the Hope Creek design that did not impact the isolation capability of the drywell and suppression chamber purge system. Since the proposed changes will not adversely impact the operation of any safety related component or equipment, there can be no impact on the occurrence of any accident. Furthermore, there is no change in plant testing proposed in this change request that could initiate an event. Therefore, these changes will not create the possibility of a

new or different kind of accident from any accident previously evaluated.

The proposed changes to LCO 3.7.7 establish consistent and appropriate requirements for main turbine bypass valve operability requirements. These changes do not impact the assumptions contained in these UFSAR analyses since they do not change the manner in which Hope Creek is currently permitted to operate. Since the ACTION Statement for LCO 3.7.7 already allows indefinite continued operation below 25% of RATED THERMAL POWER with an inoperable main turbine bypass valve system, the proposed modification to the APPLICABILITY statement for this LCO does not involve: (1) hardware changes; (2) significant changes to the operation of any systems or components in normal or accident operating conditions; or (3) changes to existing structures, systems or components. The proposed changes will not adversely impact the operation of any safety related component or equipment. Since the proposed changes involve: (1) no significant hardware changes; (2) no significant changes to the operation of any systems or components; and (3) no changes to existing structures, systems or components, there can be no impact on the occurrence of any accident. Furthermore, there is no change in plant testing proposed in this change request that could initiate an event. Therefore, these changes will not create the possibility of a new or different kind of accident from any accident previously evaluated.

The proposed changes to the HC emergency diesel generator (EDG) TS Bases [Change 5—Bases for TS ¾.8, ''Electrical Power Systems''] include information contained in the Safety Evaluation Report for Technical Specification Amendment No. 75. This information concerns the bases for the allowed-outage-time (AOT) for the C and D EDGs. Concerning the revisions to planned C and D EDG outages, PSE&G believes that implementation of 10CFR50.65 requirements to monitor EDG unavailability will provide an acceptable and more clearly defined method for maintaining EDG availability within acceptable limits. As stated in PSE&G's letter LR–N97167, dated March 21, 1997, Hope Creek will not plan C or D EDG outages that exceed 72 hours if the total unavailability of the EDG will be greater than 720 hours on a 12 month rolling basis. The proposed changes will not adversely impact the operation of any safety related component or equipment. Since the proposed changes involve: (1) No hardware changes; (2) no significant changes to the operation of any systems or components; and (3) no changes to existing structures, systems or components, there can be no impact on the occurrence of any accident. Furthermore, there is no change in plant testing proposed in this change request which could initiate an event. Therefore, these changes will not create the possibility of a new or different kind of accident from any accident previously evaluated.

3. The proposed change does not involve a significant reduction in a margin of safety.

The proposed changes for the TS related to response time testing reflect testing methodologies that were approved by the NRC in Amendment No. 85 to the Hope Creek TS. No changes are being made to methodologies with this proposal. Therefore, the changes contained in this request do not result in a significant reduction in a margin of safety.

The proposed changes to Surveillance Requirement 4.0.5 do not alter the current requirements for the Hope Creek inservice inspection and inservice testing programs and are considered to be editorial in nature. Therefore, the changes contained in this request do not result in a significant reduction in a margin of safety.

The proposed changes to the drywell and suppression chamber purge system are being made to reflect design modifications that have been installed. This design modification replaced isolation valves containing resilient material seals with metal seated valves under 10 CFR 50.59. PSE&G has concluded that the 24 month frequency is appropriate for the new valves since: (1) this frequency is imposed by Surveillance Requirement 4.6.1.2.d, which is applicable to other containment isolation valves in Table 3.6.3–1 that penetrate the primary containment; and (2) concerns raised about severe environment-induced degradation and frequent use for the previously installed resilient seal material valves are not applicable to the replacement metal seat valves. The valve modification was an enhancement to the Hope Creek design that did not impact the isolation capability of the drywell and suppression chamber purge system, and does not result in a significant reduction in a margin of safety.

The proposed changes to LCO 3.7.7 establish consistent and appropriate requirements for main turbine bypass valve operability requirements. These changes do not impact the assumptions contained in these UFSAR analyses since they do not change the manner in which Hope Creek is currently permitted to operate. Since the ACTION Statement for LCO 3.7.7 already allows indefinite continued operation below 25% of RATED THERMAL POWER with an inoperable main turbine bypass valve system, the proposed modification to the APPLICABILITY statement for this LCO would be editorial in nature. Therefore, the changes contained in this request do not result in a significant reduction in a margin of safety.

The HC TS Bases [Change 5—Bases for TS ¾.8, ''Electrical Power Systems''] will be revised to include information contained in the Safety Evaluation Report for Technical Specification Amendment No. 75. This information concerns the bases for the allowed-outage-time (AOT) for the C and D emergency diesel generators (EDGs). PSE&G believes that implementation of 10 CFR 50.65 requirements to monitor EDG unavailability limits will provide an acceptable and more clearly defined method for maintaining EDG availability within acceptable limits and not result in a significant reduction in a margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Pennsville Public Library, 190 S. Broadway, Pennsville, New Jersey 08070.

Attorney for licensee: M. J. Wetterhahn, Esquire, Winston and Strawn, 1400 L Street, NW., Washington, DC 20005–3502.

NRC Project Director: John F. Stolz.

Public Service Electric & Gas Company, Docket No. 50–354, Hope Creek Generating Station, Salem County, New Jersey

Date of amendment request: May 19, 1997

Description of amendment request: The proposed amendment would change Technical Specification (TS) 3.7.1.3, ''Ultimate Heat Sink'' to reflect that continued plant operation depends upon the association of ultimate heat sink (UHS) temperature *and* safety system availability. The requirements of TS 3.7.1.1, ''Safety Auxiliaries Cooling System (SACS)'', TS 3.7.1.2, ''Station Service Water System (SSWS)'' and TS 3.8.1.1, ''Electrical Power Systems'' would be revised to reflect the revised TS 3.7.1.3. In addition, the Bases for ¾.7.1, ''Service Water Systems'' would be appropriately revised.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

1. The proposed changes do not involve a significant increase in the probability or consequences of an accident previously evaluated.

The proposed TS revisions related to SSWS/SACS and the emergency diesel generators (EDGs) [TS 3.7.1.1, TS 3.7.1.2, and TS 3.8.1.1] involve no hardware changes and no changes to existing structures, systems or components. The additional system configuration limits and changes to the operation of SSWS/SACS/EDGs are being made to ensure that SSWS/SACS can remove required heat loads during design basis accidents and transients with the proposed UHS river water temperature and level limits. The link to the UHS LCO in the proposed SSWS/SACS/EDG TS ACTION Statements and the proposed revisions to the SACS ACTION Statement for one inoperable SACS subsystem ensure that the plant is directed to enter a safe shutdown condition whenever the capability to

mitigate design basis accidents and transients is lost. Since the SSWS/SACS/EDGs will still remain capable of meeting all applicable design basis requirements and retaining the capability to mitigate the consequences of accidents described in the HC UFSAR, the proposed changes were determined to be justified. As a result, these changes will not increase the probability of an accident previously evaluated nor significantly increase in the consequences of an accident previously evaluated.

The proposed TS revisions related to UHS [TS 3.7.1.3] involve no hardware changes and no changes to existing structures, systems or components. The additional system configuration limits and changes to the operation of UHS supported systems are being made to ensure that the UHS can remove required heat loads during design basis accidents and transients with the proposed UHS river water temperature and level limits. The proposed UHS TS ACTION Statements ensure that the plant is directed to enter a safe shutdown condition whenever the capability to mitigate design basis accidents and transients is lost. The proposed changes to the UHS TS surveillance requirements to increase monitoring of the river water temperature at 82°F adequately ensures that the actions required when river temperatures exceed 85°F are taken as appropriate. Since the UHS will still remain capable of meeting all applicable design basis requirements and retaining the capability to mitigate the consequences of accidents described in the HC UFSAR, the proposed changes were determined to be justified. As a result, these changes will not increase the probability of an accident previously evaluated nor significantly increase in the consequences of an accident previously evaluated.

With the approval of the proposed changes to the SSWS/SACS/EDG/UHS TS, the proposed TS Bases changes are considered to be editorial in nature. As a result, the proposed Bases changes will not increase the probability of an accident previously evaluated nor significantly increase in the consequences of an accident previously evaluated.

2. The proposed change does not create the possibility of a new or different kind of accident from any accident previously evaluated.

The proposed changes to the SSWS/SACS/EDG TS contained in this submittal will not adversely impact the operation of any safety related component or equipment. Since the proposed changes involve no hardware changes and no changes to existing structures, systems or components, there can be no impact on the potential occurrence of any accident due to new equipment failure modes. The additional system configuration limits and changes to the operation of SSWS/SACS/EDGs imposed by the proposed changes ensure that SSWS/SACS and the UHS can remove required heat loads during design basis accidents and transients with the proposed UHS river water temperature and level limits. Furthermore, there is no change in plant testing proposed in this change request which could initiate an event. Therefore, these changes will not create the possibility of a new or different kind of accident from any accident previously evaluated.

The proposed changes to the UHS TS contained in this submittal will not adversely impact the operation of any safety related component or equipment. Since the proposed changes involve no hardware changes and no changes to existing structures, systems or components, there can be no impact on the potential occurrence of any accident due to new equipment failure modes. The additional system configuration limits imposed by the proposed UHS LCO ensure that supported systems can remove required heat loads during design basis accidents and transients with the proposed UHS river water temperature and level limits. Furthermore, there is no change in plant testing proposed in this change request which could initiate an event. The proposed changes to the UHS TS surveillance requirements to increase monitoring of the river water temperature at 82 °F adequately ensures that the actions required when river temperatures exceed 85 °F are taken as appropriate. Therefore, these changes will not create the possibility of a new or different kind of accident from any accident previously evaluated.

With the approval of the proposed changes to the SSWS/SACS/EDG UHS TS, the proposed TS Bases changes are considered to be editorial in nature. As a result, the proposed Bases changes will not create the possibility of a new or different kind of accident from any accident previously evaluated.

3. The proposed change does not involve a significant reduction in a margin of safety.

The proposed changes for the TS related to the SSWS/SACS/EDGs establish consistent and appropriate requirements for SSWS/SACS/EDG and UHS operability requirements. The additional system configuration limits and changes to the operation of SSWS/SACS/EDG are being made to ensure that SSWS/SACS can remove required heat loads during design basis accidents and transients with the proposed UHS river water temperature and level limits. The link to the UHS LCO in the proposed SSWS/SACS/EDG TS ACTION Statements and the revision to the SACS ACTION Statement for one inoperable SACS subsystem ensure that the plant is directed to: (1) enter a safe shutdown condition whenever the capability to mitigate design basis accidents and transients is lost; or (2) enter a conservatively short period of continued operation when system redundancy is reduced. Since the SSWS/SACS/EDG will still remain capable of meeting all applicable design basis requirements and retaining the capability to mitigate the consequences of accidents described in the HC UFSAR, the proposed changes contained in this submittal were determined to not result in a significant reduction in a margin of safety.

The proposed changes for the TS related to the UHS ensure continued capability of the UHS to mitigate the consequences of design basis accidents and transients. The additional SSWS/SACS configuration limits and changes to the operating limits of the UHS ensure that the UHS can remove required heat loads during design basis accidents and transients with the proposed river water temperature and level limits. The proposed UHS TS ACTION Statements ensure that the plant is directed to: (1) enter a safe shutdown condition whenever the capability to mitigate design basis accidents and transients is lost; or (2) enter a conservatively short period of continued operation when supported system redundancy is reduced. Since the UHS will still remain capable of meeting all applicable design basis requirements and retaining the capability to mitigate the consequences of accidents described in the HC UFSAR, the proposed changes contained were determined to not result in a significant reduction in a margin of safety.

With the approval of the proposed changes to the SSWS/SACS/UHS TS, the proposed TS Bases changes are considered to be editorial in nature. As a result, the proposed bases changes will not result in a significant reduction in a margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Pennsville Public Library, 190 S. Broadway, Pennsville, NJ 08070.

Attorney for licensee: M. J. Wetterhahn, Esquire, Winston and Strawn, 1400 L Street, NW., Washington, DC 20005–3502.

NRC Project Director: John F. Stolz.

South Carolina Electric & Gas Company (SCE&G), South Carolina Public Service Authority, Docket No. 50–395, Virgil C. Summer Nuclear Station, Unit No. 1, Fairfield County, South Carolina

Date of amendment request: May 21, 1997

Description of amendment request: The proposed amendment would revise the Virgil C. Summer Nuclear Station Technical Specifications (TS), Surveillance Requirements (SRs), to change the methodology for testing the charcoal adsorbers in (1) the control room normal and emergency air handling system (TS 3/4.7.6), and (2) the spent fuel pool ventilation system (TS 3/4.9.11), by reference to the methodology of ASTM D 3803–1989 from the ANSI STD N509–1980.

The proposed reference testing methodology to ASTM D 3803–1989 for the control room is at a relative humidity of 70% and 30 degrees C with methyl iodide penetration of < 2.5%. The proposed reference testing methodology to ASTM D 3803–1989 for

the spent fuel pool is at a relative humidity of 95% and 30 degrees C with a methyl iodide penetration of < 2.5%.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

1. Does the change involve a significant increase in the probability or consequences of an accident previously evaluated?

The proposed change revises the methodology for testing the charcoal adsorbers in the Control Room Normal and Emergency Air Handling System and the Spent fuel Pool Ventilation System (Engineered Safeguards Feature [ESF] air handling units) to the updated Standard Test Method for Nuclear-Grade Carbon.* * *. The charcoal adsorbers are not initiators of any analyzed event.* * * The charcoal adsorbers will be tested to the updated version of the approved standard, which generally contains more stringent testing requirements. The change does not affect the operation of the ESF air handling units. The new testing requirements will continue to ensure that the ESF air handling units will be capable of performing their safety function and meeting the assumptions in the safety analysis [Final Safety Analysis Report (FSAR)]. The change does not affect the mitigation capabilities of any component or system nor does it affect the assumptions relative to the mitigation of accidents or transients. Therefore, the change does not involve a significant increase in the probability or consequences of an accident previously evaluated.

2. Does the change create the possibility of a new or different kind of accident from any accident previously evaluated?

The proposed change revises the methodology for testing the charcoal adsorbers in the Control Room Normal and Emergency Air Handling System and the Spent fuel Pool Ventilation System * * * to the updated Standard Test Method for Nuclear-Grade Carbon. The change does not involve a significant change in the design or operation of the plant. The changes do not involve a physical alteration of the plant (no new or different type of equipment will be installed), or new or unusual operator actions. No new or different accident scenarios, transient precursors, failure mechanisms, or limiting single failures will be introduced as a result of this change. Therefore, the change does not create the possibility of a new or different kind of accident from any accident previously evaluated.

3. Does this change involve a significant reduction in margin of safety?

The proposed change revises the methodology for testing the charcoal adsorbers in the Control Room Normal and Emergency Air Handling System and the Spent fuel Pool Ventilation System * * * to the updated Standard Test Method for Nuclear-Grade Carbon. Testing of the charcoal adsorbers in the ESF air handling units to the new standard will continue to ensure the systems perform their design function. The increase in the allowed penetration percentage does not affect the accident analysis because testing requirements are more stringent and the higher allowed percentages continue to be below the assumptions of the safety analysis [FSAR]. Therefore, the change does not involve a significant reduction in a margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Fairfield County Library, 300 Washington Street, Winnsboro, SC 29180.

Attorney for licensee: Randolph R. Mahan, South Carolina Electric & Gas Company, Post Office Box 764, Columbia, South Carolina 29218.

NRC Project Director: Gordon Edison, Acting.

Southern Nuclear Operating Company, Inc., Docket Nos. 50–348 and 50–364, Joseph M. Farley Nuclear Plant, Units 1 and 2, Houston County, Alabama

Date of amendments request: May 27, 1997

Description of amendments request: The proposed amendments would revise the applicable Modes for Source Range Nuclear Instrumentation (Technical Specification 3/4.3.1, ''Reactor Trip System Instrumentation''), provide allowances for an exception to the requirements for the state of the power supplies for Residual Heat Removal System discharge to charging pump suction valves following Mode changes (Technical Specification 3/4.5.2, ''ECCS Subsystems—T_{avg} greater than 350°F'' and 3/4.5.3, ''ECCS Subsystems—T_{avg} less than 350°F''), and delete cycle-specific guidance concerning manual emergency engineered safety feature function input checks.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

(1) The proposed changes do not significantly increase the probability or consequences of an accident previously evaluated in the FSAR [Final Safety Analysis Report]. The purposes for repositioning the breakers/disconnects for MOVs [motor-operated valves] 8706A and 8706B are to ensure that the ECCS [Emergency Core Cooling System] System is aligned properly such that the assumptions used in the safety analyses are met and to prevent possible overpressurization of the charging pump suction line piping. The likelihood of a severe transient occurring in this time frame is very small and has to be weighed against the possibility of over pressurizing the CVCS [Chemical and Volume Control System] charging pump suction piping. The allowance of a 4 hour time period to perform the required alignment appropriately weighs this risk. Changing the applicability of the requirement to have indication from a Source Range Nuclear Instrument available to agree with the design of the plant does not change the physical design of the plant or affect any assumptions used in accident analyses and, therefore, has no effect on the probability or consequences of an accident previously evaluated in the FSAR. The allowance of 1 hour to perform the Source Range Channel Check upon reaching P–6 from Mode 2 is consistent with the current basis for a source range channel inoperable. Therefore, these changes do not involve a significant increase in the consequences of an accident previously evaluated.

(2) The proposed changes to the Technical Specifications do not increase the possibility of a new or different kind of accident than any accident already evaluated in the FSAR. No new limiting single failure or accident scenario has been created or identified due to the proposed changes. Safety-related systems will continue to perform as designed. Therefore, the proposed changes do not create the possibility of a new or different kind of accident from any previously evaluated.

(3) The proposed changes do not involve a significant reduction in the margin of safety. The margin of safety is not significantly reduced due to the proposed changes to the breaker/disconnect positioning requirements of TS [Technical Specifications] 3/4.5.2 and 3/4.5.3 when transitioning between Modes 3 and 4. The likelihood of either a severe transient occurring in Mode 3 or the possible overpressurization of the CVCS charging pump suction line by the RHR [residual heat removal] system in Mode 4 is very small. Changing the Applicability of the requirement to have indication from a Source Range Nuclear Instrument available to agree with the design of the plant does not change the physical design of the plant or affect any assumptions used in accident analyses and, therefore, has no effect on the margin of safety. These proposed changes are technically consistent with the requirements and standard format of NUREG–1431, Revision 1. Performing the source range channel check within 1 hour upon reaching P–6 from Mode 2 does not change the physical design of the plant or affect any assumptions used in accident analyses and, therefore, also does not [a]ffect the margin of safety. Thus, the proposed changes do not involve a significant reduction in the margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff

proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Houston-Love Memorial Library, 212 W. Burdeshaw Street, Post Office Box 1369, Dothan, Alabama 36302.

Attorney for licensee: M. Stanford Blanton, Esq., Balch and Bingham, Post Office Box 306, 1710 Sixth Avenue North, Birmingham, Alabama 35201.

NRC Project Director: Herbert N. Berkow.

Southern Nuclear Operating Company, Inc., Docket Nos. 50–348 and 50–364, Joseph M. Farley Nuclear Plant, Units 1 and 2, Houston County, Alabama

Date of amendments request: May 28, 1997

Description of amendments request: The proposed amendments would insert a footnote in Technical Specification (TS) Surveillance Requirement 4.8.1.1.2.e, to clarify that load rejection testing of the shared emergency diesel generator set on either unit may be used to satisfy TS 4.8.1.1.2.e surveillance requirements for both units.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

1. The proposed changes do not involve a significant increase in the probability or consequences of an accident previously evaluated.

The proposed changes clarify that load rejection testing of the shared emergency diesel generator set is only required once per five years, and that testing of the shared EDG [emergency diesel generator] set on one unit may be used to satisfy SR [Surveillance Requirement] 4.8.1.1.2.e requirements for both units. These changes do not affect the probability or consequences of an accident. There are no changes being made to the emergency diesel generator testing program. These changes simply clarify the existing test program and the intent of the test requirements.

Therefore, the proposed TS changes do not involve a significant increase in the probability or consequences of an accident previously evaluated.

2. The proposed changes do not create the possibility of a new or different kind of accident from any accident previously evaluated.

The proposed changes clarify that load rejection testing of the shared emergency diesel generator set is only required once per five years, and that testing of the shared EDG set on one unit may be used to satisfy SR 4.8.1.1.2.e requirements for both units. No new testing configuration is being proposed that could create the possibility of any new or different kind of accident from any accident previously evaluated. There are no changes being made to the emergency diesel generator testing program. These changes simply clarify the existing test program and the intent of the test requirements.

Therefore, the proposed changes do not create the possibility of a new or different kind of accident from any accident previously evaluated.

3. The proposed changes do not involve a significant reduction in a margin of safety.

The proposed changes clarify that load rejection testing of the shared emergency diesel generator set is only required once per five years, and that testing of the shared EDG set on one unit may be used to satisfy SR 4.8.1.1.2.e requirements for both units. A similar technical specification change has been previously approved by the NRC for Hatch Nuclear Plant. The technical specification bases and the Final Safety Analysis Report have been reviewed. Clarification of the testing requirements has no effect on the margin of plant safety since no reduction in the test program is involved.

Therefore, the proposed changes do not involve a significant reduction in a margin of safety.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Houston-Love Memorial Library, 212 W. Burdeshaw Street, Post Office Box 1369, Dothan, Alabama 36302.

Attorney for licensee: M. Stanford Blanton, Esq., Balch and Bingham, Post Office Box 306, 1710 Sixth Avenue North, Birmingham, Alabama 35201.

NRC Project Director: Herbert N. Berkow.

The Cleveland Electric Illuminating Company, Centerior Service Company, Duquesne Light Company, Ohio Edison Company, Pennsylvania Power Company, Toledo Edison Company, Docket No. 50–440, Perry Nuclear Power Plant, Unit 1, Lake County, Ohio

Date of amendment request: May 2, 1997.

Description of amendment request: The proposed change would continue to allow entry into Operational Conditions 1, 2, and 3 with the inboard main steam isolation valve (MSIV) leakage control subsystem inoperable.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration which is presented below:

1. The proposed change does not involve a significant increase in the probability or consequences of an accident previously evaluated.

This License Amendment application proposes a revision to the exception to Limiting Condition for Operation (LCO) 3.0.4 as it applies to the Technical Specification (TS) for the MSIV Leakage Control System (LCS). This revision is proposed to permit completion of activities necessary to implement the most appropriate permanent resolution for the issues that resulted from the elimination of the secondary containment bypass leakage path through the Main Steam Line drains. In addition, the revision clarifies that the exception only applies to the Inboard MSIV LCS subsystem. The drains will remain in their current configuration, which seals off the secondary containment bypass leakage path. The sealed drain path results in a temporary inoperability of the Inboard MSIV LCS subsystem when the plant is operated below 50 percent rated thermal power (RTP), due to condensate build-up in the bottom of the steam lines between the MSIVs. The requested 3.0.4 exception is necessary to permit plant startups with this temporary inoperability. The exception to LCO 3.0.4 simply permits use of the existing Action statement (Condition A of LCO 3.6.1.9) during MODE changes.

The probability of occurrence of a previously evaluated accident is not affected by the proposed revision of the LCO 3.0.4 exception since no change to the plant or to the manner in which the plant is operated is involved. The existing plant configuration will be maintained, and possible concerns resulting from that configuration have been analyzed. The extra weight of the water pooled between the MSIVs was analyzed with respect to piping supports and seismic considerations and was found to be acceptable, and condensate that is carried past the outboard MSIVs will be drained to the condenser by drain connections downstream of the outboard MSIVs before it can reach the turbine. The temporary inoperability of the Inboard MSIV LCS subsystem when below 50 percent RTP has no impact on accident initiation probability, since the MSIV LCS does not serve to prevent accidents, but is only used in mitigating the consequences of Loss of Coolant Accidents (LOCAs) that have already occurred.

The consequences of an accident are not affected in that the Outboard MSIV LCS subsystem will be available to perform the MSIV LCS function by mitigating the consequences of a LOCA during the temporary period in which the Inboard MSIV LCS subsystem is unavailable. Condensate that is carried past the outboard MSIVs will be drained to the condenser by drain connections downstream of the outboard MSIVs; therefore, no impairment of the Outboard MSIV LCS subsystem will result from condensed water. The Required Action and Completion Time for one inoperable MSIV LCS subsystem remains the same, and limits plant operation to the previously established 30-day Allowable Outage Time. The Required Action if both subsystems of MSIV LCS were to become inoperable also remains the same. The MSIV function of isolating the Main Steam Lines is also unaffected by the existing plant

configuration, since MSIV performance will not be affected by the existence of accumulated water in the bottom of the steam lines between the MSIVs during plant operation below 50 percent RTP. Therefore, if necessary, the Main Steam Lines will be isolated, and leakage past the MSIVs will be routed for filtration as in the design-basis radiological analyses, and the safety and radiological consequences of previously evaluated accidents will remain unaffected.

2. The proposed change does not create the possibility of a new or different kind of accident from any accident previously evaluated.

The proposed change to permit inoperability of the Inboard MSIV LCS subsystem during periods of startup and power ascension to 50 percent RTP and during shutdown below 50 percent RTP does not create the possibility of a new or different kind of accident from any previously evaluated. The Inboard MSIV LCS subsystem is only credited during a large-break LOCA wherein Reactor Coolant System depressurization occurs. The temporary unavailability of the Inboard MSIV LCS subsystem can be mitigated by operation of the Outboard MSIV LCS subsystem. The amendment to the TS is an administrative change that does not involve change to the current plant design or methods of operation. No new plant equipment failure modes or accident initiators are introduced by the LCO 3.0.4 exception.

3. The proposed change does not involve a significant reduction in a margin of safety.

The response to a large-break LOCA will not be affected since the Outboard MSIV LCS subsystem can be assumed to be available during the limited period of time that the Technical Specifications permit the Inboard subsystem to be unavailable. Allowing entry into MODES 1, 2, and 3 while utilizing the existing Condition A and Required Action A.1 does not reduce the margin of safety since the Completion Time allowed for that Condition is not increased. The proposed change will have no adverse impact on the reactor coolant system pressure boundary nor will other system protective boundaries or safety limits be affected.

The NRC staff has reviewed the licensees' analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Perry Public Library, 3753 Main Street, Perry, Ohio 44081.

Attorney for licensee: Jay Silberg, Esq., Shaw, Pittman, Potts & Trowbridge, 2300 N Street, NW., Washington, DC 20037.

NRC Project Director: Gail H. Marcus.

The Cleveland Electric Illuminating Company, Centerior Service Company, Duquesne Light Company, Ohio Edison Company, Pennsylvania Power Company, Toledo Edison Company, Docket No. 50–440, Perry Nuclear Power Plant, Unit 1, Lake County, Ohio

Date of amendment request: May 2, 1997

Description of amendment request: The proposed change would allow the leakage rate of one or more main steam lines to be up to 35 standard cubic feet per hour (scfh), as long as the total leakage rate through all four main steam lines is less than or equal to 100 scfh.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration which is presented below:

1. The proposed change does not involve a significant increase in the probability or consequences of an accident previously evaluated.

The proposed change involves the deletion of the portion of Technical Specification Surveillance Requirement (SR) 3.6.1.3.10 that states the increased leakage rate of less than or equal to 35 scfh for an individual main steam line is only acceptable for Operating Cycle 6, and a deletion of the restriction that a main steam line leakage rate of less than or equal to 35 scfh is acceptable for only one main steam line. The overall main steam line leakage limit of less than or equal to 100 scfh for all four main steam lines is not being revised.

The MSIV [main steam isolation valve] leakage is not an initiator of an accident, including the steam line rupture accident. Therefore, the probability of an accident previously evaluated has not changed.

The consequences of interest are the radiological dose consequences following a large-break Loss of Coolant Accident (LOCA). This is the event which the regulatory guidance requires to be evaluated using the extremely conservative source term assumptions of Regulatory Guide 1.3, ''Assumptions Used for Evaluating the Potential Radiological Consequences of a Loss of Coolant Accident for Boiling Water Reactors.'' Since the overall main steam line leakage rate of less than or equal to 100 scfh for all four main steam lines is not being revised, the radiological consequences of an accident previously evaluated has not changed.

Therefore, the probability or consequences of an accident previously evaluated have not significantly increased.

2. The proposed change would not create the possibility of a new or different kind of accident from any accident previously evaluated.

This proposed change does not physically alter the plant or systems or equipment in the plant, or the method for operation of the plant. Therefore, the proposed change does not create the possibility of a new or different kind of accident from any accident previously evaluated.

3. The proposed change will not involve a significant reduction in the margin of safety.

The proposed change does not revise the overall combined leakage rate of less than or equal to 100 scfh for all four main steam lines that is permitted in the present Specification. It is the combined main steam line penetration leakage rate that is assumed in the radiological accident analyses. Thus, although individual steam line leakage rates may be less than or equal to 35 scfh, as long as overall leakage of the four main steam lines is maintained at its current value of less than or equal to 100 scfh, the proposed change does not reduce the margin of safety.

Therefore, the proposed change does not involve a significant reduction in the margin of safety.

The NRC staff has reviewed the licensees' analysis and, based on this review, it appears that the three standards of 10 CFR 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: Perry Public Library, 3753 Main Street, Perry, Ohio 44081.

Attorney for licensee: Jay Silberg, Esq., Shaw, Pittman, Potts & Trowbridge, 2300 N Street, NW., Washington, DC 20037.

NRC Project Director: Gail H. Marcus.

Virginia Electric and Power Company, Docket Nos. 50–338 and 50–339, North Anna Power Station, Units No. 1 and No. 2, Louisa County, Virginia

Date of amendment request: November 9, 1987, as supplemented March 31, 1988, June 8, 1992 and February 4, 1997

Description of amendment request: The proposed changes would revise the Technical Specifications (TS) for the North Anna Power Station (NA 1&2). The changes would reformat the operability and surveillance requirements for the intermediate range (IR) channels to be consistent with NUREG–0452, Revision 4, ''Standard Technical Specifications (STS) for Westinghouse Pressurized Water Reactors'' (Fall 1981), which is applicable to NA 1&2. Also, the proposed changes would revise the nominal IR high flux trip setpoint. The IR nuclear flux trips provide backup reactor core protection during reactor startup. There is no operating condition under which the IR trip provides sole overpower protection. It is a backup trip only, and no credit is taken for the trip in the NA 1&2 Updated Final Safety Analysis Report (UFSAR). Operating experience at NA 1&2 has shown the IR channel response to be sensitive to core loading patterns, varying core burnups, and control rod positions, and the variability in the channel response had made it difficult to maintain the channels in proper calibration. Therefore, the proposed change would

elevate the nominal IR high flux trip setpoint from a current equivalent to 25% of rated thermal power to a current equivalent to 35% of rated thermal power.

Basis for proposed no significant hazards consideration determination: As required by 10 CFR 50.91(a), the licensee has provided its analysis of the issue of no significant hazards consideration, which is presented below:

[The proposed changes would not:]

1. Involve a significant increase in the probability or consequences of an accident previously evaluated. There is no adverse impact on the safety analysis (since no credit is taken for the trips in the existing analyses), and no degradation of the protection system redundancy or reliability. This latter conclusion is based on sensitivity studies which show that the effectiveness of the flux trip system in protecting against the low power reactivity excursions examined in the FSAR is not sensitive to realistic variations in the actual flux trip setpoint.

2. Create the probability of a new or different kind of accident from any accident previously identified, since the severity of the analyzed accidents is unchanged, and since only a change to a setpoint and the associated surveillance requirements for the reactor protection system is involved.

3. Involve a significant reduction in a margin of safety, since none of the safety analysis input or assumptions are changed, nor are the probability nor the consequences of any previously analyzed accidents increased.

The NRC staff has reviewed the licensee's analysis and, based on this review, it appears that the three standards of 50.92(c) are satisfied. Therefore, the NRC staff proposes to determine that the amendment request involves no significant hazards consideration.

Local Public Document Room location: The Alderman Library, Special Collections Department, University of Virginia, Charlottesville, Virginia 22903–2498.

Attorney for licensee: Michael W. Maupin, Esq., Hunton and Williams, Riverfront Plaza, East Tower, 951 E. Byrd Street, Richmond, Virginia 23219.

NRC Project Director: Brenda Mozafari (Acting).

Previously Published Notices of Consideration of Issuance of Amendments to Facility Operating Licenses, Proposed No Significant Hazards Consideration Determination, and Opportunity for a Hearing

The following notices were previously published as separate individual notices. The notice content was the same as above. They were published as individual notices either because time did not allow the Commission to wait for this biweekly notice or because the action involved exigent circumstances. They are repeated here because the biweekly notice lists all amendments issued or proposed to be issued involving no significant hazards consideration.

For details, see the individual notice in the **Federal Register** on the day and page cited. This notice does not extend the notice period of the original notice.

Consolidated Edison Company of New York, Docket No. 50–247, Indian Point Nuclear Generating Unit No. 2, Westchester County, New York

Date of application for amendment: March 31, 1997

Brief description of amendment: The proposed amendment would remove containment isolation valve 863 from Technical Specification Table 3.6–1, ''Non-Automatic Containment Isolation Valves Open Continuously or Intermittently for Plant Operation.''

Date of publication of individual notice in **Federal Register**: May 15, 1997 (62 FR 26823).

Expiration date of individual notice: June 16, 1997.

Local Public Document Room location: White Plains Public Library, 100 Martine Avenue, White Plains, New York 10610.

Public Service Electric & Gas Company, Docket Nos. 50–272 and 50–311, Salem Nuclear Generating Station, Unit Nos. 1 and 2, Salem County, New Jersey

Date of amendment request: April 25, 1997

Brief description of amendment request: The proposed amendment changes to revise Technical Specification 3.5.2 to eliminate the flow path from the residual heat removal system to the reactor coolant system hot legs that is specified in Limiting Condition for Operation 3.5.2.c.2.

Date of publication of individual notice in **Federal Register**: May 14, 1997 (62 FR 26574).

Expiration date of individual notice: June 13, 1997.

Local Public Document Room location: Salem Free Public Library, 112 West Broadway, Salem, NJ 08079.

Public Service Electric & Gas Company, Docket No. 50–311, Salem Nuclear Generating Station, Unit No. 2, Salem County, New Jersey

Date of amendment request: May 1, 1997

Brief description of amendment request: The proposed amendment would revise Technical Specification (TS) 3/4.7.7, ''Auxiliary Building Exhaust Air Filtration System,'' and add a new TS Section 3/4.7.11, ''Switchgear and Penetration Area Ventilation System.'' The change to TS 3/4.7.7 would allow for an increase in the allowed outage time from 7 to 14 days when one auxiliary building exhaust fan is inoperable. The new TS 3/4.7.11 addresses the support function this system provides to other necessary safety support components.

Date of publication of individual notice in **Federal Register**: May 15, 1997 (62 FR 26826).

Expiration date of individual notice: June 16, 1997.

Local Public Document Room location: Salem Free Public Library, 112 West Broadway, Salem, NJ 08079.

Public Service Electric & Gas Company, Docket Nos. 50–272 and 50–311, Salem Nuclear Generating Station, Unit Nos. 1 and 2, Salem County, New Jersey

Date of amendment request: May 14, 1997

Brief description of amendment request: Your application proposes changes to revise Technical Specification Surveillance Requirement 4.7.6.1.d.1 to indicate that the specified acceptable filter differential pressure (DP) is to be measured across the filter housing and to change the filter DP acceptance value from less than or equal to 3.5 inches water gauge to less than or equal to 2.70 inches water gauge.

Date of publication of individual notice in **Federal Register**: May 29, 1997 (62 FR 29158).

Expiration date of individual notice: June 30, 1997.

Local Public Document Room location: Salem Free Public Library, 112 West Broadway, Salem, NJ 08079.

Notice of Issuance of Amendments to Facility Operating Licenses

During the period since publication of the last biweekly notice, the Commission has issued the following amendments. The Commission has determined for each of these amendments that the application complies with the standards and requirements of the Atomic Energy Act of 1954, as amended (the Act), and the Commission's rules and regulations. The Commission has made appropriate findings as required by the Act and the Commission's rules and regulations in 10 CFR Chapter I, which are set forth in the license amendment.

Notice of Consideration of Issuance of Amendment to Facility Operating License, Proposed No Significant Hazards Consideration Determination, and Opportunity for a Hearing in connection with these actions was

published in the **Federal Register** as indicated.

Unless otherwise indicated, the Commission has determined that these amendments satisfy the criteria for categorical exclusion in accordance with 10 CFR 51.22. Therefore, pursuant to 10 CFR 51.22(b), no environmental impact statement or environmental assessment need be prepared for these amendments. If the Commission has prepared an environmental assessment under the special circumstances provision in 10 CFR 51.12(b) and has made a determination based on that assessment, it is so indicated.

For further details with respect to the action see (1) the applications for amendment, (2) the amendment, and (3) the Commission's related letter, Safety Evaluation and/or Environmental Assessment as indicated. All of these items are available for public inspection at the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, and at the local public document rooms for the particular facilities involved.

Boston Edison Company, Docket No. 50–293, Pilgrim Nuclear Power Station, Plymouth County, Massachusetts

Date of application for amendment: November 26, 1997

Brief description of amendment: The amendment revises Technical Specifications Definition 1.M, ''Primary Containment Integrity,'' Note 6 on Table 3.2.A for the high flow main steam line instrumentation, Table 3.2.D for a typographical error, Table 3.2.F to reflect a change made in instrument type for the suppression chamber water temperature instrumentation, Table 3.2.F to reflect modifications made to suppression chamber bulk and local temperature instrumentation, Bases Section 3/4.6G to remove an obsolete reference to Group I welds, and Bases Section 3/4.7.A to remove ''high radiation'' from the description of Primary Containment Group 1 initiation signals. In addition, this amendment includes changes made to the Bases Section 3.10, ''Core Alterations,'' as noted by BECo letter dated March 7, 1997.

Date of issuance: May 28, 1997.

Effective date: May 28, 1997.

Amendment No.: 172.

Facility Operating License No. DPR–35: Amendment revised the Technical Specifications.

Date of initial notice in **Federal Register**: February 12, 1997 (62 FR 6568). The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated May 28, 1997.

No significant hazards consideration comments received: No.

Local Public Document Room location: Plymouth Public Library, 11 North Street, Plymouth, Massachusetts 02360.

Commonwealth Edison Company, Docket Nos. 50–254 and 50–265, Quad Cities Nuclear Power Station, Units 1 and 2, Rock Island County, Illinois

Date of application for amendments: June 10, 1996, as supplemented by letter dated February 17, 1997

Brief description of amendments: The amendments change the Technical Specifications to reflect the transition from General Electric Company (GE) to Siemens Power Corporation (SPC) as the fuel supplier for the Quad Cities Nuclear Power Station, Units 1 and 2. In addition, as an administrative action by the Commission that only involves the format of the licenses and does not authorize any activities outside the scope of the application and supplement, the NRC has amended the licenses to include an Appendix C that lists additional license conditions. The additional license condition as a result of the review of this application reflects the relocation of the contents of TS 5.4 to the Updated Final Safety Analysis Report.

Date of issuance: May 23, 1997.

Effective date: Immediately, to be implemented within 60 days.

Amendment Nos.: 177 and 175.

Facility Operating License Nos. DPR–29 and DPR–30: The amendments revised the Licenses, Technical Specifications and Updated Final Safety Analaysis Report.

Date of initial notice in **Federal Register**: August 28, 1996 (61 FR 44355). The February 17, 1997, submittal provided additional clarifying information that did not change the initial proposed no significant hazards consideration determination.

The Commission's related evaluation of the amendments is contained in a Safety Evaluation dated May 23, 1997.

No significant hazards consideration comments received: No.

Local Public Document Room location: Dixon Public Library, 221 Hennepin Avenue, Dixon, Illinois 61021.

Consolidated Edison Company of New York, Docket No. 50–247, Indian Point Nuclear Generating Unit No. 2, Westchester County, New York

Date of application for amendment: August 29, 1995, as supplemented August 7, 1996, and January 10, 1997

Brief description of amendment: The amendment revises Technical Specifications to incorporate the commitments made in connection with Amendment No. 183, which allowed the installation of laser welded sleeves inside of defective steam generator tubes.

Date of issuance: May 20, 1997.

Effective date: As of the date of issuance to be implemented within 30 days.

Amendment No.: 192.

Facility Operating License No. DPR–26: Amendment revised the Technical Specifications.

Date of initial notice in **Federal Register**: November 8, 1995 (60 FR 56365) The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated May 20, 1997.

No significant hazards consideration comments received: No.

Local Public Document Room location: White Plains Public Library, 100 Martine Avenue, White Plains, New York 10610.

Connecticut Yankee Atomic Power Company, Docket No. 50–213, Haddam Neck Plant, Middlesex County, Connecticut

Dates of application for amendment: December 24, 1996, and January 31, 1997

Brief description of amendment: Changes Administrative Controls Section of the Technical Specifications to implement revised management responsibilities and titles that reflect the permanently shut down status of the plant.

Date of issuance: May 22, 1997.

Effective date: Effective May 22, 1997, to be implemented within 60 days of issuance.

Amendment No.: 191.

Operating License No. DPR–61: Amendment revised the Technical Specifications.

Date of initial notice in **Federal Register**: March 26, 1997 (62 FR 14460) The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated May 22, 1997.

No significant hazards consideration comments received: No.

Local Public Document room location: Russell Library, 123 Broad Street, Middletown, CT 06457.

Duquesne Light Company, et al., Docket Nos. 50–334 and 50–412, Beaver Valley Power Station, Unit Nos. 1 and 2, Shippingport, Pennsylvania

Date of application for amendments: March 10, 1997

Brief description of amendments: These amendments modify Unit No. 1 Technical Specification (TS) 5.2.1 to add ZIRLO as fuel assembly material

and add reference to the Nuclear Regulatory Commission approved Topical Report WCAP–12610, ''Vantage+ Fuel Assembly Reference Core Report,'' to TS 6.9.1.12 for both units.

Date of issuance: May 23, 1997.

Effective date: Both units, as of date of issuance, to be implemented within 60 days.

Amendment Nos.: 203 and 84.

Facility Operating License Nos. DPR–66 and NPF–73: Amendments revised the Technical Specifications.

Date of initial notice in **Federal Register**: April 9, 1997 (62 FR 17231) The Commission's related evaluation of the amendments is contained in a Safety Evaluation dated May 23, 1997.

No significant hazards consideration comments received: No.

Local Public Document Room location: B.F. Jones Memorial Library, 663 Franklin Avenue, Aliquippa, PA 15001.

Entergy Operations, Inc., Docket No. 50–382, Waterford Steam Electric Station, Unit 3, St. Charles Parish, Louisiana

Date of amendment request: February 5, 1997, as supplemented by letter dated March 26, 1997

Brief description of amendment: The amendment changes the Appendix A Technical Specifications for Waterford Steam Electric Station, Unit 3, by revising Technical Specifications 3.1.2.7, 3.1.2.8, 3.5.1, 3.5.4, 3.9.1, and Bases 3/4.1.2. The changes will increase the minimum boron concentration in the Safety Injection Tanks and the Refueling Water Storage Pool from 1720 to 2050 ppm.

Date of issuance: May 29, 1997, to be implemented within 60 days.

Effective date: May 29, 1997.

Amendment No.: 129.

Facility Operating License No. NPF–38: Amendment revised the Technical Specifications.

Date of initial notice in **Federal Register**: March 26, 1997, (62 FR 14461) The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated May 29, 1997.

No significant hazards consideration comments received: No.

Local Public Document Room location: University of New Orleans Library, Louisiana Collection, Lakefront, New Orleans, LA 70122.

GPU Nuclear Corporation, et al., Docket No. 50–289, Three Mile Island Nuclear Station, Unit No. 1, Dauphin County, Pennsylvania

Date of application for amendment: June 28, 1996, as supplemented March 11, 1997

Brief description of amendment: The amendment revises Three Mile Island, Unit 1, Technical Specifications to permit the use of 10 CFR 50, Appendix J, Option B, Performance-Based Containment Leakage Testing.

Date of issuance: May 27, 1997.

Effective date: As of the date of issuance to be implemented within 30 days.

Amendment No.: 201.

Facility Operating License No. DPR–50. Amendment revised the Technical Specifications.

Date of initial notice in **Federal Register**: July 31, 1996 (61 FR 40019) The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated May 27, 1997.

No significant hazards consideration comments received: No.

Local Public Document Room location: Law/Government Publications Section, State Library of Pennsylvania, (REGIONAL DEPOSITORY), Walnut Street and Commonwealth Avenue, Box 1601, Harrisburg, PA 17105.

Houston Lighting & Power Company, City Public Service Board of San Antonio, Central Power and Light Company, City of Austin, Texas, Docket Nos. 50–498 and 50–499, South Texas Project, Units 1 and 2, Matagorda County, Texas

Date of amendment request: August 8, 1996

Brief description of amendments: The amendments allowed the transition from Mode 4 to Mode 3 with the turbine-driven auxiliary feedwater pump inoperable and allowed a 72-hour period after the entry into Mode 3 to complete all necessary operability testing.

Date of issuance: May 27, 1997.

Effective date: May 27, 1997, to be implemented within 30 days.

Amendment Nos.: Unit 1—Amendment No. 87; Unit 2—Amendment No. 74.

Facility Operating License Nos. NPF–76 and NPF–80: The amendments revised the Technical Specifications.

Date of initial notice in **Federal Register**: August 28, 1996 (61 FR 44359) The Commission's related evaluation of the amendments is contained in a Safety Evaluation dated May 27, 1997.

No significant hazards consideration comments received: No.

Local Public Document Room location: Wharton County Junior College, J. M. Hodges Learning Center, 911 Boling Highway, Wharton, TX 77488.

Northeast Nuclear Energy Company, Docket No. 50–245, Millstone Nuclear Power Station, Unit 1, New London County, Connecticut

Date of application for amendment: March 6, 1997

Brief description of amendment: The amendment revises the Technical Specifications on allowed outage times for certain protective instrumentation and also for reactor building access control. The amendment adopts, in part, guidance from NUREG–0123, ''Standard Technical Specifications for General Electric Boiling Water Reactors (BWR/5),'' Revision 3, and NUREG–1433, ''Standard Technical Specifications General Electric Plants BWR/4,'' Revision 1.

Date of issuance: May 28, 1997.

Effective date: As of the date of issuance, to be implemented within 90 days.

Amendment No.: 101.

Facility Operating License No. DPR–21: Amendment revised the Technical Specifications.

Date of initial notice in **Federal Register**: March 26, 1997 (62 FR 14462) The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated May 28, 1997.

No significant hazards consideration comments received: No.

Local Public Document Room location: Learning Resources Center, Three Rivers Community-Technical College, 574 New London Turnpike, Norwich, Connecticut 06360 and at the Waterford Library, ATTN: Vince Juliano, 49 Rope Ferry Road, Waterford, Connecticut 06385.

Northeast Nuclear Energy Company, et al., Docket No. 50–423, Millstone Nuclear Power Station, Unit No. 3, New London County, Connecticut

Date of application for amendment: March 31, 1997

Brief description of amendment: The amendment modifies Technical Specification Surveillance 4.7.1.2.1.b, which requires the testing of the auxiliary feedwater motor-driven and turbine-driven pumps on recirculation flow at least once per 92 days. The amendment also makes changes to the appropriate Bases section.

Date of issuance: May 29, 1997.

Effective date: As of the date of issuance, to be implemented within 60 days.

Amendment No.: 139.

Facility Operating License No. NPF–49: Amendment revised the Technical Specifications.

Date of initial notice in **Federal Register**: April 23, 1997 (62 FR 19832) The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated May 29, 1997.

No significant hazards consideration comments received: No.

Local Public Document Room location: Learning Resources Center,

Three Rivers Community-Technical College, 574 New London Turnpike, Norwich, Connecticut 06360, and the Waterford Library, ATTN: Vince Juliano, 49 Rope Ferry Road, Waterford, Connecticut 06385.

Northeast Nuclear Energy Company, et al., Docket No. 50–423, Millstone Nuclear Power Station, Unit No. 3, New London County, Connecticut

Date of application for amendment: March 31, 1997

Brief description of amendment: The amendment separates the required testing of motor-operated valve thermal overload protection into two new surveillances.

Date of issuance: May 29, 1997.

Effective date: As of the date of issuance, to be implemented within 60 days.

Amendment No.: 140.

Facility Operating License No. NPF–49: Amendment revised the Technical Specifications.

Date of initial notice in **Federal Register**: April 23, 1997 (62 FR 19833) The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated May 29, 1997.

No significant hazards consideration comments received: No.

Local Public Document Room location: Learning Resources Center, Three Rivers Community-Technical College, 574 New London Turnpike, Norwich, Connecticut 06360, and the Waterford Library, ATTN: Vince Juliano, 49 Rope Ferry Road, Waterford, Connecticut 06385.

Portland General Electric Company, et al., Docket No. 50–344, Trojan Nuclear Plant, Columbia County, Oregon

Date of application for amendment: January 16, 1997, as supplemented on February 24, 1997

Brief description of amendment: This amendment revises the license to delete the prohibition on moving a spent fuel assembly shipping cask into the Fuel Building.

Date of issuance: May 19, 1997.

Effective date: This license amendment is effective as of the date of issuance (May 19, 1997), but shall be implemented within 30 days of issuance.

Amendment No.: 196.

Facility Operating License No. NPF–1: The amendment revised the license.

Date of initial notice in **Federal Register**: March 26, 1997 (62 FR 14467).

No significant hazards consideration comments received: No.

Local Public Document Room location: Branford Price Millar Library, Portland State University, 934 S.W. Harrison Street, P.O. Box 1151, Portland, Oregon 97207.

Portland General Electric Company, et al., Docket No. 50–344, Trojan Nuclear Plant, Columbia County, Oregon

Date of application for amendment: January 28, 1997

Brief description of amendment: This amendment changes the Permanently Defueled Technical Specifications to delete the requirement for NRC prior approval to changes in the Certified Fuel Handler's Training Program.

Date of issuance: May 23, 1997.

Effective date: May 23, 1997.

Amendment No.: 197.

Possession-Only License No. NPF–1: The amendment revised the Technical Specifications.

Date of initial notice in **Federal Register**: April 9, 1997 (62 FR 17241).

No significant hazards consideration comments received: No.

Local Public Document Room location: Branford Price Millar Library, Portland State University, 934 S.W. Harrison Street, P.O. Box 1151, Portland, Oregon 97207.

Southern California Edison Company, et al., Docket Nos. 50–361 and 50–362, San Onofre Nuclear Generating Station, Unit Nos. 2 and 3, San Diego County, California

Date of application for amendments: April 15, 1997

Brief description of amendments: These amendments revise Surviellance Requirement 3.8.1.8 of Technical Specifications (TS) 3.8.1, ''AC Sources—Operating,'' for San Onofre Nuclear Generating Station (SONGS), Units 2 and 3. The TS change will allow the licensee to credit overlap testing to validate the capability of the alternate offsite power source.

Date of issuance: June 2, 1997.

Effective date: June 2, 1997.

Amendment Nos.: Unit 2—136; Unit 3—128.

Facility Operating License Nos. NPF–10 and NPF–15: The amendments revised the Technical Specifications.

Date of initial notice in **Federal Register**: May 1, 1997 (62 FR 23811) The Commission's related evaluation of the amendments is contained in a Safety E valuation dated June 2, 1997.

No significant hazards consideration comments received: No.

Local Public Document Room location: Main Library, University of California, P. O. Box 19557, Irvine, California 92713.

Tennessee Valley Authority, Docket No. 50–390 Watts Bar Nuclear Plant, Unit 1, Rhea County, Tennessee

Date of application for amendment: January 10, 1997, as supplemented May 2 and May 15, 1997

Brief description of amendment: The amendment modifies the Watts Bar Nuclear Plant (WBN) Unit 1 Technical Specifications (TS) in order to implement 10 CFR Part 50, Appendix J, Option B, by referring to Regulatory Guide 1.163, ''Performance-Based Containment Leakage-Test Program.''

Date of issuance: May 27, 1997.

Effective date: May 27, 1997.

Amendment No.: 5.

Facility Operating License No. NPF–90: Amendment revises the Technical Specifications.

Date of initial notice in **Federal Register**: January 29, 1997 (62 FR 4356) The May 2 and May 15, 1997 letters provided clarifying information that did not change the initial proposed no significant hazards consideration determination.

The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated May 27, 1997.

No significant hazards consideration comments received: No.

Local Public Document Room location: Chattanooga-Hamilton County Library, 1001 Broad Street, Chattanooga, TN 37402.

Wolf Creek Nuclear Operating Corporation, Docket No. 50–482, Wolf Creek Generating Station, Coffey County, Kansas

Date of amendment request: March 18, 1997

Brief description of amendment: This amendment revises Technical Specification Surveillance Requirement 4.5.2.c to clarify when a containment entry visual inspection is required. This change reduces the visual inspection requirement to at least once daily and is in accordance with the guidance provided in Generic Letter 93–05, ''Line-Item Technical Specifications Improvements to Reduce Surveillance Requirements for Testing During Power Operation.''

Date of issuance: May 28, 1997.

Effective date: May 28, 1997, to be implemented within 30 days of the date of issuance.

Amendment No.: 105.

Facility Operating License No. NPF–42. The amendment revised the Technical Specifications.

Date of initial notice in **Federal Register**: April 23, 1997 (62 FR 19839) The Commission's related evaluation of the amendment is contained in a Safety Evaluation dated May 28, 1997.

No significant hazards consideration comments received: No.

Local Public Document Room locations: Emporia State University,

William Allen White Library, 1200 Commercial Street, Emporia, Kansas 66801 and Washburn University School of Law Library, Topeka, Kansas 66621.

Notice of Issuance of Amendments To Facility Operating Licenses and Final Determination of No Significant Hazards Consideration and Opportunity for a Hearing (Exigent Public Announcement or Emergency Circumstances)

During the period since publication of the last biweekly notice, the Commission has issued the following amendments. The Commission has determined for each of these amendments that the application for the amendment complies with the standards and requirements of the Atomic Energy Act of 1954, as amended (the Act), and the Commission's rules and regulations. The Commission has made appropriate findings as required by the Act and the Commission's rules and regulations in 10 CFR Chapter I, which are set forth in the license amendment.

Because of exigent or emergency circumstances associated with the date the amendment was needed, there was not time for the Commission to publish, for public comment before issuance, its usual 30-day Notice of Consideration of Issuance of Amendment, Proposed No Significant Hazards Consideration Determination, and Opportunity for a Hearing.

For exigent circumstances, the Commission has either issued a **Federal Register** notice providing opportunity for public comment or has used local media to provide notice to the public in the area surrounding a licensee's facility of the licensee's application and of the Commission's proposed determination of no significant hazards consideration. The Commission has provided a reasonable opportunity for the public to comment, using its best efforts to make available to the public means of communication for the public to respond quickly, and in the case of telephone comments, the comments have been recorded or transcribed as appropriate and the licensee has been informed of the public comments.

In circumstances where failure to act in a timely way would have resulted, for example, in derating or shutdown of a nuclear power plant or in prevention of either resumption of operation or of increase in power output up to the plant's licensed power level, the Commission may not have had an opportunity to provide for public comment on its no significant hazards consideration determination. In such case, the license amendment has been issued without opportunity for comment. If there has been some time for public comment but less than 30 days, the Commission may provide an opportunity for public comment. If comments have been requested, it is so stated. In either event, the State has been consulted by telephone whenever possible.

Under its regulations, the Commission may issue and make an amendment immediately effective, notwithstanding the pendency before it of a request for a hearing from any person, in advance of the holding and completion of any required hearing, where it has determined that no significant hazards consideration is involved.

The Commission has applied the standards of 10 CFR 50.92 and has made a final determination that the amendment involves no significant hazards consideration. The basis for this determination is contained in the documents related to this action. Accordingly, the amendments have been issued and made effective as indicated.

Unless otherwise indicated, the Commission has determined that these amendments satisfy the criteria for categorical exclusion in accordance with 10 CFR 51.22. Therefore, pursuant to 10 CFR 51.22(b), no environmental impact statement or environmental assessment need be prepared for these amendments. If the Commission has prepared an environmental assessment under the special circumstances provision in 10 CFR 51.12(b) and has made a determination based on that assessment, it is so indicated.

For further details with respect to the action see (1) the application for amendment, (2) the amendment to Facility Operating License, and (3) the Commission's related letter, Safety Evaluation and/or Environmental Assessment, as indicated. All of these items are available for public inspection at the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, and at the local public document room for the particular facility involved.

The Commission is also offering an opportunity for a hearing with respect to the issuance of the amendment. By July 18, 1997, the licensee may file a request for a hearing with respect to issuance of the amendment to the subject facility operating license and any person whose interest may be affected by this proceeding and who wishes to participate as a party in the proceeding must file a written request for a hearing and a petition for leave to intervene. Requests for a hearing and a petition for leave to intervene shall be filed in accordance with the Commission's ''Rules of Practice for Domestic Licensing Proceedings'' in 10 CFR Part 2. Interested persons should consult a current copy of 10 CFR 2.714 which is available at the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, and at the local public document room for the particular facility involved. If a request for a hearing or petition for leave to intervene is filed by the above date, the Commission or an Atomic Safety and Licensing Board, designated by the Commission or by the Chairman of the Atomic Safety and Licensing Board Panel, will rule on the request and/or petition; and the Secretary or the designated Atomic Safety and Licensing Board will issue a notice of a hearing or an appropriate order.

As required by 10 CFR 2.714, a petition for leave to intervene shall set forth with particularity the interest of the petitioner in the proceeding, and how that interest may be affected by the results of the proceeding. The petition should specifically explain the reasons why intervention should be permitted with particular reference to the following factors: (1) The nature of the petitioner's right under the Act to be made a party to the proceeding; (2) the nature and extent of the petitioner's property, financial, or other interest in the proceeding; and (3) the possible effect of any order which may be entered in the proceeding on the petitioner's interest. The petition should also identify the specific aspect(s) of the subject matter of the proceeding as to which petitioner wishes to intervene. Any person who has filed a petition for leave to intervene or who has been admitted as a party may amend the petition without requesting leave of the Board up to 15 days prior to the first prehearing conference scheduled in the proceeding, but such an amended petition must satisfy the specificity requirements described above.

Not later than 15 days prior to the first prehearing conference scheduled in the proceeding, a petitioner shall file a supplement to the petition to intervene which must include a list of the contentions which are sought to be litigated in the matter. Each contention must consist of a specific statement of the issue of law or fact to be raised or controverted. In addition, the petitioner shall provide a brief explanation of the bases of the contention and a concise statement of the alleged facts or expert opinion which support the contention and on which the petitioner intends to rely in proving the contention at the hearing. The petitioner must also provide references to those specific

sources and documents of which the petitioner is aware and on which the petitioner intends to rely to establish those facts or expert opinion. Petitioner must provide sufficient information to show that a genuine dispute exists with the applicant on a material issue of law or fact. Contentions shall be limited to matters within the scope of the amendment under consideration. The contention must be one which, if proven, would entitle the petitioner to relief. A petitioner who fails to file such a supplement which satisfies these requirements with respect to at least one contention will not be permitted to participate as a party.

Those permitted to intervene become parties to the proceeding, subject to any limitations in the order granting leave to intervene, and have the opportunity to participate fully in the conduct of the hearing, including the opportunity to present evidence and cross-examine witnesses. Since the Commission has made a final determination that the amendment involves no significant hazards consideration, if a hearing is requested, it will not stay the effectiveness of the amendment. Any hearing held would take place while the amendment is in effect.

A request for a hearing or a petition for leave to intervene must be filed with the Secretary of the Commission, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, Attention: Docketing and Services Branch, or may be delivered to the Commission's Public Document Room, the Gelman Building, 2120 L Street, NW., Washington, DC, by the above date. A copy of the petition should also be sent to the Office of the General Counsel, U.S. Nuclear Regulatory Commission, Washington, DC 20555–0001, and to the attorney for the licensee.

Nontimely filings of petitions for leave to intervene, amended petitions, supplemental petitions and/or requests for a hearing will not be entertained absent a determination by the Commission, the presiding officer or the Atomic Safety and Licensing Board that the petition and/or request should be granted based upon a balancing of the factors specified in 10 CFR 2.714(a)(1)(i)–(v) and 2.714(d).

Commonwealth Edison Company, Docket No. STN 50–456, Braidwood Station, Unit No. 1, Will County, Illinois

Date of application for amendment: Two submittals dated May 23, 1997

Brief description of amendment: The amendment revises Technical Specification (TS) 4.5.2.b.1 to include the use of ultrasonic testing (UT) to verify that the emergency core cooling system (ECCS) is completely filled with water. For the ECCS subsystems with high point vent valves in direct communication with the operating systems, UT is acceptable in lieu of physically opening the vents.

Date of Issuance: May 23, 1997.

Effective date: Immediately, to be implemented within 30 days.

Amendment No.: 83.

Facility Operating License No. NPF–72: The amendment revised the TSs.

Public comments requested as to proposed no significant hazards consideration: No.

The Commission's related evaluation of the amendment, finding of emergency circumstances, and final determination of no significant hazards consideration are contained in a Safety Evaluation dated May 23, 1997.

Attorney for licensee: Michael I. Miller, Esquire; Sidley and Austin, One First National Plaza, Chicago, Illinois 60690.

Local Public Document Room location: Wilmington Public Library, 201 S. Kankakee Street, Wilmington, Illinois 60481.

NRC Project Director: Robert A. Capra.

Commonwealth Edison Company, Docket No. STN 50–454, Byron Station, Unit No. 1, Ogle County, Illinois

Date of application for amendment: May 24, 1997, as supplemented on May 31, 1997

Brief description of amendment: The amendment revises Technical Specification 4.5.2.b.1 to include the use of ultrasonic testing (UT) to verify that the emergency core cooling system (ECCS) is completely filled with water. For the ECCS subsystems with high point vent valves in direct communication with the operating systems, UT is acceptable in lieu of physically opening the vents. This amendment supersedes NOED No. 97–6–010 for Byron, Unit 1, which was granted on May 23, 1997.

Date of Issuance: June 1, 1997.

Effective date: Immediately, to be implemented within 30 days.

Amendment No.: 90.

Facility Operating License No. NPF–37: The amendment revised the TS.

Public comments requested as to proposed no significant hazards consideration: No.

The Commission's related evaluation of the amendment, finding of emergency circumstances, and final determination of no significant hazards consideration are contained in a Safety Evaluation dated June 1, 1997.

Attorney for licensee: Michael I. Miller, Esquire; Sidley and Austin, One First National Plaza, Chicago, Illinois 60690.

Local Public Document Room location: Byron Public Library District, 109 N. Franklin, P.O. Box 434, Byron, Illinois 61010.

NRC Project Director: Robert A. Capra.

Dated at Rockville, Maryland, this 11th day of June, 1997.

For The Nuclear Regulatory Commission.

Jack W. Roe,

Director, Division of Reactor Projects III/IV, Office of Nuclear Reactor Regulation.

[FR Doc. 97–15827 Filed 6–17–97; 8:45 am]

BILLING CODE 7590–01–P

POSTAL SERVICE

Changes in Domestic Mail Rates and Classifications

AGENCY: Postal Service.

ACTION: Notice of implementation of changes in domestic mail rates for Classroom Periodicals.

SUMMARY: This notice sets forth the changes in permanent rates for Classroom Periodicals to be implemented as a result of a decision of the Governors of the Postal Service in Docket No. MC96–2, and the resulting changes in temporary rates for Classroom Periodicals to be implemented concurrent with the movement to the next step of phasing.

EFFECTIVE DATE: October 5, 1997.

FOR FURTHER INFORMATION CONTACT: Eric Koetting, (202) 268–2992.

SUPPLEMENTARY INFORMATION: On April 4, 1996, pursuant to its authority under 39 U.S.C. 3621 *et seq.*, the Postal Service filed with the Postal Rate Commission (PRC) a request for a recommended decision on a number of mail classification reform proposals regarding certain types of preferred rate mail (''Classification Reform II (Nonprofit Mail)'', PRC Docket No. MC96–2). The PRC published a notice in the **Federal Register** on April 11, 1996 (61 FR 16129–16146) describing the Postal Service's request and offering interested parties an opportunity to intervene.

On July 19, 1996, the PRC issued its first Opinion and Recommended Decision in Docket No. MC96–2. The PRC's recommendations very closely tracked the Postal Service's proposals, with the exception that the Commission deferred action on the changes proposed regarding the Classroom subclass of Periodicals mail. On August 5, 1996, the Governors of the Postal Service, pursuant to their authority under 39 U.S.C. 3625, approved the permanent

rate and classification changes recommended by the PRC at that time. 61 FR 42464–42476 (August 15, 1996). Following subsequent proceedings, the PRC on May 14, 1997, issued its Further Opinion and Recommended Decision in Docket No. MC96–2, which pertained exclusively to Classroom Periodicals. On June 2, 1997, the Governors of the Postal Service approved the permanent rates for Classroom Periodicals recommended by the PRC. A copy of the attachment to that Decision, presenting the permanent rate changes approved by the Governors, is set forth below.

Also on June 2, 1997, the Board of Governors of the Postal Service, pursuant to its authority under 39 U.S.C. 3625(f), determined to implement the permanent rate changes approved by the Governors effective at 12:01 a.m. on October 5, 1997 (Resolution No. 97–9). The Board also determined in Resolution No. 97–9 to exercise its authority under 39 U.S.C. 3642 to establish temporary phased rates for Classroom Periodicals for FY 1998 at Step 5 of the phasing schedule attached to the Resolution, a copy of which is also set forth below. The Step 5 rates for Classroom Periodicals will be implemented on October 5, 1997.

Under both the new permanent and temporary rate schedules for Classroom Periodicals, no discount will be available for ZIP+4 Letter mail. In this respect, Classroom will join the other preferred subclasses of Periodicals, for which the ZIP+4 letter discount category was eliminated in the earlier portion of Docket No. MC96–2. Over the years, only a minute portion of Classroom mail has qualified for the ZIP+4 Letter discount.

In accordance with the Decision of the Governors and Resolution No. 97–9, the Postal Service hereby gives notice that the rate changes set forth below will become effective at 12:01 a.m. on October 5, 1997.

Stanley F. Mires,

Chief Counsel, Legislative.

Attachment to the Decision of the Governors, Docket No. MC96–2

Attachment to Resolution No. 97–9

PERIODICALS; RATE SCHEDULE 423.4; CLASSROOM PUBLICATION[10]

[Full Rates][1]

	Postage rate unit	(cents)
Per Pound:		
Nonadvertising position	Pound	14.2
Advertising portion:[9]		
Delivery Office[2]	Pound	16.9
SCF[3]	Pound	19.0
1&2	Pound	21.4
3	Pound	22.4
4	Pound	25.1
5	Pound	29.2
6	Pound	33.6
7	Pound	38.8
8	Pound	43.2
Per Piece:		
Less Nonadvertising Factor of[4]		4.2
Required Preparation[5]	Piece	21.9
Presorted to 3-digit city/5-digit	Piece	17.4
Presorted to Carrier Route	Piece	10.7
Discounts:		
Prepared to Delivery Office[2]	Piece	1.2
Prepared to SCF[3]	Piece	0.6
High Density[6]	Piece	0.7
Saturation[7]	Piece	2.1
Automation Discounts for Automation Compatible Mail:[8]		
From Required:		
Prebarcoded Letter Size	Piece	3.0
Prebarcoded Flats	Piece	2.4
From 3/5 Digit:		
3-Digit Prebarcoded Letter Size	Piece	2.3
5-Digit Prebarcoded Letter Size	Piece	2.3
Prebarcoded Flats	Piece	2.4

Schedule 423.4 Notes

[1] Charges are computed by adding the appropriate per-piece charge to the sum of the nonadvertising portion and the advertising portion, as applicable.

[2] Applies to carrier route (including high density and saturation) mail delivered within the delivery area of the originating post office.

[3] Applies to mail delivered within the SCF area of the originating SCF office.

[4] For postage calculation, multiply the proportion of nonadvertising content by this factor and subtract from the applicable piece rate.

[5] Mail presorted to 3-digit (other than 3-digit city), SCF, states, or mixed states.

[6] Applicable to high density mail, deducted from carrier route presort rate.

[7] Applicable to saturation mail, deducted from carrier route presort rate.

[8] For automation compatible mail meeting applicable Postal Service regulations.

[9] Not applicable to publications containing 10 percent or less advertising content.

[10] If qualified, Classroom Mail may use Within-County rates for applicable portions of a mailing.

PHASING SCHEDULE; PERIODICALS; RATE SCHEDULE 423.4; CLASSROOM PUBLICATIONS

	Postage rate unit	Step 5 (cents)	Step 6 (cents)
Per Pound:			
Nonadvertising portion	Pound	14.3	14.2
Advertising portion:			
Delivery Office	Pound	16.9	16.9
SCF	Pound	19.0	19.0
1&2	Pound	21.4	21.4
3	Pound	22.4	22.4
4	Pound	25.1	25.1
5	Pound	29.2	29.2
6	Pound	33.6	33.6
7	Pound	38.8	38.8
8	Pound	43.2	43.2
Per Piece:			
Less Nonadvertising Factor of		4.2	4.2
Required Preparation	Piece	21.1	21.9
Presorted to 3-digit city/5-digit	Piece	16.0	17.4
Presorted to Carrier Route	Piece	11.5	10.7
Discounts:			
Prepared to Delivery Office	Piece	0.6	1.2
Prepared to SCF	Piece	0.4	0.6
High Density	Piece	0.2	0.7
Saturation	Piece	0.8	2.1
Automation Discounts for Automation Compatible Mail			
From Required:			
Prebarcoded Letter Size	Piece	2.0	3.0
Prebarcoded Flats	Piece	2.7	2.4
From 3/5 Digit:			
3-Digit Prebarcoded Letter Size	Piece	1.2	2.3
5-Digit Prebarcoded Letter Size	Piece	2.0	2.3
Prebarcoded Flats	Piece	1.8	2.4

[FR Doc. 97–16004 Filed 6–17–97; 8:45 am]
BILLING CODE 7710–12–P

SECURITIES AND EXCHANGE COMMISSION

Proposed Collection; Comment Request

Upon Written Request, Copies Available From: Securities and Exchange Commission, Office of Filings and Information Services, Washington, DC 20549.

Extension: Rule 17Ad–15; SEC File No. 270–360; OMB Control No. 3235–0409.

Notice is hereby given that pursuant to the Paperwork Reduction Act of 1995 (44 U.S.C. 3501 *et seq.*), the Securities and Exchange Commission (''Commission'') is soliciting comments on the collection of information summarized below. The Commission plans to submit this existing collection of information to the Office of Management and Budget for extension and approval.

Rule 17Ad–15, Signature Guarantees, requires transfer agents to establish written standards for the acceptance or rejection of guarantees of securities transfers from eligible guarantor institutions. Transfer agents are also required to establish procedures to ensure that those standards are used by the transfer agent to determine whether to accept or reject guarantees from eligible guarantor institutions. Also transfer agents must maintain, for a period of three years following the date of a rejection of transfer, a record of all transfers rejected, along with the reason for the rejection, identification of the guarantor, and whether the guarantor failed to meet the transfer agent's guarantee standard. These recordkeeping requirements assist the Commission and other regulatory agencies with monitoring transfer agents and ensuring compliance with the rule.

It is estimated that there are 1,431 registered transfer agents. Of the 1,431 registered transfer agents, approximately 795 will receive fewer than 100 items for transfer. It is expected that most small transfer agents will have few, if any, rejections. The estimated number of hours for each transfer agent to comply with the Rule 17Ad–15 is forty hours annually. The total annual burden is 31,800 hours for transfer agents, based upon past submissions. The average cost per hour is approximately $30. Therefore, the total cost of compliance for transfer agents is $954,000.

Written 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 estimates 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. Consideration will be given to comments and suggestions submitted in writing within 60 days of this publication.

Please direct your written comments to Michael E. Bartell, Associate Executive Director, Office of Information Technology, Securities and Exchange Commission, 450 5th Street, N.W., Washington, DC 20549.

Dated: June 11, 1997.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 97–15935 Filed 6–17–97; 8:45 am]
BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

[Investment Company Act Release No. 22705; 811–5737]

American Government Term Trust Inc.; Notice of Application

June 12, 1997.

AGENCY: Securities and Exchange Commission (''SEC'').

ACTION: Notice of application for deregistration under the Investment Company Act of 1940 (the ''Act'').

APPLICANT: American Government Term Trust Inc.

RELEVANT ACT SECTION: Section 8(f).

SUMMARY OF APPLICATION: Applicant requests an order declaring that it has ceased to be an investment company.

FILING DATES: The application was filed on March 18, 1997, and an amendment thereto on June 3, 1997.

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 July 7, 1997, and should be accompanied by proof of service on the 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 of a hearing by writing to the SEC's Secretary.

ADDRESSES: Secretary, SEC, 450 Fifth Street, N.W., Washington, D.C. 20549. Applicant, 222 South Ninth Street, Piper Jaffray Tower, Minneapolis, Minnesota 55402.

FOR FURTHER INFORMATION CONTACT: Diane L. Titus, Paralegal Specialist, at (202) 942–0584, or Elizabeth G. Osterman, Assistant Director, at (202) 942–0564 (Division of Investment Management, Office of Investment Company Regulation).

SUPPLEMENTARY INFORMATION: The following is a summary of the application. The complete application may be obtained for a fee from the SEC's Public Reference Branch.

Applicant's Representations

1. Applicant is a closed-end diversified management investment company, organized under the laws of the State of Minnesota. On December 7, 1988, applicant filed a notification or registration on Form N–8A under section 8(a) of the Act. On the same date, applicant filed a registration statement on Form N–2 under section 8(b) of the Act and under the Securities Act of 1933. Applicant's registration statement was declared effective on January 19, 1989, and the initial public offering commenced on that date.

2. At a meeting held August 18, 1995, applicant's board of directors considered a written report of the Adviser recommending the liquidation and dissolution of applicant and approved the Adviser's recommendation. The Adviser determined that applicant would not be able to meets its investment objective of reaching $10 per share on August 31, 2001. The Adviser researched alternatives to liquidation including (a) changing investment policies, (b) reducing applicant's dividends, and (c) converting to an open-end investment company. In the Adviser's opinion, the first alternative would significantly increase the risk in applicant's portfolio; the second alternative would most likely still not attain the $10 per share objective; and the third alternative would transform applicant into a significantly different investment vehicle than originally selected by shareholders. The board determined that it would not be in the best interests of shareholders to pursue any of these alternatives and the alternatives to liquidation did not afford shareholders sufficient promise of additional value to justify pursuing the alternatives. The board noted that liquidation and dissolution would permit shareholders to receive the net asset value underlying their shares, rather than the discounted market price that they would be able to receive upon a sale of those shares in the open market, and to invest that amount in investment vehicles of their own choice.

3. At a meeting held on October 9, 1995, applicant's board of directors approved the terms of the Plan of Liquidation and Dissolution (the ''Plan''). A Proxy Statement for a special meeting of shareholders was filed with the SEC and mailed to applicant's shareholders on or about November 1, 1997. Applicant's shareholders approved the Plan at a meeting held on December 7, 1995.

4. On December 21, 1995, applicant paid shareholders a liquidating distribution. As of that date, applicant had 8,005,700 shares of common stock outstanding with an aggregate net asset value of $71,401,807 and per share net asset value of $8.91887.

5. In connection with its liquidation and dissolution, applicant incurred approximately $53,073 in expenses. Expenses of liquidation, other than taxes, were paid by applicant's investment adviser. No brokerage commissions were paid in connection with the liquidation, because the portfolio securities consisted of U.S. Treasury securities.

6. Applicant's transfer agent, Investors Fiduciary Trust Company, has established a non-interest bearing bank account for security holders who have not surrendered their share certificates for payment. As of March 2, 1997, applicant had 17 security holder accounts totalling 9,045,856 shares at a value of approximately $80,643. The transfer agent will continue to mail letters to these accounts until they submit their certificates or other requested information so that payment can be made. The address and identity of the security holders is not in question.

7. Applicant is a party to litigation, however, Piper Jaffray Companies Inc. (''Piper'') and Piper Capital Management Incorporated (''Piper Capital'') have agreed, pursuant to an Assumption Agreement between and among Piper, Piper Capital, and applicant, to assume all liabilities of applicant in connection with the lawsuit.

8. Applicant has no debts or liabilities. Applicant is not engaged in and does not propose to engage in any business activities other than those necessary for the winding up of its affairs.

9. Applicant filed a Notice of Intent to Dissolve and Articles of Dissolution with the Minnesota Secretary of State on December 7, 1995, and January 9, 1996, respectively.

For the SEC, by the Division of Investment Management, under delegated authority.

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 97–15938 Filed 6–17–97; 8:45 am]

BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–38736; File No. SR–DCC–97–03]

Self-Regulatory Organizations; Delta Clearing Corp.; Notice of Filing of Proposed Rule Change Regarding Novated Repos

June 11, 1997.

Pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (the ''Act''),[1] notice is hereby given that on March 11, 1997, Delta Clearing Corp.

[1] 15 U.S.C. 78s(b)(1).

(''Delta'') filed with the Securities and Exchange Commission (''Commission'') and on May 7, 1997, and May 29, 1997, amended the proposed rule change as described in Items I, II, and III below, which items have been prepared primarily by Delta. 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

Delta seeks approval of amendments to its Procedures for Repurchase Agreements and Reverse Repurchase Agreements (''Repo Procedures'') to permit Delta to clear the off-date portion of a repurchase agreement (''repo'') transaction whose on-date leg has been cleared outside of Delta.

II. Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

In its filing with the Commission, Delta included statements concerning the purpose of and basis for the proposed rule change and discussed any comments that it received on the proposed rule change. The text of these statements may be examined at the places specified in Item IV below. Delta has prepared summaries, set forth in sections (A), (B), and (C) below, of the most significant aspects of such statements.[2]

(A) Self-Regulatory Organization's Statement of the Purpose of, and Statutory Basis for, the Proposed Rule Change

Delta proposes to modify its Repo Procedures to provide that Delta may assume the obligation to clear solely the off-date portion of a repo transaction (''novated repo'') subject to (1) the receipt of Delta of matching trade reports from the parties to the trade or from an authorized broker,[3] as applicable and (2) Delta's confirmation of the prior execution and clearance of the on-date portion of such repo transaction.

Section 2401 sets forth time periods for participants to report on-date transactions to enable Delta to clear such transactions by settlement time. Section 2401 of the Repo Procedures will be amended to provide that the time periods for reporting transactions set forth in the first paragraph of Section 2401 do not apply to novated repos. However, in the case of a novated repo where Delta does not clear the on-date portion of a repo transaction, it is not necessary for participants to report such transactions prior to settlement time. Instead, the proposed amendment will provide that novated repos shall be reported to Delta by 5:00 p.m. on any business day prior to the settlement day of the off-date portion as a condition for Delta to assume on such business day the obligation to clear the off-date portion. However, Section 2401 will also provide that if the settlement day of the off-date portion is the next business day following the business day on which a novated repo is reported to Delta, such novated repo must be reported to Delta prior to 2:15 p.m. so that Delta will be able to collect margin related to the transaction in a timely manner.[4]

Participants or the authorized broker, as applicable, may but will not be required to report novated repos to Delta on or prior to the settlement day of the on-date portion of the repo transaction. For example, if participants execute and settle the on-date portion of a repo transaction on day one and submit matching trade reports to Delta on day two, Delta will assume the obligation to clear the off-date portion of such repo transaction provided that the trade is otherwise in compliance with Delta's Repo Procedures.

Section 2507 will be added to the Repo Procedures to clarify that provisions relating to on-date settlement do not apply to novated repos. Similarly, Sections 2801 and 2802 will be amended to clarify that no delivery of collateral or payment of net money through Delta is required on the on-date of a novated repo.

Finally, a new Section 2904 will be added to the Repo Procedures to provide that Delta may accept novated repos for clearance. Section 2904 will provide that a participant's net exposure resulting from the assumption by Delta of a novated repo on any business day will be included for purposes of calculating the margin required to be deposited by the participant by 11:00 a.m. of the following business day pursuant to Article XXVI of the Procedures relating to margin. If Delta assumes by 5:00 p.m. on day two the obligation to clear the off-date portion of a novated repo, any margin required from a participant as a result of the participant's net exposure resulting from Delta's assumption of such novated repo would have to be deposited by the participant on or before 11:00 a.m. on day three. However, if a novated repo has an off-date which is the next business day following the business day on which the novated repo is reported to Delta, such novated repo shall be treated as an overnight repo for margin collection purposes.[5]

Participants often enter into repo transactions and immediately thereafter clear the on-date portion of the transaction between themselves. Participants that have entered into a repo transaction and have cleared the on-date portion between themselves may wish to have Delta assume the obligation to clear the off-date portion. This may be advantageous to the participants for credit, balance sheet netting, or other reasons. The proposed changes will allow participants to submit repo transactions for off-date clearing without having to reclear the on-date portion which has been previously executed and cleared outside Delta's clearing system. Delta does not believe that the proposed rule change to permit clearance of novated repos will expose Delta's clearing system to any risk which is different from the risk assumed on transactions where Delta clears both the on-date and off-date portion of the repo transaction.

Delta believes the proposed rule change is consistent with the requirements of the Act and the rules and regulations thereunder applicable to Delta and in particular with Section 17A(b)(3)(F) of the Act[6] which requires that a clearing agency be organized and its rules be designed to promote the prompt and accurate clearance and settlement of securities transactions, to safeguard funds and securities in Delta's possession and control, and to remove impediments to and perfect the mechanism of a national system for the prompt and accurate clearance and settlement of securities transactions. Delta believes that permitting Delta to clear novated repos will permit wider utilization of the clearing system by participants.

[2] The Commission has modified the text of the summaries.

[3] Pursuant to Delta's rules, Delta will clear and settle repo transactions that have been entered into directly between two participants or entered into by two participants through the facilities of a broker (''authorized broker'') that has been specifically authorized by Delta for such purpose.

[4] Section 2401 will also be amended to require that overnight repo transactions must be reported to Delta prior to 2:15 p.m. Overnight repos and novated repos reported one day prior to settlement will be margined in the same manner.

[5] Delta sends a Supplemental Daily Margin report to members at 2:30 p.m. each day that indicates the amount of margin a member must deposit prior to 3:00 p.m. that day. The margin is based on a mark-to-market calculation.

[6] 15 U.S.C. 78q–1(b)(3)(F).

(B) Self-Regulatory Organization's Statement on Burden on Competition

Delta does not believe that the proposed rule change will impose any burden on competition not necessary or appropriate in furtherance of the purpose of the Act.

(C) Self-Regulatory Organization's Statement on Comments on the Proposed Rule Change Received From Members, Participants or Others

Comments were neither solicited nor received.

III. Date of Effectiveness of the Proposed Rule Change and Timing for Commission Action

Within thirty-five 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 ninety 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. Persons making written submissions should rule 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 Section, 450 Fifth Street, N.W., Washington, D.C. 20549. Copies of such filing will also be available for inspection and copying at the principal office of Delta. All submissions should refer to File No. SR–DCC–97–03 and should be submitted by July 9, 1997.

For the Commission by the Division of Market Regulation pursuant to delegated authority.[7]

[7] 17 CFR 200.30–3(a)(12).

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 97–15934 Filed 6–17–97; 8:45 am]

BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–38735; File No. SR–Phlx–97–14]

Self-Regulatory Organizations; Order Granting Partial Accelerated Approval to a Proposed Rule Change by the Philadelphia Stock Exchange, Inc. Relating to Rule 722, Margin Accounts

June 11, 1997.

I. Introduction

On May 8, 1997, the Philadelphia Stock Exchange, Inc. (''Phlx'' or ''Exchange'') filed with the Securities and Exchange Commission (''SEC'' or ''Commission'') a proposed rule change to amend certain sections of the Exchange's rules to comply with changes to Regulation T which became effective June 1, 1997. Phlx submitted Amendment No. 1 on May 20, 1997.[1] Phlx submitted Amendment No. 2 on May 28, 1997.[2] Phlx submitted Amendment No. 3 on May 30, 1997.[3]

The proposed rule change, including the amendments, was published for comment, and partial accelerated approval of the proposal was granted in Securities Exchange Act Release No. 38711 (June 2, 1997).[4]

This order grants partial approval to a portion of the proposed rule change.

[1] *See* Letter from Michele R. Weisbaum, Vice President and Associate General Counsel, Phlx, to Michael Walinskas, Senior Special Counsel, Division of Market Regulation (''Market Regulation''), Commission, dated May 19, 1997 (''Amendment No. 1''). Amendment No. 1 supersedes the original rule filing in its entirety by addressing technical changes by making corrections to certain typographical errors appearing in the rule filing. Amendment No. 1 also makes a number of substantive changes.

[2] *See* Letter from Michele R. Weisbaum, Vice President and Associate General Counsel, Phlx, to Michael Walinskas, Senior Special Counsel, Market Regulation, Commission, dated May 28, 1997 (''Amendment No. 2). Amendment No. 2 supersedes Amendment No. 1 with regard to certain portions of the rule filing the Commission is approving today by accelerated approval.

[3] *See* Letter from Diane Anderson, Vice President, Examinations Department, Phlx, to Michael Walinskas, Senior Special Counsel, Market Regulation, Commission, dated May 30, 1997 (''Amendment No. 3''). Amendment No. 3 corrects an inadvertent omission to Amendment No. 2).

[4] The Notice and Order has not been published in the Federal Register as of June 11, 1997. *See* SEC Release No. 34–38711 for a discussion of those provisions of the proposed rule change that were approved in that release.

II. Description of the Proposal

The fall description of the proposed rule change set forth in File No. SR–Phlx–97–14 can be found in SEC Release No. 34–38711. The following description covers only those sections of Rule 722 (''Rule'') being approved through this order, specifically paragraph (d) of Rule 722—*Covered Margin Accounts—Derivative Securities.*

Customer Margin Accounts

The Exchange is proposing to rearrange Rule 722 so that all provisions concerning customer margin accounts are in the same section. Specific provisions relevant to options and warrants will be covered in paragraph (d) of the Rule, entitled *Derivative Securities.*

New proposed section (d) of Rule 722 is entitled *Customer Margin Accounts-Derivative Securities,* and will contain all of the provisions applicable to options and warrants in customer margin accounts. The first paragraph of proposed Rule 722(d) states that active securities dealt in on a recognized exchange will be valued at current market prices but that other securities will be valued conservatively and that substantial additional margin will be required where the securities are unusually volatile or illiquid. This provision is being moved, unchanged, from section (c)(1) of the Rule.

The next provision of the Rule sets forth the continuing rule that long positions in listed options and warrants will not have any loan value for purposes of computing margin in customer accounts. It is being moved from current paragraph (c)(2) and is renamed, *Long Positions-Listed Options and Currency, Currency Index or Stock Index Warrants.*

Paragraph (d)(3) of Rule 722 restates the existing provisions of current paragraph (c)(2)(B)(i) regarding short listed options and warrants. The paragraph and accompanying chart sets forth the margin requirements for equity options, index options, foreign currency options, currency warrants, currency index warrants and stock index warrants listed or traded on a national securities exchange. It is not applicable to OTC options which are provided for in section (f) of the rule (current subsection (ii) to paragraph (c)(2)(B) which dealt with OTC options is also being deleted at this time). The one addition to the existing rule is the exception for short put options that would cap the margin requirement at no less than the option market value plus the minimum percentage applicable to that type of option in column II of the

option's aggregate exercise price amount. The purpose of this cap is to assure that the margin requirement does not continue to increase as the risk of the put position decreases as it becomes farther out-of-the-money.

Existing paragraph (c)(2)(C) of the Rule is being renumbered as (d)(4) and certain omitted words caused by typographical errors are being corrected.

The margin treatment for various related securities positions involving listed options and warrants carried in a customer margin account has been revised and rearranged from what is in the current rule. Current paragraph (c)(2)(D) of the Rule is renumbered as (d)(5)(A)(i) and entitled *Straddles/Combinations.* The provision has not been changed and thus continues to state that where a call option contract (on a stock, index or foreign currency) is carried in a short position for the same customer for which a short put option is held, the margin on the put or call, whichever amount is greater, plus the current market value of the other option is required to be maintained. The first two paragraphs of current subpart (c)(2)(F)(i) of the Rule applicable to warrant straddles has been moved into this section and numbered as (d)(5)(A)(ii) and (iii). Former subparagraph (E) of the Rule is renumbered as (d)(5)(B) and entitled, *Short option offset by long option where long option expires with or after short option.* The substance of the section has not been changed but has been redrafted for the sake of clarity and brevity. The margin treatment for spread positions on stock index, currency and currency index warrants in the present rule (in section (c)(2)(F)(i) is continued in section (d)(5)(C). The margin treatment for covered write convertibles which was formerly in subparagraph (F)(i) of the Rule will now be in subparagraph (d)(5)(D) of the Rule; however, the language in that section applicable to short puts will be deleted because it is covered under a new subsection (d)(5)(E) which is being added for covered calls and covered puts. Finally, a new provision for short equity call options offset by a warrant to purchase the underlying security has been added in new subsection (d)(5)(F) of the Rule. The provision, which is consistent with Regulation T, requires no margin for this position if the warrant to purchase the underlying security does not expire on or before the expiration date of the short call, and if the amount (if any) by which the exercise price of the warrant exceeds the exercise price of the short call is deposited in the account.

III. Discussion

The Commission finds the following portions of the proposed rule change to be consistent with the requirements of the Act and the rules and regulations thereunder applicable to a national securities exchange, and, in particular, with the requirements of Section 6(b)(5) of the Act:[5] proposed paragraph (d) of Rule 722, *Customer Margin Accounts—Derivative Securities,* with the exception of Rule 722(d)(5)(E) *Covered Calls/Covered Puts* which is not being approved at this time.[6] Section 6(b)(5) requires, among other things, that the Exchange have rules that are designed to promote just and equitable principles of trade, to remove impediments to, and perfect the mechanism of a free and open market and, in general, to protect investors and the public interest.[7]

The Exchange is proposing to rearrange Rule 722 so that all provisions concerning customer margin accounts are in the same section. Specific provisions relevants to options and warrants will be covered in paragraph (d) of the Rule entitled *Derivative Securities.* These changes are non-substantive and reasonable.

New proposed section (d) of Rule 722 is entitled *Customer Margin Accounts-Derivative Securities,* and will contain all of the provisions applicable to options and warrants in customer margin accounts. The first paragraph states that active securities dealt in on a recognized exchange will be valued at current market prices but that other securities will be valued conservatively and that substantial additional margin will be required where the securities are unusually volatitle or illiquid. This provision is being moved, unchanged, from section (c)(1), and, accordingly, raises no new regulatory issues. The Commission finds the relocation of this provision to be reasonable.

The next provision of the Rule is being moved from current paragraph (c)(2) and is renamed, *Long Positions-Listed Options and Currency, Currency Index or Stock Index Warrants.* This provision is also unchanged and, accordingly, raises no new regulatory issues, and is reasonable.

Paragraph (d)(3) of the Rule restates the existing provisions of current paragraph (c)(2)(B)(i) regarding short listed options and warrants. The only addition to the existing rule is the exception for short put options that would cap the margin requirement at no less than the option market value plus the minimum percentage applicable to that type of option in column III of the option's aggregate exercise price amount. The Exchange states that the purpose of this cap is to assure that the margin requirement does not continue to increase as the risk of the put position decreases as it becomes farther out-of-the-money. The changes to this provision are substantially identical to changes adopted by the other options exchanges recently, and, accordingly, the Commission finds it reasonable for Phlx to adopt this provision.[8] Existing paragraph (c)(2)(C) of the Rule is being renumbered as paragraph (d)(4) and certain omitted words caused by typographical errors are being corrected. It is not the intention of Phlx to change the meaning of this provisions and, accordingly, this change raises no new regulatory issues. The Commission finds the adoption of this provision reasonable.

Current paragraph (c)(2)(D) of the Rule is renumbered as (d)(5)(A)(i) and entitled *Straddles/Combinations.* The first two paragraphs of current subpart (c)(2)(F)(i) of the Rule applicable to warrant straddles has been moved into this section and numbered as (d)(5)(A)(ii) and (iii). The provisions have not been changed and therefore raise no new regulatory issues. The Commission finds the relocation of these provisions to be reasonable.

Former subparagraph (E) of the Rule is renumbered as (d)(5)(B) and entitled, *Short option offset by long option where long option expires with or after short option.* The Exchange states that the substance of the section has not been changed but has been redrafted for the sake of clarity and brevity. The Commission concurs that the provision is substantially identical to a similar provision contained in the CBOE's rules.[9] Accordingly, the change raises no new regulatory issues and is reasonable.

The margin treatment for spread positions on stock index, currency and currency index warrants in the present rule (in section (c)(2)(F)(i)) is continued in section (d)(5)(C) of the Rule. This section has not been changed, and,

[5] 15 U.S.C. 78f(b)(5).

[6] The Commission also is not approving at this time (1) proposed Commentary .14 to the Rule, which addresses several items regarding options specialists and market-maker permitted offsets and (2) the definition of ''qualified stock basket'' in Rule 722(a)(7). Collectively, these are the only portions of the filing that have not been approved as of the date of this order.

[7] In approving this rule, the Commission has considered the proposed rule's impact on efficiency, completion, and capital formation. 15 U.S.C. §78c(f).

[8] *See, e.g.,* SEC Release No. 34–38709 (June 2, 1997) approving changes to the Chicago Board Options Exchange's (''CBOE'') margin rules.

[9] *See* CBOE Rule 12.3(c)(5)(B)(3).

accordingly, raises no new regulatory issues. The Commission finds the provision to be reasonable.

The margin treatment for covered write convertibles which was formerly in subparagraph (F)(i) of the Rule will now be in (d)(5)(D) of the Rule; however, the language in that section applicable to short puts is being deleted because it will be covered under proposed subsection (E) relating to covered calls and covered puts. Subparagraph (d)(5)(D) is not being changed substantively and raises no new regulatory issues. The Commission finds it reasonable for the Exchange to delete the language relating to short puts from this subparagraph, but notes that proposed subsection (E) is not being approved at this time.

Finally, a new provision for short equity call options offset by a warrant to purchase the underlying security has been added in new subsection (d)(5)(F). The proposed treatment for a short listed call covered by a warrant is new to Rule 722 but it is substantially similar with the current treatment under Regulation T, 12 CFR 220.4(b) and, accordingly, is reasonable.[10]

The Commission finds good cause for approving the portions of the proposed rule change discussed above prior to the thirtieth day after the date of publication thereof in the **Federal Register**.[11] The portions of the filing approved today are either (1) non-substantive changes that move or consolidate existing Phlx margin provisions or (2) nearly identical to provisions contained in the existing margin rules of the CBOE. Together, the changes make Phlx's margin provisions easier to understand and more uniform with the margin provisions of the other options exchanges.

It is therefore ordered, pursuant to Section 19(b)(2) of the Act,[12] that the portions of the proposed rule change and amendments (SR–Phlx–97–14) relating to proposed Rule 722, paragraph (d), *Customer Margin Accounts—Derivative Securities* (with the exception of proposed paragraph (d)(5)(E)) are approved.

For the Commission, by the Division of Market Regulation, pursuant to delegated authority.[13]

[10] The Commission notes that other exchanges have recently adopted identical provisions. *See, e.g.*, SEC Release 34–38709 (June 2, 1997).

[11] The Commission invited interested persons to submit written data, views and arguments concerning the proposed rule change and amendments in SEC Release 34–38711 (June 2, 1997). *See*, IV *Solicitation of Comments.*

[12] 15 U.S.C. 78s(b)(2).

[13] 17 CFR 200.30–3(a)(12).

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 97–15889 Filed 6–17–97; 8:45 am]

BILLING CODE 8010–01–M

SECURITIES AND EXCHANGE COMMISSION

[Release No. 34–38738; File No. SR–Phlx–97–20]

Self-Regulatory Organizations; Order Granting Accelerated Approval To Proposed Rule Change and Amendment No. 1 Thereto by the Philadelphia Stock Exchange, Inc. Relating to Specialist Wheel Rotation Frequency

June 11, 1997.

On April 24, 1997, the Philadelphia Stock Exchange, Inc. (''Phlx'' or ''Exchange'') filed with the Securities and Exchange Commission (''SEC'' or ''Commission'') pursuant to Section 19(b)(1) of the Securities Exchange Act of 1934 (''Act''),[1] and Rule 19b–4 thereunder,[2] a proposed rule change to amend Floor Procedure Advice (''Advice'') F–24, AUTO–X Contra-Party Participation (the ''Wheel''), regarding Wheel rotations to the specialist. On May 9, 1997, the Phlx submitted Amendment No. 1 to the proposed rule change.[3]

The proposed rule change was published for comment in the **Federal Register** on May 16, 1997.[4] No comments were received on the proposal. This order grants accelerated approval to the proposal.

II. Description of the Proposal

The Wheel is an automated mechanism for assigning floor traders (i.e., specialists and registered options traders (''ROTs'')), on a rotating basis, as contra-side participants to AUTO–X orders. AUTO–X is the automatic execution feature of the Exchange's Automated Options Market (''AUTOM'') system,[5] which provides customers with automatic executions of eligible equity option and index option orders at displayed markets. Currently, the Wheel allocates the first trade of every day to the specialist. Thereafter, if four or less ROTs are participating on the Wheel, the specialist participates in a normal rotation. However, if five or more ROTs have signed-on the Wheel, the specialist receives every fifth execution.

The proposal would reduce the rotation frequency for the specialist in larger crowds. Specifically, if there are, on average, five to 15 Wheel participants (including the specialist), the specialist would receive every fifth execution, and if there are, on average, 16 or more Wheel participants, the specialist would receive every tenth execution. Where the Wheel will be set to ''every tenth execution,'' the specialist's rotation frequency will thereafter be automatically reduced from every tenth execution to a normal, consecutive rotation, when the number of signed-on Wheel participants becomes less than ten.

The proposal also would enable the Options Committee to establish a different rotation increment not to exceed ten contracts. Currently, the Wheel rotates in different increments, depending upon the size of the AUTO–X guarantee in that issue. For example, where the AUTO–X guarantee is for one to ten contracts, the Wheel rotates in two lot increments, meaning a ten lot would be divided in two lots to five Wheel participants. Where the AUTO–X guarantee is 11 to 25 contracts, the Wheel rotates in five lot increments, and where the guarantee exceeds 25 contracts, up to the maximum permissible 50 contracts, the Wheel rotates in ten lot increments. The proposal would allow the Wheel to rotate in an increment larger than permissible under the current framework, but no greater than ten contracts. The Options Committee may determine to allow a differing rotation, if requested by the specialist and Wheel participants, and following adequate notice to the trading floor.

III. Commission's Findings and Order Granting Accelerated Approval of Proposed Rule Change

After careful review, the Commission finds that the proposed rule change is consistent with the requirements of the Act and the rules and regulations thereunder applicable to a national securities exchange. Specifically, the Commission believes the proposal is consistent with the requirements of Section 6 of the Act[6] in general, and in particular, with Section 6(b)(5).[7] Section 6(b)(5) provides that the rules of the

[1] 15 U.S.C. 78s(b)(1).

[2] 17 CFR 240.19b–4.

[3] *See* Letter from Philip H. Becker, Senior Vice President and Chief Regulatory Officer, Phlx, to Michael Walinskas, Senior Special Counsel, Division of Market Regulation, SEC, dated May 8, 1997 (''Amendment No. 1''). In Amendment No. 1, the Phlx designated File No. SR–Phlx–97–20 as submitted pursuant to Section 19(b)(2) of the Act, rather than pursuant to Section 19(b)(3)(A), as originally filed.

[4] *See* Securities Exchange Act Release No. 38606 (May 9, 1997), 62 FR 27099 (May 16, 1997).

[5] AUTOM is an electronic order routing and delivery system for options orders.

[6] 15 U.S.C. 78f.

[7] 15 U.S.C. 78f(b)(5).

Exchange must be designed to promote just and equitable principles of trade, remove impediments to and perfect the mechanism of a free and open market and in general, to protect investors and the public interest.[8]

The Commission believes that reducing the rotation frequency for specialists in larger crowds will promote equitable principles of trade by encouraging more ROTs to participate on the Wheel. The anticipation of more frequent Wheel executions will likely provide ROTs with an incentive to participate on the Wheel, thereby increasing liquidity in Phlx equity and index options. The proposal also will eliminate the perceived disproportionate allotment to the specialist in larger crowds.

In addition, the Commission notes that reducing the rotation frequency for specialists will have no discernible impact on public customers as the Exchange represents that neither the price nor the time of AUTO–X executions will be affected. Instead, the proposal will modify only the identity of the contra-side participant for AUTO–X trades. The proposal will, therefore, assure ROTs of more frequent execution in larger crowds, without affecting the execution of public customer orders.

The Commission believes that providing the Options committee with the authority to establish, at the request of Wheel participants, a rotation increment larger than that permissible under the current framework, but no greater than ten contracts, will remove impediments to a free and open market by providing the Phlx with additional flexibility to determine, within established parameters, the appropriate rotation procedures for a given option. In certain circumstances, the Phlx may determine it is preferable to all Wheel participants to receive larger, but less frequent, executions than allowable under the existing rules. The Commission believes that the proposal's limitation of ten contracts on the Option committee's authority to establish rotation increments is appropriate given that the original Wheel provisions provided for a rotation increment of ten contracts.[9] The Commission notes that any proposed increase in the rotation increment in excess of ten contracts would have to be submitted to the Commission for approval pursuant to Rule 19b–4.

Finally, the Commission finds good cause for approving the proposed rule change and Amendment No. 1 thereto prior to the thirtieth day after the date of publication of notice of filing thereof in the **Federal Register**. The proposed rule change, as amended, should add additional liquidity to Phlx's equity and index options traded through AUTO–X. In addition, the Commission did not receive any comments on this proposal, which was noticed for the full 21-day period. As the implementation of these proposed changes is expected to assist the Exchange in facilitating a fair and orderly market, the Commission believes that granting accelerated approval of the proposed rule change is appropriate and consistent with Section 6 of the Act.[10]

IV. Conclusion

It is therefore ordered, pursuant to Section 19(b)(2) of the Act,[11] that the proposed rule change (SR–Phlx–97–20), including Amendement No. 1, is approved on an accelerated basis.

For the Commission by the Division of Market Regulation, pursuant to delegated authority.[12]

Margaret H. McFarland,

Deputy Secretary.

[FR Doc. 97–15936 Filed 6–17–97; 8:45 am]

BILLING CODE 8010–01–M

[8] *Id.*

[9] *See* Securities Exchange Act Release No. 35033 (November 30, 1994), 59 FR 63152 (December 7, 1994) (SR–Phlx–94–32).

[10] 15 U.S.C. 78f.

[11] 15 U.S.C. 78s(b)(2).

[12] 17 CFR 200.30–3(a)(12).

DEPARTMENT OF STATE

[Public Notice No. 2553]

Advisory Committee on International Communications and Information Policy Public Meeting

AGENCY: U.S. Department of State.

ACTION: Correction.

SUMMARY: In notice document 97–14044 beginning on page 29180 in the issue of Thursday, May 29, 1997, make the following correction:

The Department of State is rescheduling the next meeting of its Advisory Committee on International Communications and Information Policy from Thursday, June 19, 1997.

This meeting now will be held on Thursday, July 17, 1997, from 9:45 a.m.–12:30 p.m. in Room 1205 of the Main Building of the U.S. Department of State, located at 2201 ''C'' Street, NW., Washington, DC 20520.

Members of the public may attend the meeting up to the seating capacity of the room. While the meeting is open to the public, admittance to the State Department Building is only by means of a pre-arranged clearance list. In order to be placed on the pre-clearance list, please provide your name, title, company, social security number, date of birth, and citizenship to Jennifer Texeira at (202) 647–5205 or by fax at (202) 647–5957.

All attendees must use the ''C'' Street entrance. One of the following valid ID's will be required for admittance: any U.S. driver's license with photo, a passport, or a U.S. Government agency ID.

For further information, contact Timothy C. Finton, Executive Secretary of the Committee, at (202) 647–5385.

Dated: June 3, 1997.

Timothy C. Finton,

Executive Secretary, Advisory Committee for International Communications and Information Policy.

[FR Doc. 97–15969 Filed 6–17–97; 8:45 am]

BILLING CODE 4710–45–M

DEPARTMENT OF STATE

[Public Notice No. 2556]

United States International Telecommunications Advisory Committee; Citel Ad Hoc; Meeting Notice

The Department of State announces that the United States International Telecommunications Advisory Committee Citel Ad Hoc will meet on Thursday, July 9, 1997, at 9:30 a.m., in Room 1105 at the Department of State, 2201 C Street, N.W., Washington, DC 20520.

The Citel Ad Hoc Group will consider the Preparatory process for future Citel meetings, review possible contributions for the meeting of PCC–I in October 1997, and the tasks assigned under Citel Restructure proposals. Other matters within the competence of Citel Ad Hoc Group will be raised. A review of results of the PCC–I meeting in Cartagena, and the June meeting of PCC–III meeting in Brazil will be provided.

Persons presenting contributions should bring 20 copies of such contributions to the meeting.

Please Note: Persons intending to attend these meetings must announce this not later than 24 hours before the meeting to the Department of State by sending a fax to 202–647–7407. The announcement must include name, Social Security number and date of birth. The above includes government and non-government attendees. One of the following valid photo ID's will be required for admittance: U.S. passport,

U.S. government ID (company ID's are no longer accepted by Diplomatic Security). Enter from the ''C'' Street Main Lobby.

Dated: June 6, 1997.

Gary M. Fereno,

Chairman, U.S. ITAC for Citel.

[FR Doc. 97–15970 Filed 6–17–97; 8:45 am]

BILLING CODE 4710–45–M

DEPARTMENT OF TRANSPORTATION

Federal Aviation Administration

[Summary Notice No. PE–97–32]

Petitions for Exemption; Summary of Petitions Received; Dispositions of Petitions Issued

AGENCY: Federal Aviation Administration (FAA), DOT.

ACTION: Notice of petitions for exemption received and of dispositions of prior petitions.

SUMMARY: Pursuant to FAA's rulemaking provisions governing the application, processing, and disposition of petitions for exemption (14 CFR Part 11), this notice contains a summary of certain petitions seeking relief from specified requirements of the Federal Aviation Regulations (14 CFR Chapter I), dispositions of certain petitions previously received, and corrections. The purpose of this notice is to improve the public's awareness of, and participation in, this aspect of FAA's regulatory activities. Neither publication of this notice nor the inclusion or omission of information in the summary is intended to affect the legal status of any petition or its final disposition.

DATES: Comments on petitions received must identify the petition docket number involved and must be received on or before June 23, 1997.

ADDRESSES: Send comments on any petition in triplicate to: Federal Aviation Administration, Office of the Chief Counsel, Attn: Rule Docket (AGC–200), Petition Docket No. 28919, 800 Independence Avenue, SW., Washington, D.C. 20591.

Comments may also be sent electronically to the following internet address: 9–NPRM–CMNTS@faa.dot.gov.

The petition, any comments received, and a copy of any final disposition are filed in the assigned regulatory docket and are available for examination in the Rules Docket (AGC–200), Room 915G, FAA Headquarters Building (FOB 10A), 800 Independence Avenue, SW., Washington, D.C. 20591; telephone (202) 267–3132.

FOR FURTHER INFORMATION CONTACT: Heather Thorson (202) 267–7470 or Angela Anderson (202) 267–9681 Office of Rulemaking (ARM–1), Federal Aviation Administration, 800 Independence Avenue, SW., Washington, DC 20591.

This notice is published pursuant to paragraphs (c), and (e), and (g) of § 11.27 of Part 11 of the Federal Aviation Regulations (14 CFR Part 11).

Issued in Washington, D.C., on June 13, 1997.

Michael E. Chase,

Acting Assistant Chief Counsel for Regulations.

Petitions for Exemption

Docket No.: 28919.

Petitioner: Bladev S. Bambhra.

Sections of the FAR Affected: 14 CFR 65.93.

Description of Relief Sought: To permit petitioner to renew his Inspection Authorization even though he didn't meet the March 31, 1997 deadline, due to circumstances beyond his control.

[FR Doc. 97–16003 Filed 6–17–97; 8:45 am]

BILLING CODE 4910–13–M

DEPARTMENT OF TRANSPORTATION

National Highway Traffic Safety Administration

Research and Development Programs Meeting Agenda

AGENCY: National Highway Traffic Safety Administration, DOT.

ACTION: Notice.

SUMMARY: This notice provides the agenda for a public meeting at which the National Highway Traffic Safety Administration (NHTSA) will describe and discuss specific research and development projects.

DATES AND TIMES: As previously announced, NHTSA will hold a public meeting devoted primarily to presentations of specific research and development projects on June 19, 1997, beginning at 9:45 a.m. and ending at approximately 2:00 p.m.

ADDRESSES: The meeting will be held at the Clarion Inn, Detroit Metro Airport, 9191 Wickham Road, Romulus, Michigan 48174.

SUPPLEMENTARY INFORMATION: This notice provides the agenda for the seventeenth in a series of public meetings to provide detailed information about NHTSA's research and development programs. This meeting will be held on June 19, 1997. The meeting was announced on May 29, 1997 (62 FR 29185). For additional information about the meeting consult that announcement.

Starting at 9:45 a.m. and concluding by 2:00 p.m., NHTSA's Office of Research and Development will discuss the following topics:

On-Line Tracking System for NHTSA's Research Projects,

Federal Motor Vehicle Safety Standard No. 208 Sled Testing with Full Vehicles,

Status of Passenger Car ABS and Dynamic Rollover Test Development,

Intelligent Transportation Systems (ITS) Including: Intelligent Vehicle Initiative, NHTSA's Strategic Plan for Crash Avoidance Research, and Human Factors Guidelines for Crash Avoidance Warning Devices,

Research to Incorporate Hybrid III Dummies (3- and 6-Year Old, 5th-Percentile Female).

NHTSA has based its decisions about the agenda, in part, on the suggestions it received by June 5, 1997, in response to the announcement published May 29, 1997.

As announced on May 29, 1997, in the time remaining at the conclusion of the presentations, NHTSA will provide answers to questions on its research and development programs, where those questions have been submitted in writing by June 11, 1997, to Ralph J. Hitchcock, Acting Associate Administrator for Research and Development, NRD–01, National Highway Traffic Safety Administration, Washington, DC 20590. Fax number: 202–366–5930.

FOR FURTHER INFORMATION CONTACT: Rita I. Gibbons, Staff Assistant, Office of Research and Development, 400 Seventh Street, SW, Washington, DC 20590. Telephone: 202–366–4862. Fax number: 202–366–5930.

Issued: June 13, 1997.

Ralph J. Hitchcock,

Acting Associate Administrator for Research and Development.

[FR Doc. 97–15963 Filed 6–17–97; 8:45 am]

BILLING CODE 4910–59–P

DEPARTMENT OF TRANSPORTATION

Research and Special Programs Administration

Office of Hazardous Materials Safety; Notice of Applications for Exemptions

AGENCY: Research and Special Programs Administration, DOT.

ACTION: List of applicants for exemptions.

SUMMARY: In accordance with the procedures governing the application for, and the processing of, exemptions from the Department of Transportation's Hazardous Materials Regulations (49 CFR Part 107, Subpart B), notice is hereby given that the Office of Hazardous Materials Safety has received the applications described herein. Each mode of transportation for which a particular exemption is requested is indicated by a number in the ''Nature of Application'' portion of the table below as follows: 1—Motor vehicle, 2—Rail freight, 3—Cargo vessel, 4—Cargo aircraft only, 5—Passenger-carrying aircraft.

DATES: Comments must be received on or before July 18, 1997.

ADDRESS COMMENTS TO: Dockets Unit, Research and Special Programs Administration, Room 8421, DHM–30, U.S. Department of Transportation, Washington, DC 20590.

Comments should refer to the application number and be submitted in triplicate. If confirmation of receipt of comments is desired, include a self-addressed stamped postcard showing the exemption application number.

FOR FURTHER INFORMATION: Copies of the applications (See Docket Number) are available for inspection at the New Docket Management Facility, PL–401, at the U.S. Department of Transportation, Nassif Building, 400 7th Street, SW. Washington, DC 20590.

This notice of receipt of applications for new exemptions is published in accordance with Part 107 of the Hazardous Materials Transportations Act (49 U.S.C. 1806; 49 CFR 1.53(e)).

Issued in Washington, DC, on June 12, 1997.

J. Suzanne Hedgepeth,

Director, Office of Hazardous Materials Exemptions and Approvals.

NEW EXEMPTIONS

Application No.	Docket No.	Applicant	Regulations(s) affected	Nature of exemption thereof
11891–N	RSPA–97–2595	Aldrich Chemical Co., Milwaukee, WI.	49 CFR 171 to 178	To authorize the one-time transportation in commerce of certain hazardous materials in various classes and divisions, contained in specific type packagings, as essentially non-regulated. (mode 1)
11892–N	RSPA–97–2596	Van Vool HV, B–2500 Lier, Koningshooikt, BE.	49 CFR 178.245, Part 173	To authorize the manufacture, mark and sale of non-DOT specification steel portable tanks, similar to DOT–51 steel portable tanks, permanently fitted within an ISO frame for use in transporting those hazardous material authorized in a DOT–51. (modes 1, 2, 3)
11894–N	RSPS–97–2598	Quicksilver Fiberglass Manufacturing Ltd., Strome, Alberta, CN.	49 CFR 178.345, 178.346	To authorize the manufacture, mark and sale of a non-DOT specification cargo tank or cargo tank motor vehicle constructed of fiber-reinforced plastic, for use in transporting those hazardous material authorized in a DOT-Specification 406. (mode 1)
11899–N	RSPA–97–2602	Carleton Technologies Inc., Orchard Park, NY.	49 CFR 178.65	To authorize the transportation in commerce of a sealed high pressure gas cylinder system, equipped with twin pyrotechnic cutters, Division 1.4D, charged with Nitrogen, Division 2.2, to be offered for shipment as a Division 2.2. (modes 1, 2, 3, 4)
11900–N	RSPA–97–2603	Osmose Wood Preserving, Inc., Buffalo, NY.	49 CFR 173.4(a)(1)(iii)	To authorize the transportation in commerce of methylisothiocyanate, Division 6.1 in containers which exceed the quantity limitations authorized by the small quantity exceptions. (mode 1)
11903–N	RSPA–97–2604	Comptank Corporation, Ontario, CN.	49 CFR 107.503(b), 172.102(c)(3), SP B15, B23, B30, B32, 173.241, 173.242, 173.243, 178.340, 178.342, 178.343, 180.405, 180.413(d).	To authorize the use of non-DOT specification cargo tanks manufactured from glass fiber reinforced plastics for use in transporting various hazardous materials classed as Division 6.1, Class 3, 8 or 9. (mode 1)

[FR Doc. 97–15961 Filed 6–27–97; 8:45 am]

BILLING CODE 4910–60–M

DEPARTMENT OF TRANSPORTATION

Research and Special Programs Administration

Office of Hazardous Materials Safety; Notice of Applications for Modification of Exemption

AGENCY: Research and Special Programs Administration, DOT.

ACTION: List of applications for modification exemptions.

SUMMARY: In accordance with the procedures governing the application for, and the processing of, exemptions from the Department of Transportation's Hazardous Materials Regulations (49 CFR Part 107, Subpart B), notice is hereby given that the Office of Hazardous Materials Safety has received the applications described herein. This notice is abbreviated to expedite

docketing and public notice. Because the sections affected, modes of transportation, and the nature of application have been shown in earlier Federal Register publications, they are not repeated here. Requests for modifications of exemptions (e.g. to provide for additional hazardous materials, packaging design changes, additional mode of transportation, etc.) are described in footnotes to the application number. Application numbers with the suffix ''M'' denote a modification request. These applications have been separated from the new applications for exemptions to facilitate processing.

DATES: Comments must be received on or before July 3, 1997.

ADDRESS COMMENTS TO: Dockets Unit, Research and Special Programs Administration, U.S. Department of Transportation, Washington, DC 20590. Comments should refer to the application number and be submitted in triplicate. If confirmation of receipt of comments is desired, include a self-addressed stamped postcard showing the exemption number.

FOR FURTHER INFORMATION: Copies of the applications are available for inspection in the Dockets Unit, Room 8426, Nassif Building, 400 7th Street SW., Washington, DC.

Application No.	Applicant	Renewal of exemption
8230–M	Olin Corporation, Norwalk, CT (See Footnote 1)	8230
11294–M	Environmental Products & Services, Inc., Syracuse, NY (See Footnote 2)	11294
11490–M	Lockheed Martin Corp., Princeton, NJ (See Footnote 3)	11490
11854–M	Zarn, Reidsville, NC (See Footnote 4)	11854

[1] To modify the exemption to provide for a smaller size teflon bottle then what is authorized, bottles will be placed in heat sealed bags within an absorbent lined bag and then overpacked in 4G fiberboard boxes for use in transporting Division 5.1 material.

[2] To modify the exemption to authorize the transportation in commerce of individual drums instead of pallets and shrink-wrapping of lab packs.

[3] To reissue the exemption orginally issued on an emergency basis to authorize the transportation of Class 8 material in DOT-Specification 110A500W multi-unit tank tanks not equipped with pressure relief devices.

[4] To reissue the exemption orginally issued on an emergency basis to authorize the manufacture, mark and sale of non-DOT specification packaging for use in transporting regulated medical waste classed in Division 6.2 material.

This notice of receipt of applications for modification of exemptions is published in accordance with Part 107 of the Hazardous Materials Transportations Act (49 U.S.C. 1806; 49 CFR 1.53(e)).

Issued in Washington, DC, on June 12, 1997.

Suzanne Hedgepeth,

Director, Office of Hazardous Materials Exemptions and Approvals.

[FR Doc. 97–15962 Filed 6–17–97; 8:45 am]

BILLING CODE 4910–60–M

DEPARTMENT OF TRANSPORTATION

Surface Transportation Board

[STB Finance Docket No. 33404]

San Joaquin Valley Railroad Co.—Acquisition and Operation Exemption—Sunset Railway Co.

San Joaquin Valley Railroad Company, a Class III rail common carrier, has filed a notice of exemption under 49 CFR 1150.41 to acquire by lease and operate 47.5 miles of rail line from the Sunset Railway Company between milepost 0.5, near Bakersfield, and milepost 48.0, at Taft, in Kern County, CA.

The transaction was expected to be consummated on or after May 30, 1997.

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 does not automatically stay the transaction.

An original and 10 copies of all pleadings, referring to STB Finance Docket No. 33404, must be filed with the Surface Transportation Board, Office of the Secretary, Case Control Unit, 1925 K Street, NW., Washington, DC 20423–0001. In addition, a copy of each pleading must be served on Fritz R. Kahn, P.C., Suite 750 West, 1100 New York Avenue, NW., Washington, DC 20005–3934.

Decided: June 12, 1997.

By the Board, David M. Konschnik, Director, Office of Proceedings.

Vernon A. Williams,

Secretary.

[FR Doc. 97–15966 Filed 6–17–97; 8:45 am]

BILLING CODE 4915–00–P

DEPARTMENT OF VETERANS AFFAIRS

[OMB Control No. 2900–0571]

Proposed Information Collection Activity: Proposed Collection; Comment Request; Extension

AGENCY: Department of Veterans Affairs

ACTION: Notice

SUMMARY: The National Cemetery System (NCS), Office of Management (OM), and Office of Inspector General (IG) are announcing an opportunity for public comment on the proposed collection of certain information by the agency. Under the Paperwork Reduction Act (PRA) of 1995, Federal agencies are required to publish notice in the **Federal Register** concerning each proposed collection of information, including each proposed extension of a currently approved collection, and allow 60 days for public comment in response to the notice. This notice solicits comments on requirements relating to the NCS, OM, and IG customer satisfaction surveys.

DATES: Written comments and recommendations on the proposed collection of information should be received on or before August 18, 1997.

ADDRESSES: Submit written comments on the collection of information to Ron Taylor, Information Management Service (045A4), Department of Veterans Affairs, 810 Vermont Avenue, NW, Washington, DC 20420. Please refer to ''OMB Control No. 2900–0571'' in any correspondence.

FOR FURTHER INFORMATION CONTACT: Ron Taylor at (202) 273–8015.

SUPPLEMENTARY INFORMATION: Under the PRA of 1995 (Pub. L. 104–13; 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. This request for comment is being made pursuant to Section 3506(c)(2)(A) of the PRA.

With respect to the following collections of information, comments are invited on: (1) Whether the proposed collections of information are necessary for the proper performance of functions, including whether the information will have practical utility; (2) the accuracy of the burden estimate of the proposed

collections of information; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) ways to minimize the burden of the collections of information on respondents, including through the use of automated collection techniques or the use of other forms of information technology.

Title and Form Number: Generic Clearance for the VA Central Office Customer Satisfaction Surveys.

OMB Control Number: 2900–0571.

Type of Review: Extension of a currently approved collection.

Abstract: Executive Order 12862, Setting Customer Service Standards, requires Federal agencies and departments to identify and survey its customers to determine the kind and quality of services they want and their level of satisfaction with existing service. The NCS, OM, and IG use the customer satisfaction surveys to evaluate customer services as well as customer expectations and desires. The results of this information collection lead to improvements in the quality of the NCS, OM, and IG service delivery by helping to shape the direction and focus of specific services.

Affected Public: Individuals or households; Business or other for-profit.

Year	Number of respondents	Estimated annual burden (hours)	Frequency
National Cemetery System Focus Groups With Next of Kin (10 Participants per Group/3 Hours Each Session)			
1998	150	450	15 Groups Annually..
1999	150	450	15 Groups Annually..
2000	150	450	15 Groups Annually.
National Cemetery System Focus Groups With Funeral Directors (10 Participants per Group/3 Hours Each Session)			
1998	150	450	15 Groups Annually.
1999	150	450	15 Groups Annually.
2000	150	450	15 Groups Annually.
National Cemetery System Focus Groups with Veterans Service Organizations (10 Participants per Group/3 Hours each session)			
1998	150	450	15 Groups Annually.
1999	150	450	15 Groups Annually.
2000	150	450	15 Groups Annually.
National Cemetery System Focus Groups with State Veterans Officers (10 Participants per Group/3 Hours each Session).			
1998	20	60	2 Groups Annually.
1999	20	60	2 Groups Annually.
2000	20	60	2 Groups Annually.
National Cemetery System Visitor Comments Cards			
1998	2,500	420	Twice Annually.
1999	2,500	420	Twice Annually.
2000	2,500	420	Twice Annually.
National Cemetery System Next of Kin National Customer Satisfaction Survey (Telephone)			
1998	1,150	750	Annually.
1999	1,150	750	Annually.
2000	1,150	750	Annually.
National Cemetery System Potential Customers National Customer Satisfaction Survey (Telephone)			
1998	1,150	750	Annually.
1999	1,150	750	Annually.
2000	1,150	750	Annually.
National Cemetery System Program/Specialized Service Survey (Telephone)			
1998	1,000	250	Annually.
1999	1,000	250	Annually.
2000	1,000	250	Annually.
Office of Management Accountability Report Pilot Evaluation Form			
1998	550	138	Annually.
1999	550	138	Annually.
2000	550	138	Annually.
Office of Inspector General Patient Questionnaire			
1998	1,200	200	Annually.
1999	1,200	200	Annually.

Year	Number of respondents	Estimated annual burden (hours)	Frequency
2000	1,200	200	Annually.

Most customer satisfaction surveys will be recurring so that the NCS, OM, and IG can create ongoing measures of performance and to determine how well the agency meets customer service standards. Each collection of information will consist of the minimum amount of information necessary to determine customer needs and to evaluate the organization's performance. The NCS expects to conduct 47 focus groups annually involving a total of 1,410 hours during the approval period. In addition, the NCS expects to conduct telephone surveys with a total annual burden of 1,750 hours. The NCS, OM, and IG will distribute written surveys with a total annual burden of 758 hours.

The areas of concern to the NCS, OM, and IG and their customers may change over time, and it is important to have the ability to evaluate customer concerns quickly. OMB will be requested to grant generic clearance approval for a 3-year period to conduct customer satisfaction surveys and focus groups. Participation in the surveys and focus groups will be voluntary and the generic clearance will not be used to collect information required to obtain or maintain eligibility for a VA program or benefit. In order to maximize the voluntary response rates, the information collection will be designed to make participation convenient, simple, and free of unnecessary barriers. Baseline data obtained through these information collections will be used to improve customer service standards. The NCS, OM, and IG will consult with OMB regarding each specific information collection during this approval period.

Dated: June 10, 1997.

By direction of the Secretary.

William T. Morgan,

Program Analyst.

[FR Doc. 97–15913 Filed 6–16–97; 8:45 am]

BILLING CODE 8320–01–P

Corrections

Federal Register

Vol. 62, No. 117

Wednesday, June 18, 1997

This section of the FEDERAL REGISTER contains editorial corrections of previously published Presidential, Rule, Proposed Rule, and Notice documents. These corrections are prepared by the Office of the Federal Register. Agency prepared corrections are issued as signed documents and appear in the appropriate document categories elsewhere in the issue.

DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT

24 CFR Part 585

[Docket No. FR-4226-F-01]

RIN No. 2506-AB93

Opportunities for Youth; Youthbuild Program Further Streamlining

Correction

In rule document 97–15221 beginning on page 31954 in the issue of Wednesday, June 11, 1997, make the following correction:

On page 31954, in the first column, in the **EFFECTIVE DATE** section, ''June 11, 1997'' should read ''July 11, 1997''.

BILLING CODE 1505-01-D

DEPARTMENT OF THE INTERIOR

Minerals Management Service

30 CFR Part 250

RIN 1010-AC03

Oil and Gas and Sulphur Operations in the Outer Continental Shelf

Correction

In rule document 96–29262 beginning on page 60019 in the issue of Tuesday, November 26, 1996, make the following corrections:

§ 250.1 [Corrected]

1. On page 60022, in the second column, in § 250.1(c)(4), paragraph designation ''4.'' should read ''(4)''.

2. On page 60024, in the second column, in § 250.1(d)(61), in the first line, ''section 9'' should read ''section 8''.

BILLING CODE 1505-01-D

Federal Register

Wednesday
June 18, 1997

Part II

Department of Health and Human Services

Health Care Financing Administration

42 CFR Parts 400, 405, 410, and 414
Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, Other Part B Payment Policies, and Establishment of the Clinical Psychologist Fee Schedule for Calendar Year 1998; Proposed Rule

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Health Care Financing Administration

42 CFR Parts 400, 405, 410, and 414

[BPD–884–P]

RIN 0938–AH94

Medicare Program; Revisions to Payment Policies Under the Physician Fee Schedule, Other Part B Payment Policies, and Establishment of the Clinical Psychologist Fee Schedule for Calendar Year 1998

AGENCY: Health Care Financing Administration (HCFA), HHS.

ACTION: Proposed rule.

SUMMARY: This proposed rule discusses several policy changes affecting Medicare Part B payment. The changes relate to physician services, including resource-based practice expense relative value units and geographic practice cost index changes, clinical psychologist services, supervision of diagnostic tests, the methodology used to develop reasonable compensation equivalent limits, payment to participating and nonparticipating suppliers, global surgical services, caloric vestibular testing, clinical consultations, and payments based on actual charges. Under the law, we are required to develop a resource-based system for determining practice expense relative value units effective January 1, 1998. 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 will be considered if we receive them at the appropriate address, as provided below, no later than 5 p.m. on August 18, 1997.

ADDRESSES: Mail written comments (1 original and 3 copies) to the following address: Health Care Financing Administration, Department of Health and Human Services, Attention: BPD–884–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 BPD–884–P. Comments received timely will be available for public inspection as they are received, generally beginning approximately 3 weeks after publication of a document, in Room 309–G of the Department's offices at 200 Independence Avenue, SW., Washington, DC, on Monday through Friday of each week from 8:30 a.m. to 5 p.m. (phone: (202) 690–7890).

Copies: To order copies of the **Federal Register** containing this document, send your request to: New Orders, Superintendent of Documents, P.O. Box 371954, Pittsburgh, PA 15250–7954. Specify the date of the issue requested and enclose a check or money order payable to the Superintendent of Documents, or enclose your Visa or Master Card number and expiration date. Credit card orders can also be placed by calling the order desk at (202) 512–1800 or by faxing to (202) 512–2250. The cost for each copy is $8. As an alternative, you can view and photocopy the **Federal Register** document at most libraries designated as Federal Depository Libraries and at many other public and academic libraries throughout the country that receive the **Federal Register**.

FOR FURTHER INFORMATION CONTACT:

Jim Menas, (410) 786–4507 (for issues related to practice expense relative value units).

Elisa Tunanidas, (410) 786–450 (for issues related to the clinical psychologist fee schedule).

William Morse, (410) 786–4520 (for issues related to the supervision of diagnostic tests).

Ward Pleines, (410) 786–4528 (for issues related to the reasonable compensation equivalent limit update factor).

Anita Heygster, (410) 786–4486 (for issues related to participating and nonparticipating suppliers and to actual charges).

Stanley Weintraub, (410) 786–4498 (for 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 appear throughout the preamble and not exclusively in part IV.

Table of Contents

In addition, because of the many organizations and terms to which we refer by acronym in this final rule, we are listing these acronyms and their corresponding terms in alphabetical order below:

AMA—American Medical Association
CF—Conversion factor
CFR—Code of Federal Regulations
CMSAs—Consolidated Metropolitan Statistical Areas
CPEPs—Clinical Practice Expert Panels
CPI—Consumer Price Index
CPI–U—Consumer Price Index for All Urban Consumers
CPT—[Physicians'] Current Procedural Terminology [4th Edition, 1997, copyrighted by the American Medical Association]
ES–202 Data—Bureau of Labor Statistics from State unemployment insurance agencies
FDA—Food and Drug Administration
FMR—Fair market rental
HUD—[Department of] Housing and Urban Development
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
MEI—Medicare Economic Index
MSA—Metropolitan Statistical Area
OBRA—Omnibus Budget Reconciliation Act
PC—Professional component
PMSA—Primary Metropolitan Statistical Area
PPS—Prospective payment system
RUC—[AMA's Specialty Society] Relative [Value] Update Committee
RVU—Relative value unit
TC—Technical component

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 Medicare volume performance standard 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.

This proposed rule would affect the regulations set forth at 42 CFR part 400, which consists of an introduction and definitions; part 405, which consists of regulations on Federal health insurance for the aged and disabled; part 410, which consists of regulations pertaining to supplementary medical insurance benefits (Part B); and part 414, which consists of regulations on the payment for Part B medical and other health services.

II. Specific Proposals for Calendar Year 1998

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's service, certain services of optometrists, podiatrists, and chiropractors, diagnostic x-ray tests, diagnostic laboratory tests (excluding clinical laboratory tests), and x-ray, radium, and radioactive isotope therapy. 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 paid under the physician fee schedule but under a different payment methodology. 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 shares of the specialties performing the service.

For services furnished beginning 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, the 1994, 1995, and 1996 practice expense RVUs were reduced by 25 percent of the amount they exceed the 1994 work RVUs. (Practice expense RVUs are not reduced to less than 128 percent of 1994 work RVUs.)

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.

The charge-based nature of the current fee schedule practice expense formula essentially allows specialties to retain the levels of practice expense payments that existed before the implementation of the physician fee schedule on January 1, 1992. Current practice expense payments 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 100 times to collect the same amount of practice expense payments as a cardiac surgeon would for forming 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 is 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 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 requires 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 relative value units, we must apply the same budget-neutrality provisions that we apply to other adjustments under the physician fee schedule.

4. Development of Resource-Based Practice Expense Relative Value Units

To design a resource-based practice expense system, we established a framework in which physician practice costs can be divided into direct or indirect costs. Direct costs are directly attributed to the provision of a service, such as the cost of a nurse's time (salary), medical supplies, medical 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 the appointment and billing and collection activities associated with a procedure furnished in a hospital. Indirect costs include the cost of 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 the provision of a specific service since they are incurred by the practice as a whole.

Establishing a practice expense RVU based on the resources involved with furnishing a service does not mean we recognize the actual cost to the physician to produce a service. Rather, it recognizes the components of the typical resource inputs for a specific service. The actual cost and RVU are not equivalent under the physician fee schedule. The proposed values will represent ''relative values'' that can be translated into a dollar payment amount using the appropriate CF.

When we implemented the physician fee schedule in January 1, 1992, we were not required to collect cost data in the aggregate or by service for

individual practices. Our claims data do not include cost data by procedure code.

5. Data Collection Contract

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 originally intended to use two processes, the Clinical Practice Expert Panels (CPEPs) and the ''Survey of Practice Costs,'' to collect data that could be used to generate practice expense RVUs for each service. Through the use of CPEPs, Abt provided 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.

Under the original contract, Abt would have obtained additional information from the survey of practice costs, which may have been used to furnish additional options for allocating indirect costs. As explained later, this survey was subsequently canceled.

6. Clinical Practice Expert Panels

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 provided 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 list of families of procedure codes assigned to each CPEP is included in Addendum A.

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.

For more detail about the worksheets, the specific methodologies for pricing labor, medical supplies, and medical equipment, the reader should refer to the Abt report entitled, ''Report on Clinical Practice Expert Panel (CPEP) Direct Cost Estimation. Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates: Report on CPEP Direct Cost Estimation; CPEP Direct Practice Costs Database Documentation; Report on the Survey of Practice Cost; Data and Text Appendices I through VI; and CPEP Recorders' Notes Files.'' The public can gain access to this specific report and additional CPEP data through the HCFA Home Page at http:\\www.hcfa.gov. The following products can be purchased in a complete set, either on diskette or in paper copy, from the National Technical Information Service. You can also order parts of these sets in paper at the prices indicated. Call NTIS at (703) 487–4650 to place an order. Most major credit cards are accepted. For e-mail orders use the following address: orders@ntis.fedworld.gov. You may fax orders to: (703) 321–8547. For rush service at an additional fee, call 1–800–553–NTIS.

Complete Set on Diskette

Accession Number: PB97–502470AHP (24 Diskettes).
Cost: $322.00.
Title: Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates: Report on CPEP Direct Cost Estimation; CPEP Direct Practice Costs Database Documentation; Report on the Survey of Practice Costs; Data and Text Appendices I–VI; and CPEP Recorders' Notes Files.
(The files are compressed. The text reports are in WordPerfect. The data files are in either SAS or ASCII format).

Complete Set in Paper

Accession Number: PB97–165211AHP (Set of 27 manuals).
Cost: $1,113.00.
Title: Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates: Report on CPEP Direct Cost Estimation; CPEP Direct Practice Costs Database Documentation; Report on the Survey of Practice Costs; Data and Text Appendices I–VI; and CPEP Recorders' Notes Files.

Parts of the Set in Paper

Accession Number: PB97–165427AHP (1 manual).
Cost: $57.00.
Title: Report on Clinical Practice Expert Panel (CPEP) Direct Cost Estimation—Data Collection and Analysis for Generating Procedure-Specific Practice Estimates.
Accession Number: PB97–165419AHP (1 manual).
Cost: $66.00.
Title: CPEP Direct Practice Costs Database Documentation—Data Collection and Analysis for Generating Procedure-Specific Practice Estimates.
Accession Number: PB97–165435AHP (1 manual).
Cost: $73.50.
Title: Report on the Survey of Practice Costs—Data Collection and Analysis for Generating Procedure-Specific Practice Estimates.
Accession Number: PB97–165401AHP (Set of 7 manuals).
Cost: $264.50.
Title: Text Appendices I, II, III, IV.A–IV.F, V and VI, and CPEP Recorders' Notes Files—Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates.
Accession Number: PB97–165229AHP (Set of 17 manuals).
Cost: $717.50.
Title: Data Appendices IV.G1 through IV.G17—Data Collection and Analysis for Generating Procedure-Specific Practice Expense Estimates.

Data Appendices As Individual Manuals

Accession Number: PB97–165237AHP (1 manual).
Cost: $61.50.
Title: CPEP 1: Integumentary and Physical Medicine, Appendix IV.G1.
Accession Number: PB97–165245AHP (1 manual).
Cost: $57.00.
Title: CPEP 2: Male Genital and Urinary, Appendix IV.G2.
Accession Number: PB97–165252AHP (1 manual).
Cost: $138.00.
Title: CPEP 3: Orthopaedic Surgery, Appendix IV.G3.
Accession Number: PB97–165260AHP (1 manual).
Cost: $46.50.

Title: CPEP 4: OB/GYN, Appendix IV.G4.
Accession Number: PB97–165278AHP (1 manual).
Cost: $52.50.
Title: CPEP 5: Ophthalmology, Appendix IV.G5.
Accession Number: PB97–165286AHP (1 manual).
Cost: $70.50.
Title: CPEP 6: Radiology, Appendix IV.G6.
Accession Number: PB97–165294AHP (1 manual).
Cost: $32.25
Title: CPEP 7: Evaluation & Management, Appendix IV.G7.
Accession Number: PB97–165302AHP (1 manual).
Cost: $73.50.
Title: CPEP 8: General Surgery, Appendix IV.G8.
Accession Number: PB97–165310AHP (1 manual).
Cost: $85.50.
Title: CPEP 9: Otolaryngology, Appendix IV.G9.
Accession Number: PB97–165328AHP (1 manual).
Cost: $37.50.
Title: CPEP 10: Miscellaneous Internal Medicine, Appendix IV.G10.
Accession Number: PB97–165336AHP (1 manual).
Cost: $32.25.
Title: CPEP 11: Gastroenterology, Appendix IV.G11.
Accession Number: PB97–165344AHP (1 manual).
Cost: $73.50.
Title: CPEP 12: Cardiothoracic & Vascular Surgery, Appendix IV.G12.
Accession Number: PB97–165351AHP (1 manual).
Cost: $37.50.
Title: CPEP 13: Cardiology, Appendix IV.G13.
Accession Number: PB97–165369AHP (1 manual).
Cost: $42.00.
Title: CPEP 14: Anesthesiology/ Pathology, Appendix IV.G14.
Accession Number: PB97–165377AHP (1 manual).
Cost: $57.00.
Title: CPEP 15: Neurosurgery, Appendix IV.G15.
Accession Number: PB97–165385AHP (1 manual).
Cost: $29.45.
Title: Global Pricing Files, Appendix IV.G16.
Accession Number: PB97–165393AHP (1 manual).
Cost: $150.00.
Title: Auxiliary Files, Appendix IV.G17.

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 provide 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.

Despite our repeated requests to the medical community, there is no source of data on utilization levels of equipment across all procedures and payers. Without these data, assumptions had to be made about the levels of utilization of equipment to compute a cost per minute.

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. We invite comments on the appropriate utilization level for procedure-specific equipment in general.

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).

INTEREST RATE

Amount	Loan period ≤ 7 years (percent)	Loan period > 7 years (percent)
>$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.

7. Practice Cost Survey

Abt designed a practice cost survey (the ''Survey of Practice Costs'') to collect information on the total costs of a physician's practice and service mix, that is, the type and frequency of individual services furnished by a physician's practice by site of service. The survey elements incorporated recommendations from a large panel of practice cost research experts. Data were collected on the entire physician practice, not just services furnished to Medicare beneficiaries.

One of the objectives of the survey was to link the total practice expense and the services furnished in various settings—office and nonoffice. While it was our expectation that the survey would have yielded data to assist in the development of methodologies to allocate indirect costs to specific services, the survey itself would not have determined the indirect costs for specific procedures. By definition, it is not possible to directly survey indirect costs associated with specific procedures. The survey sought to collect

data on aggregate indirect costs of practices, and, if successful, such aggregate indirect costs could have been allocated or assigned to specific services or families of codes using economic cost estimates.

Sampling frames for the survey were developed with input from the medical community. Approximately 5,000 solo and group physician practices were selected at random for participation in the sampling frame from the AMA's databases. In addition, more than 800 nonphysician practices from 50 States, the District of Columbia, and Puerto Rico were chosen for the initial mailings. Included, in addition to the practices of medical doctors, were practices of optometrists, podiatrists, clinical psychologists, and physical therapists identified from membership lists furnished by specialty societies.

Initially, the survey was to be performed in two rounds. The first phase of the study began in April 1996 when Abt sent letters to approximately 1,700 group and solo physician practices nationwide. Soon after each physician practice received this letter, Abt called to assess whether each physician practice met the sampling criteria to qualify for participation in the survey. To be included in the survey, the physician practice had to be operating at least 1 year and have at least one practitioner who practiced at least 20 hours a week. If a practice was eligible, it was sent a copy of the survey.

The response rate from the first round of the survey was so poor (approximately 27 percent responded) that the survey would not have provided an adequate basis for reliable estimates of practice expense by procedure. Thus, in September 1996, we told Abt to discontinue the survey. We decided to use alternative approaches that allocate the current pool of indirect RVUs to individual codes.

8. Methodology for Developing Practice Expense Relative Value Units

Abt furnished the data files that included information on the direct inputs reported by the CPEPs for clinical and administrative labor, medical supplies, medical equipment, and the methods to price these direct inputs.

We are proposing to adjust the CPEP data based on the following data editing rules and on a statistical linking methodology.

a. Proposed Rules for Editing Clinical Practice Expert Panels' Data.

We are proposing to apply the following Medicare payment policy rules to ensure that the reported data are consistent with our national hospital and physician payment policies and to ensure that the data are inherently consistent.

- The direct inputs recorded for medical equipment and medical supplies to hospital patients were generally removed. These items are covered as hospital inpatient or outpatient services; therefore, payment is made only to the hospital. If a physician incurs costs for these items, the physician should seek payment from the hospital.

From the CPEPs, we identified the following four distinct functions that the physician's staff occasionally perform for hospital patients:

+ Serve as an assistant at surgery.
+ Act as a scrub nurse or perform other nursing functions.
+ Make medical rounds on patients to assess condition, educate, and coordinate care.
+ Communicate with hospital staff, laboratories, families, pharmacies, and others to arrange discharge and posthospital care.

We considered each type of activity and made the following decisions:

+ The services of assistants at surgery are paid separately under the physician fee schedule if the assistant is a physician or a physician assistant. Medicare recognizes no other benefit for others to serve as an assistant surgeon.
+ Nursing functions are supplied by the hospital. The claim by some physicians that nursing care provided by the hospital is not adequate is a serious issue. However, this is a matter properly addressed by licensure, accrediting bodies, and governing bodies, not as a physician practice expense.
+ Assessment of patients, preoperative and postoperative care, medical record documentation, and patient education have been valued as physician work. As part of the five year review of physician work, we increased the work RVUs for surgical global fees in response to surveys showing that they represent physician work. To pay practice expense for staff to perform the same functions is double payment.
+ Physician clinical staff perform a coordination and communication role for hospital patients. Although not all the physician panels identified this activity, we believe it is a common activity. We specifically included 15 minutes of a registered nurse's time in all global surgical practice expense values.

- The Abt worksheets accumulated direct inputs for diagnostic tests performed in the office and out of the hospital. Under the physician fee schedule, these tests are reported with three separate values: A TC, a PC, and a complete service value, which is the sum of the TC and PC RVUs. The typical service provided in the office is the complete service. The typical service provided in the hospital is the PC service. However, Abt did not collect information for the TC of the service. We limited the practice expense RVUs to the sum of the TC and PC practice expense RVUs. To do this, we used the following methodology: The administrative cost for the complete service was equally divided between the PC and the TC services; and the clinical staff cost for the complete service was assigned entirely to the TC service.
- Certain procedures, under the physician fee schedule, use an indicator of ''ZZZ'' for the global period. This indicator describes services that are always billed in conjunction with another service. CPT code 11101, biopsy of additional skin lesion, is an example of a procedure code that has a ''ZZZ'' indicator. We eliminated the administrative staff cost from the ''ZZZ'' procedure code. All the administrative cost is associated with the primary service for which the ''ZZZ'' series is associated.
- Many physicians report and are paid for the allergy testing and immunotherapy procedure codes on a per-test, per-dose, or per-vial basis, although these services are usually performed several times during one encounter. We considered two methods for establishing the resources for these procedure codes. Under one approach, we would include the fixed costs with the first procedure code; subsequent billings would reflect variable costs. Although this seems economically sound, it might create a financial incentive for an allergist to perform the fewest number of tests possible per session thereby requiring the patient to return for additional testing.

Another possible approach would be to identify the amount of time, both clinical and administrative, associated with the typical patient who ordinarily receives multiple tests during a single encounter and divide these resources by the typical number of tests. The advantage of this approach is that there would be no financial incentive to perform as few tests as possible per session requiring the patient to return for additional testing. This averaging method underpays the allergist who furnishes more than the typical number of tests and overpays the physician who performs fewer than the typical number of tests. However, in the aggregate, the averaging process would compensate the physician appropriately.

Accordingly, we used this method to cost the CPEP data.

b. Proposed Linking Methodology

To validate the estimates from the CPEP process, we asked Abt to assign a large number of procedure codes to multiple CPEPs. For example, a mid-level office visit (CPT code 99213) was evaluated by most of the CPEPs. We used this evaluation of procedure codes to ''normalize'' the results of the various CPEPs. We could have averaged the labor cost for the replicated procedure codes across the CPEPs that evaluated these procedures. However, we are not proposing to use this approach because it would disturb the relative rankings of procedure codes within the CPEPs.

Based on our observations of the CPEP process, we believe that the relative relationships within CPEPs are generally correct but the absolute time estimates need normalization. The CPEPs had specific ways of going about the process of evaluating procedure codes. Abt collected data on tasks that are done simultaneously, such as bringing the patient to the waiting room and asking the patient questions. Although the data were collected in discrete increments as discrete tasks, often they are simultaneously performed. Thus, the absolute numbers may reflect some degree of duplicate counting. In addition, different CPEPs may not have viewed these simultaneities in the same way. Finally, different amounts of labor inputs reported by CPEPs may reflect nothing more than practice preference differences across specialties and CPEPs.

''Linking'' is what we call the normalization process. Specifically, linking shifts an entire CPEP's data relative to other CPEP's data based on the relationships across CPEPs for the replicated codes. We separately linked clinical and administrative labor costs.

Statistically, the linking was done using regression methods as indicated in Addendum B. The linking adjustment factors also are listed in Addendum B.

c. Data Reasonableness.

Once the data had been edited and linked, the total direct practice expense RVUs assigned to each CPT code were examined by physicians and other clinical staff at the Health Care Financing Administration. Analysis of these direct practice expense RVUs revealed unexplainable variation in the CPEPs' assigned practice expenses for procedures considered by our clinical staff to have comparable practice expenses.

As a result, the components of the direct practice expense RVUs, that is, the direct practice expense RVUs attributable to the clinical and administrative labor, supplies, and equipment, were analyzed statistically. The reference procedures for the CPEP families and procedures with any of the component values identified as outliers (defined as values either one-third or three times the mean) were manually reviewed by HCFA physicians. The reviewers used the information furnished by the CPEP panels regarding the specific types of labor, supplies, and equipment used as well as the pricing of labor categories, supplies, and equipment. The review was performed in consultation with selected government physicians and Medicare carrier medical directors and included review of publicly available information on the pricing of selected high cost supplies. Conformance with our payment policies was also considered in this review. During the review, related procedures that were not identified by the outlier analysis were also modified to preserve the relative relationship established by the CPEPs for those closely related procedures. Since the data are expressed in direct practice expense RVUs rather than in dollars, the emphasis was on adjusting the relative rather than the absolute values of the practice expenses.

From the review, two major problems were identified. First, the administrative times assigned by the CPEPs to many of the diagnostic tests and minor procedures appeared to be excessive when compared to the administrative time assigned to the mid-level office visit (CPT code 99213). Second, the clinical times assigned by the CPEPs to many minor procedures appeared to be excessive when compared to the total physician time required to perform the procedures. To correct these problems, which we believe led to significant distortions in the relativity of the entire scale of RVUs, two general rules were established.

First, a decision was made to cap the administrative time of the following categories of service at the administrative time assigned to CPT code 99213: (a) Services and procedures without a global period, and (b) procedures subject to global periods with zero follow-up days. Second, we decided to cap the clinical time at 1.5 times the minutes used by the physician or practitioner in performing the procedure. (The professional time has been developed by the initial relative value scale study performed at Harvard and modified by the American Medical Association's RUC.) Certain types of procedures were exempted from this restriction on clinical labor time. The limit was not applied to diagnostic tests that can be split into a professional and a technical component such as pathology codes in which the amount of technician time preparing a specimen or performing a test are expected to involve more than 1.5 times the physician time to interpret the result. The limit was not applied to procedure codes such as colonoscopies that typically involve anesthesia with post-procedure monitoring. Finally, evaluation and management codes were exempted from this rule because only a few procedure codes would be affected by the cap. Imposition of a cap on selected procedure codes would distort the relative relationship of the evaluation and management codes established by the CPEP that focused on evaluation and management codes.

In addition, our review of the reference codes and outliers identified specific problems with both individual procedure codes and families of codes. Examples of the types of problems we identified and our rationale for correcting them are described below.

1. Excessive Supply Costs and/or Qualities of Supplies

A. The list of supplies provided by the ophthalmology CPEP for many of the ophthalmological services listed in the Medicine section of the CPT, for example, the eye examination codes 92002 through 92014, included one ounce of disinfectant solution with a supply cost of $1,120 for a 50 ounce bottle. Because this price seemed excessive, we contacted the Food and Drug Administration for information on the use of disinfectant solution. We learned that established guidelines for the disinfection of ophthalmic devices include the use of dilute bleach solution, hydrogen peroxide, or isopropyl alcohol. The cost of any one of these disinfectant solutions is clearly less than $1,120. Also, we were unable to identify any other disinfectant on the market at a price of $1,120. Therefore, we reduced the price to $11.20, resulting in a decrease in the direct RVUs of all codes that included disinfectant solution as a supply.

B. The list of supplies furnished by the orthopedic CPEP for many of the codes involving fracture or dislocation care included fiberglass casting material priced at $18.50 per roll. We reviewed the supply prices in readily available catalogues and determined that $18.50 per roll was excessive. Also, we concluded that the quantities of fiberglass rolls for many of the procedure codes were excessive. Thus, we reduced both the cost and the quantities of these supplies for those

procedure codes where they appeared. Finally, we believe that the inclusion of casting material in the fracture or dislocation codes may have been inappropriate, given that the initial casting costs are borne by the hospital and subsequent casting during the post-operative period may be separately reported and paid. This issue will be reviewed during refinement.

2. Clinical Times

A. The clinical time estimate furnished by the evaluation and management CPEP for the reference code for psychotherapy (CPT code 90844) is 35 minutes. We do not believe this represents the typical amount of clinical support time associated with 45 to 50 minutes of psychotherapy. We reduced it to 20 minutes. We accepted the relative relationship of clinical times for the psychiatric services that was established by the CPEP. To maintain that relationship, we made corresponding reductions in the clinical times assigned by the CPEP to the other psychiatric service codes.

B. The clinical time estimate furnished by the orthopedic and integumentary CPEPs for the reference code for physical therapy services (CPT code 97110, Therapeutic exercises) is 23 minutes of a physical therapy aide. We believe this time estimate is excessive. The code definition requires 15 minutes of hands-on time by the physician or therapist. If an additional 15 minutes of physician or therapist time is furnished, CPT code 97110 is billed with two units of service. Because the CPEP data indicate that CPT code 97110 involves 32 minutes of physician or therapist time, it appears the CPEP may have been providing an estimate of the total time a physical therapy aide would spend in support of a 32 minute session and failed to take into account that a second unit of service could be billed if the physician or therapist time extended to 30 minutes. Therefore, we made the following adjustments to the physical therapy codes: (a) For unattended modalities (CPT codes 97010 through 97028), we assigned 10 minutes of a physical therapy aide; (b) for supervised modalities, (CPT codes 97032 through 97039), we assigned 15 minutes of a physical therapy aide; and, (c) for most therapeutic procedures (CPT codes 97110 through 97542), we assigned 12 minutes of a physical therapy aide.

C. The clinical times furnished by the miscellaneous medical services CPEP for the reference code for chemotherapy services (CPT code 96410, Chemotherapy infusion, one hour) is 109 minutes. We believe this estimate is excessive when compared to other infusion procedure codes. For example, the clinical time for CPT code 90780 (Infusion, one hour) was 60 minutes. Also, our current policy regarding services such as chemotherapy that are ''incident to'' a physician's services allows the separate reporting of a level 1 evaluation and management service (CPT code 99211) on a day a patient receives chemotherapy. In fact, about 13 percent of the claims in 1995 for CPT code 99211 were billed by the physicians identified by the specialty code for hematology and oncology. Thus, there appears to be a duplication of time in the chemotherapy codes and CPT code 99211. To correct these problems, we decreased the clinical time for CPT code 96410 to 60 minutes and made corresponding reductions to the other chemotherapy codes to maintain the relative relationship established by the CPEP for the codes in the chemotherapy family.

3. Administrative Times

The administrative time estimate furnished by the anesthesia and pathology CPEP for the nerve block services, for example, CPT code 64405 was more than 3 hours. We do not believe this represents the typical amount of administrative support time associated with these minor procedures. We note that this estimate is nearly twice the estimate of administrative times furnished by the neurosurgery CPEP for a major neurosurgical procedure with a 90 day global period. We have corrected this distortion of the relative relationships by reducing the administrative RVUs for all the nerve block codes by 33 percent.

4. Equipment

In reviewing outliers for radiology services, we noted a significant decrease in the practice expense RVUs for vascular interventional radiology procedures such as arteriograms and angioplasties. For example, the current practice expense RVUs for the technical component of an aortogram (CPT code 75625) are 12.0 RVUs. Based on the information furnished by the CPEP, the new RVU would be 6.06 and many of the other vascular radiology RVUs would be reduced to less than one RVU. These reductions are clearly inappropriate. To correct the problem, we reviewed the CPEP data and found that equipment costs were missing for all the procedures except CPT code 75625. For that procedure code, an estimate of $1.5 million for an angiography room for 114 minutes was furnished. We accepted that estimate. Next, in reviewing the supply cost estimate furnished for the same procedure code, we noted that it did not include the supplies that would be needed for furnishing conscious sedation. Further review of that CPEP data identified the appropriate supply costs for conscious sedation in CPT code 36200 (Introduction of catheter, aorta). We believe those supply costs should have been assigned to the technical component of the radiology CPT code 75625.

To establish RVUs for the vascular radiology family, we added the supply costs from CPT code 36200 to the clinical, administrative, and equipment costs of CPT code 75625. This resulted in a new direct practice expense RVU of 8.15. This new value is 68 percent of the current RVU of 12.0. We applied this percentage to the existing RVUs for the vascular radiology codes. This was done to maintain the relativity across the family of codes.

Because we had received no data on the practice expenses for the technical components of cardiac catheterization services, we applied the same 68 percent factor to the existing RVUs for those services. We believe the practice expense costs of vascular radiology and cardiac catheterization are sufficiently comparable to allow this extrapolation of the data, particularly since no other data are available.

5. Families of Codes

A. In some situations, the review of reference codes and outliers identified a problem with a single code that led to the need to make adjustments across an entire family of codes. For example, the review of supply costs for procedures with a global period of ''000'' identified diagnostic colonoscopy as a low outlier. We then noted that the practice expense RVUs for proctosigmoidoscopies and flexible sigmoidoscopies were significantly higher than the RVUs for colonoscopy codes. We believe that this rank order problem was caused by a failure of the CPEP to include supply costs for conscious sedation in the colonoscopy codes, and the inappropriate inclusion of an expensive supply item called a lumen tube in sigmoidoscopy codes. We do not believe a lumen tube is a typical supply for sigmoidoscopy codes.

To correct these problems, we copied the conscious sedation supply costs that were listed for the upper gastrointestinal endoscopy codes to the colonoscopy codes and removed the lumen tube costs from the sigmoidoscopy codes. These changes have established what we believe to be a proper relative relationship across the entire family of gastrointestinal endoscopy codes.

B. The pancreas transplant procedure (CPT code 48554) was identified as a low outlier for total direct practice expense RVUs of procedures with a 90 day global period. Based on CPEP data, 0.16 RVUs were assigned to the procedure code. The direct practice expense RVUs assigned to the liver transplant procedure (CPT code 47135, 8.67 RVUs) had the highest direct practice expense RVUs of any transplant surgery. This is clearly an anomalous value. This led to a review of all the major transplant codes. The heart, heart-lung, and lung transplants all were valued at 2.35 RVUs, which is lower than the RVUs assigned to kidney transplants (CPT code 50360, 4.22 RVUs. To correct the relationship of the transplant codes, we adjusted the transplant RVUs as follows: a) The pancreas transplant value was increased to the level of the liver transplant, and b) the heart, heart-lung, and lung transplant values were increased to the level of the kidney transplant codes. We believe this is an appropriate relationship across the family of transplant codes than was established by the CPEP data.

The examples listed above are illustrative of the types of problems inherent in a data collection effort involving more than 7,000 procedure codes. The effort is further complicated by the need to establish RVUs for both in-office and out-of-office settings based on clinical staff times, administrative staff times, supplies, procedure specific equipment, and overhead equipment. We have completed a preliminary review of the reference codes and the outliers only. Thus, the possibility of similar types of problems for other procedure codes as described above are quite high. As described in the section on Refinement Process (section 10), we invite comments that will identify problems and propose solutions. In addition to the specific data problems described above, we have identified but not yet addressed several other potential problems.

First, we are concerned that the clinical times reported by the CPEPs are the same as those spent by physicians in the physician work RVUs. For example, as part of the 5-year review of the work RVUs, we increased the work RVUs of the evaluation and management codes in recognition of the increased time spent by physicians to:

- Document care and respond to questions regarding medical necessity and adherence to quality standards.
- Obtain or provide authorizations for tests and referrals.
- Coordinate care with other health professionals and family members, particularly for elderly patients.
- Provide education regarding issues such as fall prevention and adverse drug reactions and respond to questions from an increasingly well-informed patient population.

These are the same type of activities the CPEPs indicated were performed by the physicians' clinical staff. This potential duplication in the evaluation and management and other services will be examined during our refinement process.

Second, we are concerned that the CPEPs' estimates of clinical and administrative times were developed on a code-by-code basis and failed to take into account the fact that clinical and administrative staff often furnish services to more that one patient at a time. For example, the estimates of clinical time assigned to the chemotherapy codes (more than 100 minutes for a 1-hour infusion) assumed that only this service was being furnished. We believe that during a one hour infusion, a chemotherapy nurse will provide services to other patients.

Another example relates to administrative times. Several CPEPs assigned considerable amounts of time to obtaining authorizations for service, including time spent on the telephone on hold. We believe that while administrative staff are on hold, they often are furnishing services to other patients. Also, the apparent failure of the CPEPs to take into account these efficiencies of practice will need to be examined during our refinement process.

d. Indirect Expense Relative Value Units.

The design of the resource-based practice expense RVU system involves the calculation of a direct expense RVU (from CPEP direct expense data) and an indirect expense RVU per procedure code. We considered different options under which the pool of indirect RVUs (calculated from the pool of total practice expense RVUs allowed under the physician fee schedule) could be allocated to individual procedure codes on the basis of some algorithm.

There is not a single, universally accepted approach for allocating indirect practice costs to individual procedure codes. Rather, allocation involves judgment in identifying the base or bases that are the best measures of a practice's indirect costs. Simply stated, indirect practice expenses can be allocated using a basis such as physician time, nonphysician time, total direct practice expenses, or some combination of these variables.

We convened a meeting with physician specialty groups on January 22, 1997 to present the following two preliminary options in which indirect costs might be allocated to individual codes: to allocate costs based on physician time or allocate costs based on nonphysician staff time. These are relatively simple methods for us to administer and for physicians to understand. Daniel L. Dunn and Eric Latimer at Harvard University conducted research for HCFA using physician time as a basis for allocating indirect costs to individual procedure codes. Since nonphysician labor accounts for over 70 percent of direct expenses and direct expenses contribute to indirect costs, we examined this method.

One of the major concerns with the physician time model is that aggregate indirect costs would be constant across all specialties since all physicians work similar time. Following the January 22, 1997 meeting, the AMA furnished us with data on specialty-specific indirect cost per hour that we could use in conjunction with physician time for procedure codes to allocate to indirect costs based on physician time. This would allow us to allocate indirect costs based on actual cost patterns of physician specialists.

We did not select a physician time or a nonphysician time model because these models are not complete. Each contains only one variable, yet there are other variables that can contribute to indirect costs. The physician time model ignores nonphysician staff time and other direct expenses. It would undervalue procedures such as diagnostic tests with lengthy technician time. The nonphysician time model ignores physician time and other direct practice expenses. It would undervalue surgical procedures in the hospital.

As we conducted additional analyses, we narrowed our consideration to two models. We examined a ''pass through'' model in which the current indirect practice expense of each RVU would be retained. Under this model, the indirect cost per procedure is calculated based on the current practice expense RVUs and an indirect weighted specialty share per procedure code. For example, if current practice expense RVUs for a procedure are 20 units and it was performed by only one specialty with an indirect practice expense share of total practice expenses (from AMA data) of 40 percent, the indirect RVUs for this procedure code would be 8 units.

This option causes the least amount of redistribution. This resulted in the narrowest range between physicians experiencing increases in payments and

physicians experiencing decreases in payments. We did not select this option because it partially relies on current charge-based practice expense RVUs, which are not resource-based.

The option we selected allocates indirect costs based on the direct costs (that is, the cost of nonphysician administrative and clinical labor, medical equipment, and medical supplies), malpractice expenses, and physician work per code. Except for the inclusion of malpractice expenses, this is similar to the original Physician Payment Review Commission model presented in its 1993 Annual Report and which contributed to the resource-based practice expense RVUs legislation. From a cost accounting standpoint, this method is appealing because it allocates indirect costs based on the variables that are expected to drive indirect costs.

e. Steps in the Methodology.

We describe below the individual steps in the methodology that were used to compute the resource-based direct and indirect practice expense RVUs. The data sources we used were the 1996 AMA's Socioeconomic Monitoring Survey (containing 1995 data) and the 1995 Medicare National Claims History Files. The steps are as follows:

Step 1—Calculate the total pool of practice expense RVUs for physician fee schedule services furnished in 1995.

- Multiply the frequency of the fee schedule service by the current number of practice expense RVUs. Adjustments were made for services subject to the site-of-service payment differential and services subject to different payment rules such as multiple surgery, bilateral surgery, and assistant at surgery for which the number of practice expense RVUs differs from the usual number of practice expense RVUs per procedure code.

Step 2—Determine the percentage of total practice expense RVUs that are attributable to direct expenses and that are attributable to indirect practice expenses.

- Use the 1996 AMA Socioeconomic Monitoring System that represents 1995 survey expense data and categorizes expenses by nonphysician payroll, materials and supplies, medical equipment, and office expenses.
- Based on the AMA's data, calculate specific percentages for direct and indirect expenses for each physician specialty. For each physician fee schedule procedure code, calculate a weighted direct expense share by multiplying the physician specialty's percentage of allowed charges by its corresponding direct expense weight. The allowed practice expense RVUs per procedure code were multiplied by the direct expense share per code and summed over all procedure codes to compute the total direct expense RVUs.
- The indirect expense RVUs were calculated by subtracting the total direct expense RVUs from the total practice expense RVUs.
- The national distribution of direct and indirect expense RVUs in Medicare data are 55 percent direct and 45 percent indirect.

Step 3—Calculate a direct expense RVU per procedure code.

- After data editing, the direct inputs from the CPEP process were multiplied by their corresponding prices. We adjusted the labor data further by applying linking coefficients. For example, clinical and administrative labor costs were each adjusted by the linking coefficients for that CPEP. (The linking adjustment factors are included in Addendum B.) Because medical supplies were not affected by linking, no further adjustment was made. Since clinical labor times are used to calculate the cost of medical equipment per use, the linked adjusted clinical labor times were substituted for the CPEP reported medical equipment clinical labor times. For reference codes for which we had estimates from several CPEPs, we generally chose the procedure code from the CPEP with the specialty that furnished the procedure most frequently.
- In the aggregate, the percentage shares from the CPEP process for labor (both clinical and administrative labor), medical supplies, and medical equipment were equated to the 1996 AMA's Socioeconomic Monitoring Survey percentage shares for the same categories. In the aggregate, for all CPEPs, labor comprised 60 percent; medical supplies comprised 17 percent; and medical equipment comprised 23 percent of the total direct expenses. Under the 1996 AMA's Socioeconomic Monitoring Survey, the labor, medical supplies and medical equipment comprise 73 percent, 18 percent, and 9 percent, respectively, of total direct expenses. Thus, the CPEP expenses for labor, medical supplies, and medical equipment were adjusted by scaling factors of 1.21, 1.06, and .39, respectively, for labor, medical supplies, and medical equipment.
- After adjusting for data editing, linking, and scaling, the components of the direct expenses were summed for each procedure code. We then applied the data reasonableness rules discussed earlier.
- The direct expense amount per procedure code was converted to a direct expense RVU per code. We multiplied the direct expense per procedure code by the ratio of direct expense RVUs to direct expense dollars and divided the resultant direct expense RVU by a single weighted average CF.

Step 4—Calculate an indirect expense RVU per procedure code.

- Calculate the total pool of indirect expense RVUs by subtracting the pool of indirect expense RVUs from the total pool of RVUs.
- Allocate the pool of indirect expense RVUs to individual procedure codes. Of total physician fee schedule RVUs, 41 percent are practice expense RVUs, 54 percent are work RVUs, and 5 percent are malpractice expense RVUs. Of the 41 percent practice expense RVUs, 55 percent are direct expense RVUs and 45 percent are indirect expense RVUs. Therefore, of the total RVUs, 18 percent ($.45 \times .41$) are indirect expense RVUs.
- These RVUs are allocated to individual procedure codes by multiplying the code-specific sum of the physician work, direct practice expense RVUs, and malpractice expense RVUs by a factor of .219, which scales this total to the available indirect pool.

Step 5—Combine the direct and the indirect expense RVUs per procedure code.

To assist commenters, we have included the resource-based practice expense RVUs per procedure code for the in-office and out-of-office setting, if appropriate, and the direct expense RVUs for each procedure code in Addendum C. The indirect practice expense RVU per procedure code is simply the total resource-based practice expense RVU minus the direct practice expense RVU.

f. Gap-Filling Measures.

We performed two levels of gap-filling measures to compute RVUs for certain procedure codes. Because the CPEP data are based on 1995 HCPCS codes, we established RVUs for the approximately 400 new procedure codes added in 1996 and 1997. We gap-filled RVUs for these procedure codes as follows:

- We mapped the new procedure code to an existing source code (that is, a 1995 procedure code) and used the practice expense data supplied by the CPEPs for the source code. In most cases, the new procedure code mapped directly to a source code.
- We requested assistance from specialty societies for codes that were difficult to map.

There were a large number of procedure codes for which there were no values for a procedure furnished in an office. For example, there were some procedures that, although costed only in the out-of-office setting, could have been performed in the office but were

not given values by Abt. This occurred because the CPEPs were instructed not to enumerate the inputs for a procedure furnished less than 10 percent of the time in a given setting. In addition, this could have occurred because the CPEPs chose not to enumerate the inputs or they enumerated the inputs, but Abt was not able to determine the price for one or more of the inputs.

We calculated the mean value for each component (that is, the clinical labor, administrative labor, equipment, and supplies) of the direct practice expense RVUs by the family of codes or the CPEP mean. In general, the direct practice expense RVU gap-filing method used these mean values. For example, if a code was not valued for a site-of-service (out-of-office or in-office), the mean RVU for the family of codes for that site-of-service was used. If there were no values for that site-of-service for the family of codes in question, the mean value for the CPEP for that site-of-service was used. A separate calculation was performed for each of the four components which were summed to derive a direct practice expense RVU for each procedure code by site-of-service that required gap-filling. The results of this process were then subjected to clinical review and revised as appropriate.

The indirect practice expense RVU gap-filling method closely followed the process used to calculate the indirect practice expense RVUs in general. Since every procedure code was given a direct practice expense RVU, the allocation variables existed to derive indirect practice expense RVUs as a function of the work of the procedure code, the direct cost for the procedure code (for the relevant site-of-service), and the malpractice expense RVUs for the procedure code.

These RVUs were then placed on the resource-based practice expense RVU scale.

9. Other Practice Expense Policies

a. Site-of-Service Payment Differential

Under the physician fee schedule, if a physician's services of the type routinely furnished in physician offices are 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 physicians' 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 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. 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 if no additional facility fee is paid and another when the procedure is performed out of the office (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 will 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 99233).

Initial hospital and follow-up inpatient consultations (CPT codes 99251 through 99275).

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 99353).

We note that office or other outpatient evaluation and management services (CPT codes 99201 through 99215) are used to report services furnished in the physician's 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 setting. Similarly, other services will be furnished almost exclusively in the office setting, and we are generally providing separate practice expense RVUs only for the in-office setting.

In the majority of cases, however, we would provide both in-office and out-of-office practice expense RVUs. The higher in-office practice expense RVUs are generally used to calculate payments for services performed in a physician's office and for services furnished to a patient in the patient's home, a nursing facility, skilled nursing facility, or facility or institution other than a hospital or ambulatory surgical center. For these services, the facility is not paid a separate fee for the cost of resources such as labor, medical supplies, and medical equipment associated with the physician service.

The lower out-of-office practice expense RVUs are generally used to calculate payments for services furnished to hospital and ambulatory surgical center patients. Payment for nonphysician services and other items, including medical equipment and supplies, is made only to the hospital by the intermediary on either a prospective-payment or a reasonable-cost basis or to the ambulatory surgical center as part of the facility fee payment.

b. Additional Relative Value Units for Additional Office-Based Expenses for Certain Procedure Codes.

Usually, office medical supplies associated with performing medical or surgical services in the physician's 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 supplies that are used incident to a physician's 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 $33 (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's 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's office are closing a tear duct opening (CPT code 68761) and billing for a permanent lacrimal duct implant (HCPCS code 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 4550.

We are proposing to revise this policy under the resource-based practice expense system. We believe that the supply costs that this policy is designed to cover were included in the supply inputs identified by the CPEPs. 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 propose to follow the same process and make an adjustment to the anesthesia CF to move anesthesia services under the resource-based practice expense system.

We would calculate the difference between the total practice expense that would have been previously recognized and the total practice expense RVUs that would be recognized under the resource-based practice expense RVU system if physician anesthesia services were paid in this manner. The practice expense RVUs that would be recognized under the resource-based system are calculated from the Abt CPEP data for anesthesia services using the same editing, scaling, and other rules used for all other physician services for practice expense RVUs. The practice expense RVUs recognized under the previous system are determined by multiplying the total allowed charges for anesthesia services by the practice expense share for anesthesia services based on the 1996 AMA's Socioeconomic Monitoring Survey data.

10. Refinements

Shortly after the close of the comment period for this proposed rule, we will conduct refinement panels using carrier medical directors to help us address the comments on the proposed practice expense RVUs for specific procedures. As preparation for the meeting, the carrier medical directors will consult local physicians and other practitioners for additional information as they did for physician work RVU refinement panels in 1996.

Eventually, we would like comments in a specified format. However, we believe this refinement process and format can be standardized only after additional experience. Therefore, while we are not proposing a specific format, we would ask that commenters draft their comments according to the following guidelines.

- Identify the problem in relative terms. That is, explain how the RVUs for the procedure code might be incorrect related to its associated family of procedure codes. This is similar to the rank order anomalies for the work RVUs or other services.
- After suggesting an appropriate RVU, furnish specific documentation for a procedure code explaining the expected labor, medical supplies, and medical equipment resources related to the procedure code. For example, the commenter might state, and include evidence, that certain supplies or labor inputs were omitted or the wrong type of clinical labor category was used. Therefore, comments should deal not only with the specific family of procedure codes but with the RVUs of procedures performed by other specialties and primary care physicians.

We are proposing that all practice expense RVUs published in the final rule be considered interim RVUs and subject to comment following publication of the final rule.

Eventually, we envision an annual refinement process of practice expense RVUs for new and revised codes similar to the annual refinement process used for physician work RVUs. We are considering a process for practice expense updates similar to our work value refinement.

11. Reductions in Practice Expense Relative Value Units for Multiple Procedures

Under the current policy, if more than one surgical service is furnished for the same patient, by the same surgeon, on the same day, the physician fee schedule amount for the second through the fifth procedure is the lesser of the actual charge or 50 percent of the fee schedule amount for the procedure. Surgical procedures beyond the fifth procedure are priced ''by report'' based on the documentation for the service furnished. These reductions are made in the allowance for the service and, thus, affect the work, practice expense, and malpractice expense components equally. Thus, we recognize there are efficiencies in practice expenses when multiple surgeries are performed. This occurs largely because the presurgical and postsurgical services performed in the office setting are for the multiple surgeries instead of only one surgery. Currently, the practice expenses for each surgery are established independently as if each surgery was the only procedure furnished, although the clinical and administrative staff time and the medical supplies increase incrementally with additional surgical procedures. The multiple surgery rule will continue to apply to the resource-based practice expenses.

Currently, there is no corresponding reduction in practice expenses for multiple nonsurgical services performed at the same time. At a particular encounter, an office patient could receive an evaluation and management service, diagnostic tests, and other medical procedures such as physical therapy services. However, we make no reductions in the practice expense RVUs for the additional services furnished during the same encounter. We propose to reduce the practice expense RVUs for additional procedures performed during the same encounter as an evaluation and management service. We are considering two pricing options:

- Apply an across-the-board payment policy similar to the multiple surgery policy that reduces, by some specified formula, additional office-based services furnished with the evaluation and management service (that is, the reduction would apply only to the additional procedures, not to the medical visit).
- Apply a procedure code-specific reduction that would apply when that procedure is performed in the office.

We propose adopting one of these approaches. For the short term (effective January 1, 1998), we propose the first option (with the same 50 percent

reduction for the second through fifth procedures, but not applying the reduction to the medical visit). Later, we would like to move from the first option to the second option. The first option is a broad-based policy whereas the second option is more procedure code specific. We invite comments on our proposed approach and any other recommendations for specific pricing rules for multiple procedures furnished in addition to an office medical visit.

12. Transition

The practice expense legislation requires the Secretary to develop and implement a resource-based system for practice expenses under the physician fee schedule, effective January 1, 1998. The law requires that the system be budget neutral. Neither section 1848 of the Act nor its accompanying legislative history provides for a transition period.

We are issuing this proposed rule to fulfill the statutory requirement. However, we believe the magnitude of the redistributions are of such consequence that legislation should be enacted to provide for a transition period. This phased-in implementation schedule will allow us to refine the application of our methodology to ensure that the inequities this legislation was intended to address are eased. We will work with the Congress to change the law so that resource-based practice expense payments would be phased in gradually.

13. Proposed Regulations Revisions

We are proposing to revise § 414.22 (Relative value units (RVUs)), paragraph (b), (Practice expense RVUs), to state that for services furnished beginning January 1, 1998, the practice expense RVUs would be based on 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 TC practice expense RVUs; only PC 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's 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.

We are proposing to revise § 414.32 (Determining payments for certain physician services furnished in facility settings), paragraph (b) (General rule) to state that if physician services of the type routinely furnished in physicians' offices are furnished in facility settings before January 1, 1998, the fee schedule amount for those services would be determined by reducing the practice expense RVUs for the service by 50 percent. Beginning January 1, 1998, we would generally have two different practice expense RVUs per code.

We are proposing to revise § 414.34, (Payment for services and supplies incident to a physician's service), paragraph (a) (Medical supplies), to state that if physician services of the type routinely furnished in provider settings are furnished in a physician's office, separate payment may be made for certain supplies furnished incident to that physician service if they are furnished before January 1, 1998. Beginning January 1, 1998, the cost of all medical supplies and services would be included in the service-specific practice expense RVUs.

B. Geographic Practice Cost Index Changes

1. Background

The Act requires that payments vary among fee schedule areas according to the extent that resource costs vary as measured by the Geographic Practice Cost Indices (GPCIs). In general, the fee schedule areas that existed under the prior reasonable charge system were retained under the fee schedule from calendar years 1992 to 1996. We implemented a comprehensive revision in fee schedule payment areas (localities) in 1997, reducing the number of localities from 210 to 89. A detailed discussion of fee schedule areas can be found in the July 2, 1996 proposed rule (61 FR 34615) and the November 22, 1996 final rule (61 FR 59494). We are required by section 1848(e)(1)(A) of the Act to develop separate indices to measure resource cost differences among fee schedule areas compared to the national average for each of the three fee schedule components. While requiring that the practice expense and malpractice indices reflect the full relative cost differences, the Act requires that the work indices reflect only one-quarter of the relative cost differences compared to the national average.

Section 1848(e)(1)(C) requires us to review and, if necessary, adjust the GPCIs at least every 3 years. This section of the Act also requires us to phase in the adjustment over 2 years and implement only one-half of any adjustment if more than 1 year has elapsed since the last GPCI revision. The GPCIs were first implemented in 1992, and the first review and revision was implemented in 1995.

2. Development of the Geographic Practice Cost Indices

The GPCIs were developed by a joint effort of the Urban Institute and the Center for Health Economics Research under contract to HCFA. Indices were developed that measured the relative cost differences among areas compared to the national average in a ''market basket'' of goods. In this case, the market basket consists of the resources involved with operating a private medical practice. The resource inputs are physician work or net income; employee wages; office rents; medical equipment, supplies, and other miscellaneous expenses; and malpractice insurance. Employee wages, rents, and miscellaneous expenses are combined to comprise the practice expense component of the GPCI. The weights of these components in the original GPCIs (from 1992 through 1994) and the revised GPCIs (1995 through 1997) are as follows:

Input component	Percentage of practice costs	
	1992–1994 GPCIs	1995–1997 GPCIs
Physician Work	54.2	54.2
Practice Expense	40.2	41.0
Employee Wages	15.7	16.3
Rent	11.1	10.3
Miscellaneous Expenses	13.4	14.4
Malpractice	5.6	4.8
	100.0	100.0

The resource inputs and their weights were obtained from the AMA's Socioeconomic Characteristics of Medical Practice Survey. The weights for the 1992 through 1994 GPCIs were from the AMA's 1987 survey, while the weights for the 1995 through 1997 GPCIs were from the 1989 survey. The 1987 weights were the latest available when the original GPCIs were being developed. The 1989 weights are those used in the revised Medicare Economic Index (MEI) discussed in the November 25, 1992 final rule (Medicare Program; Revision of the Medicare Economic Index) (57 FR 55899). The MEI is a measure of annual increases in the cost of operating a private medical practice

and is used in the annual update of the physician fee schedule CFs. Because the GPCIs and the MEI use the same resource inputs to measure the costs of a private medical practice (the GPCIs measure relative costs among areas while the MEI measures the national annual rate of increase in costs), we believe the same weights should be used.

Once the components and their weights were determined, data sources had to be found that were widely and consistently available in all physician fee schedule areas to measure costs. After examining many sources, the following proxies were selected as the best available sources for measuring each component of the original 1992 through 1994 GPCIs:

- Physician work—The median hourly earnings, based on a 20 percent sample of 1980 census data, of workers in six professional specialty occupation categories (engineers, surveyors, and architects; natural scientists and mathematicians; teachers, counselors, and librarians; social scientists, social workers, and lawyers; registered nurses and pharmacists; writers, artists, and editors) with 5 or more years of college. Adjustments were made to produce a standard occupational mix in each area. The actual reported earnings of physicians were not used to adjust geographical differences in fees because these fees are, in large part, the determinants of the earnings. We believe that the earnings of physicians will vary among areas to the same degree that the earnings of other professionals vary.
- Employee wages—Median hourly wages of clerical workers, registered nurses, licensed practical nurses, and health technicians were also based on a 20-percent sample of 1980 census data.
- Office rents—Residential apartment rental data produced annually by the Department of Housing and Urban Development (HUD) were used because there were insufficient data on commercial rents across all physician fee schedule data.
- Miscellaneous expenses—The Urban Institute and the Center for Health Economics research assumed that this component is represented by a national market and that costs do not vary appreciably among areas. This component's index is 1.000 for all areas to indicate no variation from the national average.
- Malpractice—Premiums in 1985 and 1986 for a mature ''claims made'' policy (a policy that covers malpractice claims made during the covered period) providing $100,000 to $300,000 of coverage were used. Adjustments were made to incorporate the costs of $1 million to $3 million coverage and mandatory patient compensation fund requirements. Premium data were collected for physicians in three risk classes: low-risk (general practitioners who do not perform surgery), moderate risk (general surgeons), and high-risk (orthopedic surgeons).

The areas selected for measurement purposes were the Metropolitan Statistical Areas (MSAs). Non-MSA areas within a State were aggregated into one residual area. Using MSAs for measurement satisfied the criteria of (1) Homogeneity in resource input prices within the area, and (2) a large enough size so that market areas are self-contained to minimize border crossing; that is, physicians would not move their offices a few miles to secure higher payments and patients would tend to receive services within their area.

The Act requires, however, that the GPCIs reflect cost differences among fee schedule areas. Thus, it was necessary to map Medicare localities to the MSA and non-MSA aggregation of GPCI data. Where localities crossed MSA boundaries, MSA indices were converted to Medicare locality indices by population weights.

Detailed discussions of the methodology and data sources of the 1992 through 1994 GPCIs can be obtained by requesting the following studies from the National Technical Information Service by calling 1–800–553-NTIS, or, for residents of Springfield, Virginia, (703) 487–4650.

- The Urban Institute report ''The Geographic Medicare Index: Alternative Approaches,'' NTIS PB89–216592.
- The supplement to ''The Geographic Medicare Index: Alternative Approaches,'' NTIS PB91–113506. This was published in the September 4, 1990 **Federal Register** notice for the model fee schedule (55 FR 36238).
- The Urban Institute report, ''Refining the Malpractice Geographic Practice Cost Index,'' February 1991, NTIS PB91–155218. The related diskette is NTIS PB91–507491. This is the final version of the 1992 through 1994 GPCIs as published in the **Federal Register** in the November 25, 1991 final rule (56 FR 59785).

3. Revised 1995 Through 1997 Geographic Practice Cost Indices

The main criticism of the original GPCIs was that they were outdated because they were based on old data; for example, 1980 census data and 1985 and 1986 malpractice premiums, the most recent data available when the GPCIs were established. The revised 1995 through 1997 GPCIs were based on the most current data available when they were developed in 1993 and 1994. We also made some minor changes from the original GPCI methodology in calculating some of the revised 1995 through 1997 indices.

One methodological change was made that applied across all indices. As mentioned earlier, under the original GPCIs, where Medicare localities crossed MSA boundaries, MSA indices were converted to locality indices by population weights. Medicare expenditure weights were not used because the expenditures under the reasonable charge system contained large differences unrelated to resource cost differences among areas. In calculating the proposed revised GPCIs, where localities crossed MSA boundaries, locality indices were calculated by weights based on full fee schedule RVUs, which reflect resource cost differences among areas. Full fee schedule RVUS were used rather than actual 1993 payments because 1993 fee schedule payments still reflected some reasonable charge payment levels. The advantages of RVU weighting are (1) The GPCIs will more closely reflect physician practice costs in the area where the services are provided rather than where the population lives, and (2) budget neutrality is preserved when combining multiple localities into larger areas, such as statewide localities.

a. Work Geographic Practice Cost Indices.

Data from the 20-percent sample of census data of median hourly earnings for the same six categories of professional specialty occupations as used in the 1992 through 1994 work GPCIs were used in calculating the 1995 through 1997 work GPCIs. The 1992 through 1994 work GPCIs were calculated using 1980 census data of earnings for professionals with 5 or more years of college. That sample was no longer available with the 1990 census. The 1990 census educational classifications are by highest degree earned, rather than the 1980 census classification by years of schooling. Thus, it was not possible to obtain earnings data exactly comparable to the 1980 data.

For 1990, data were available for all-education and advanced-degree samples, but not for 5 or more years of college. We elected to use the all-education sample because its larger sample sizes make it more stable and accurate in the less populous areas. Although it could be argued that physicians' earnings might more closely approximate the earnings of professionals with advanced degrees, the differences between the all-education and advanced-degree indices

were negligible in all but a few of the smallest localities. We believe that the small sample sizes of advanced-degree occupations in these small localities may produce inaccurate results.

The 1992 through 1994 work GPCIs utilized metropolitan-wide median wages for each county within an MSA. That is, all counties within an MSA are assigned the MSA-wide median wage even if there are wage variations within the MSA. We believe that this is appropriate for all but Consolidated Metropolitan Statistical Areas (CMSAs), the largest of the MSAs, such as New York. In these CMSAs, we replaced metropolitan-wide earnings with county-specific earnings. We believe this change is appropriate because costs are, in fact, higher in central city areas (for example, Manhattan and San Francisco) than in the rest of the CMSA. County earnings better account for cost variation within these large metropolitan areas.

b. Practice Expense Geographic Practice Cost Indices.

(1) Employee Wage Indices.

Data from the 20-percent sample of census data of median hourly earnings for the same categories of medical and clerical occupations used in the 1992 through 1994 practice expense GPCIs were used in the 1995 through 1997 practice expense GPCIs. The 1995 through 1997 practice expense GPCIs used 1990 rather than 1980 census data. As with the work GPCIs, county level data were used for CMSAs to better reflect the cost variations within these large metropolitan areas.

(2) Rent Indices.

As with the original rent indices, the HUD fair market rental (FMR) data for residential rents were again used as the proxy for physician office rents. The 1995 through 1997 practice expense GPCIs reflect 1994 HUD FMRs. Like the work GPCI and the employee wage index of the practice expense GPCIs, county level data were used in CMSAs to recognize the variations within the CMSA.

The major criticism of the rent indices is that residential rather than commercial rent data were used. As mentioned earlier, for constructing the GPCIs we needed data that were widely and consistently available across all physician fee schedule areas. As with the original GPCIs, we again searched for private sources of commercial rent data that were widely and consistently available.

The private sources we found were not adequate. None of the sources collected data for nonmetropolitan areas, nor did any collect data for all metropolitan areas. The sources did not reflect the average commercial space in the area, but rather the particular type of space most relevant to the needs of a particular source's clients. In addition, the sample sizes were small. A comparison of the average rental for any particular city showed significant variation depending upon the source. Also, the private commercial rent data tended to be for very high priced real estate of the type likely to be used by large institutions such as banks, insurance companies, or financial firms and not for the type of office space used by physicians.

Among the sources of commercial rent data available, the most promising were data from the Building Owners and Managers Association, the General Services Administration, and the U. S. Postal Service. These data were analyzed in depth. We did not use data from the Building Owners and Managers Association and the General Services Administration because of poor geographic coverage, especially outside of large metropolitan areas. That is, data were not widely and consistently available for all physician fee schedule areas. The U. S. Postal Service data had much better geographic coverage, but sample sizes in many areas were unacceptably small and could lead to erroneous results.

No acceptable national commercial rent data are readily available for physician office rents. Thus, some proxy must be used for this portion of the index. In addition, commercial rent data are not available for all areas from published statistical sources. We believe that the HUD FMR data remain the best available data for constructing the office rental index. They are available for all areas, are updated on an annual basis, and are consistent among areas and from year to year. Moreover, physicians frequently locate in areas and office space that are residential rather than commercial, for example, in apartment complexes and small strip commercial centers adjacent to residential areas. Residential rents may, in fact, be a better measure of the differences among areas in the physician office market than a general commercial rental index.

(3) Medical Equipment, Supplies, and Miscellaneous Expenses.

As mentioned earlier, the GPCI assumes that this component has a national market and that input prices do not vary among geographic areas. We were unable to find any data sources that demonstrated price differences by geographic area. Anecdotal and interview data with suppliers and manufacturers were inconclusive. While some price differences may exist, they are more likely to be based on volume discounts rather than on geographic areas. Generally, it appears that manufacturers' prices do not vary among areas except for shipping costs. Since manufacturers and suppliers are located all over the country, shipping costs on the mainland do not vary significantly.

We did consider an add-on for shipping costs to Alaska, Hawaii, and Puerto Rico to recognize the added shipping distance. We decided against the add-on because there were no data to indicate how much the costs of shipping medical equipment and supplies to these areas increased their costs. We were able to ascertain that commercial shippers like United Parcel Service and Federal Express generally charge about 10 percent more to ship to Puerto Rico, and about 20 percent more to ship to Alaska and Hawaii from the mainland. Medical equipment and supplies represent about 7 percent of physician practice costs. Even assuming that shipping costs represent 5 percent of total equipment and supply costs, which we believe to be a high estimate, recognizing a 20 percent increase in shipping costs would only increase payment levels by 0.07 percent or 0.0007 ($.20 \times .05 \times .07 = .0007$). The medical equipment, supplies, and miscellaneous expense index for all areas continues to be 1.000 in the revised 1995 through 1997 GPCIs.

c. Malpractice Geographic Practice Cost Indices.

Again, malpractice premium data for a $1 million to $3 million mature ''claims made'' policy were collected, with mandatory patient compensation funds considered. However, more recent and more comprehensive malpractice insurance data were used in calculating the 1995 through 1997 malpractice GPCIs. The 1995 through 1997 malpractice GPCIs were based on 1990 through 1992 premium data. Malpractice premiums are very volatile and may change significantly from year to year. We decided to use the most recent 3-year average available rather than just the most recent single year to smooth out this volatility and present a more accurate indication of malpractice premium trends over time.

We collected data on more specialties and from more insurers. We collected data on 20 specialties, rather than on only 3 as in the 1992 through 1994 malpractice GPCIs. The 1992 through 1994 malpractice GPCI data were largely drawn from a single nationwide insurer (St. Paul Fire and Marine) and were supplemented by several State-specific carriers in States in which St. Paul did not offer coverage. Subsequent analyses suggest that these data may not be

representative of insurers operating in many States. For the revised malpractice GPCI, data were collected from insurers that, on average, represented 82 percent of the market in each State, with the lowest State market share being 60 percent. We believe that the more recent and much more comprehensive data greatly improved the accuracy of the malpractice GPCIs for 1995 through 1997.

Detailed discussions of the methodology and data sources of the 1995 through 1997 GPCIs can be obtained by requesting the following studies from NTIS by calling 1–800–553-NTIS, or (703) 487–4650 in Springfield, Virginia:

- ''Updating the Geographic Practice Cost Index: Revised Cost Shares.'' Debra A. Dayhoff, John E. Schneider, and Gregory C. Pope. NTIS PB94–161072.
- ''Updating the Geographic Practice Cost Index: The Physician Work GPCI.'' Gregory C. Pope and Deborah A. Dayhoff. NTIS PB94–161080.
- ''Updating the Geographic Practice Cost Index: The Practice Expense GPCI.'' Gregory C. Pope, Deborah A. Dayhoff, Angella R. Merrill, and Killard W. Adamache. NTIS PB94–161098.
- ''Updating the Geographic Practice Cost Index: The Malpractice GPCI.'' Stephen Zuckerman and Stephen Norton. NTIS PB94–161106.

4. Proposed Revised 1998 Through 2000 Geographic Practice Cost Indices

The same data sources and methodology used for the 1995 through 1997 GPCIs were used for the proposed 1998 through 2000 GPCIs (hereafter referred to as proposed GPCIs) with a few very minor modifications. No acceptable additional data sources were found. The cost shares are the same as in the 1995 through 1997 GPCIs because no changes were made in the MEI weights. Indices for fee schedule areas are based on the indices for the individual counties within the fee schedule area. Fee schedule RVUs are again used to weight the county indices (to reflect volumes of services within counties) when mapping to fee schedule areas and in constructing the national average indices. However, we used more recent data, 1994 rather than 1992 RVUs, in the county, locality, and national mapping in the proposed GPCIs. The payment effect of this is negligible in most cases and generally results in changes at the third decimal point if at all.

a. Work Geographic Practice Cost Indices.

The work GPCIs are based on the decennial census. The 1992 through 1994 work GPCIs were based on 1980 census data, because 1990 census data were not yet available. The work GPCIs were revised in 1995 with new data from the 1990 census. New census data will not be available again until after the 2000 census. We searched for other data that would enable us to update the work GPCIs between the decennial census. No acceptable data sources were found. The most promising sources of data were the hospital wage data collected by HCFA to calculate the Prospective Payment System (PPS) hospital wage index, and the payroll per worker data collected by the U. S. Bureau of Labor Statistics from State unemployment insurance agencies (''the ES–202 data'').

The PPS hospital wage data were examined when we constructed the original GPCIs. They were rejected in favor of census data because of their lack of an occupation mix adjustment and their unrepresentative occupational composition (hospital employees rather than professionals or physician office employees). ES–202 data consist of total payroll divided by counts of wage and salary workers. Their major disadvantages are that they do not measure hourly earnings, only payroll per employee, and no occupational detail is available. Also, they do not adjust for part-time or full-time and hours worked, and the numbers of workers are small for certain States leading to unstable estimates of payroll per worker. We compared the changes by State from 1989 to 1993 in the PPS wage data and the ES–202 data to see if there was any correlation between the two series. The correlation between the two was only moderate, 0.55. The changes indicated by both series were generally small, for example, a few percentage points. The difference between the two series by State was in many cases as large as or greater than the change indicated by either series. The average difference between the two series (2.1 percent) is as large as the change indicated by either series. In addition, changes for particular States were substantially different between the two series. For example, Indiana relative wages rose by 1.9 percent according to the PPS data, but fell 5.7 percent according to the ES–202 data.

Since we were unable to find an acceptable data source for updating the work GPCIs, we examined the consequences of not updating the work GPCIs between the decennial census. We compared the changes between the 1992 through 1994 work GPCIs, based on the 1980 census, and the 1995 through 1997 GPCIs, based on the 1990 census. On average, the full variation State work GPCIs changed by about 5 percent. This translates to about a 1.2 percent change in the quarter work GPCI required by law. Since work makes up about one-half of the GPCI cost shares, this translates into an average payment change per State of about 0.6 percent from updating the work GPCI based on the 10-year change in relative wages indicated by the census data. Even the maximum change in the full variation State work GPCIs from the 1992 through 1994 to the 1995 through 1997 GPCIs of 14 percent translates into only about a 1.8 percent change in payments. The largest full work GPCI changes for individual payment areas were from 16 to 20 percent, or about a 4 to 5 percent change in the quarter work GPCI, or about a 2.4 percent change in payments. However, 80 percent of payment areas experienced payment changes of less than 1 percent, and 50 percent of payment localities experienced payment changes of less than 0.5 percent as a result of changes in the census data from 1980 to 1990.

We are, therefore, proposing no changes in the work GPCIs, other than the generally negligible changes resulting from using 1994, rather than 1992, RVUs for this GPCI update because we were unable to find acceptable data for use between the decennial census. We believe no changes are preferable to inaccurate changes based on unacceptable data. We believe that this is a reasonable position given the generally small magnitude of the changes in payments resulting from the changes in the work GPCIs from the 1980 to the 1990 census data.

b. Practice Expense Geographic Practice Cost Indices.

(1) Employee Wage Indices.

As with the work GPCIs, the employee wage portion of the practice expense GPCIs is based on decennial census data. For the same reasons discussed above pertaining to the work GPCIs, we are proposing no changes in the employee wage indices during this GPCI update. The average change from the 1992 through 1994 to 1995 through 1997 employee wage indices across States was about 6 percent. Since the employee wage index has a weight of about 16 percent in the GPCI cost shares, this translates into a 1 percent average change in payments. The maximum payment change in any payment area resulting from changes from the 1992 through 1994 to 1995 through 1997 employee wage indices was about 3.2 percent. Payment changes in over two-thirds of the payment areas were less than 1 percent.

(2) Rent Indices.

The office rental indices are again based on HUD residential rent data. The proposed rental indices are based on

1996 HUD data as opposed to 1994 HUD data in the 1995 through 1997 GPCIs. HUD made two small methodological changes in developing the data. First, HUD is using the 40th percentile of area rents rather than the 45th percentile. This does not materially affect the GPCIs, which measure relative rents among areas. Second, HUD has established a rental floor for rural counties at the statewide rural average. This has the effect of raising the office rental indices slightly in rural areas.

We made one methodological change in the rent indices. HUD publishes FMRs only for metropolitan areas as a whole. For the 1995 through 1997 GPCIs, HUD used a special tabulation of the 1990 census data to allocate rents by county within CMSAs. In some metropolitan areas, this had the effect of reducing the central city index below the suburban index, probably because of lower unmeasured housing quality in central cities than in suburbs. This is probably not an appropriate indicator of relative physician rents, since the GPCIs are intended to measure rental costs for offices of similar quality in different areas. The metropolitan-wide rent is most appropriate for measuring the cost of space of an average quality across the metropolitan area, which is why HUD publishes only metropolitan-wide FMRs. Also, the census county adjustments can be updated only once every 10 years. For this reason, we believe that the county-specific adjustment should not be made for all large metropolitan areas but should be retained only for the New York City Primary Metropolitan Statistical Area. Available evidence suggests that rents vary substantially among the boroughs of New York City and that, given the current locality configuration, the county-specific rental adjustment appropriately reflects these patterns in the New York City area, especially the higher rents in Manhattan.

The proposed rental indices are compared to the current rental indices in Addendum D. A reduction in an area's rent index does not necessarily mean that rents have gone down in that area since the last GPCI update. Since the GPCIs measure area costs compared to the national average, a decrease in an area's rent index means that that area's rental costs have decreased when compared to the change in national average rental costs. The indices are arranged in descending order of change. The rental index has a cost share of about 10 percent of the GPCI. This means that the actual effect on payments will be about 10 percent of the change in the rental indices. As Addendum D shows, the largest payment change will be about 2 percent in the Virgin Islands. The payment change in 86 of the 89 payment areas will be less than 1 percent.

(3) Medical Equipment, Supplies, and Miscellaneous Expenses.

As with the 1992 through 1994 and 1995 through 1997 GPCIs, this component is given a national value of 1.000, indicating no measurable difference among areas in costs.

c. Malpractice Geographic Practice Cost Indices.

Again, malpractice premium data were collected for a mature ''claims made'' policy with $1 million to $3 million limits of coverage, with adjustments made for mandatory patient compensation funds. As with the 1995 through 1997 GPCIs, data were collected for the 20 largest Medicare-billing physician specialties. The premium data represent at least 50 percent of the market in each State. Again, we used an average of the 3 most recent premium years to smooth out the considerable year-to-year fluctuations that can occur in malpractice premiums. The proposed malpractice indices are based on 1992 through 1994 premium data, the latest years available when this study was being conducted in 1995 through 1996, compared to the 1990 through 1992 data used in the current 1995 through 1997 indices. Another change from the 1995 through 1997 indices is that the specialty shares of the 20 specialties is weighted by fee schedule RVUs rather than allowed charges.

Addendum E shows the changes from the 1995 through 1997 indices to the proposed malpractice GPCIs. A change in an area's malpractice GPCI does not mean that absolute malpractice premiums have changed by that amount. It rather reflects the area's new position compared to the national average. The overwhelming portion of the changes, over 98 percent in most cases, is attributable to the use of more recent data rather than the change from allowed charges to RVU weights. As with the 1995 through 1997 GPCI revision, the changes in the malpractice GPCIs are relatively large in some cases reflecting the significant changes in malpractice premiums that occur from year to year. As Addendum E shows, a few fee schedule areas show malpractice GPCI changes of about 30 percent. Two-thirds of the payment areas experience changes of less than 10 percent. It should be remembered, however, that the weight of the malpractice GPCI is only about 5 percent of the total GPCI. Therefore, a 10 percent change in the malpractice GPCI translates into only a 0.5 percent change in payments. Even the largest 30 percent change in the malpractice GPCI translates into only a 1.5 percent change in payments. The mean change in the malpractice GPCIs is 8.7 percent, or about a 0.4 percent change in payments.

Detailed discussions of the methodology and data sources of the proposed 1998 through 2000 GPCIs may be obtained by requesting the following study from NTIS by calling 1–800–533–NTIS, or, for residents of Springfield, Virginia, (703) 487–4650: ''Second Update of the Geographic Practice Cost Index.'' Gregory C. Pope and Killard W. Adamache. NTIS PB97–152581.

C. Fee Schedule For Clinical Psychologist Services

1. Background

Until 1997, the fee schedule for clinical psychologist services was a locality-based fee schedule developed by the individual Medicare carriers. The Medicare carriers established the locality-based fee schedule in 1988 after section 4077(b) of the Omnibus Budget Reconciliation Act of 1987 (OBRA 1987) (Public Law 100–203), enacted on December 22, 1987, first provided for direct payment for clinical psychologist services furnished in a community mental health center. Section 4077(b)(3)(D) of OBRA 1987 amended section 1833(a)(1) of the Act by providing that payment for clinical psychologist services be based at 80 percent of the lower of the actual charge or a fee schedule.

The Act provides that the Secretary determine the fee schedule. As a result, we furnished guidance to all Medicare Part B carriers to establish the initial, that is, baseline, clinical psychologist fee schedule as follows:

- Set the fee schedule for therapeutic services at 80 percent of the adjusted prevailing charge for participating psychiatrists in a locality; and
- Set the fee schedule for diagnostic services at 90 percent of the adjusted prevailing charge for participating psychologists in a locality.

We also advised the Medicare Part B carriers to update the clinical psychologist fee schedule in subsequent years by the annual change in the Consumer Price Index for All Urban Consumers (CPI–U). We adopted the CPI–U to update the clinical psychologist fee schedule because it was the economic index used for updating most other nonphysician practitioner charges at that time.

Since that time, there have been two significant changes to the fee schedule for clinical psychologist services. First, effective January 1, 1992, we implemented the policy to base payment for psychological testing

services furnished by clinical psychologists at the amounts in the physician fee schedule. Second, effective January 1, 1997, we linked the fee schedule for clinical psychologist services to the physician fee schedule in the same manner as most other health care practitioner services. We describe these changes in more detail in the sections that follow.

2. Legislative Changes

Although section 4077(b) of OBRA 1987 provided for clinical psychologist services as separately payable under Medicare Part B under a fee schedule, direct payment was limited to services furnished in community mental health centers. Subsequent amendments to the law expanded the scope of the benefit. These amendments were discussed in a related **Federal Register** document described in section II.C.4. below.

3. Physician Payment Reform

As noted in section I.A., since January 1, 1992, Medicare Part B has paid for physician services based on a fee schedule. Until 1992, physician services had been paid on the basis of a reasonable charge system. This system led to significant payment variations among types of services, physician specialties, and localities. Section 6102 of OBRA 1989 added a new section 1848 to the Act, ''Payment for Physicians' Services,'' which replaced the reasonable charge system with a fee schedule that reflected the resources required to perform a given service. Although this legislation linked the payment methodology for most practitioner services to the physician fee schedule, it did not address payment for clinical psychologist services. Nevertheless, because amounts established under the physician fee schedule for psychological testing were heavily based on combined charge data for psychiatrists and psychologists, we wished to ensure that clinical psychologists would receive 100 percent of the physician fee schedule amount for those services. Therefore, effective January 1, 1992, fee schedule amounts for psychological testing services furnished by clinical psychologists are set at 100 percent of the physician fee schedule. However, before 1997, no change was made to the clinical psychologist fee schedule for therapeutic and other diagnostic services.

4. Related **Federal Register** Document

We discussed several aspects of payment for clinical psychologist services in a proposed rule published in the **Federal Register** on December 29, 1993 (Medicare Coverage and Payment for Clinical Psychologist, Other Psychologist, and Clinical Social Worker Services (BPD–706–P)) (58 FR 68829). That document addressed issues such as coinsurance, the outpatient mental health treatment limitation in section 1833(c) of the Act, and assignment of claims. We are currently considering public comments that we received in response to that proposed rule and, in the final rule, we will address those comments. In the December 1993 proposed rule, we indicated that we would address the calculation of the clinical psychologist fee schedule amounts set forth under section 1833(a)(1)(L) of the Act in a separate proposed rule (58 FR 68837). Below, we are proposing to establish the fee schedule for clinical psychologist services as referred to in the December 1993 proposed rule.

5. Policy Pertaining to Clinical Psychologist Services

There are two types of services billed directly to Medicare Part B by clinical psychologists: diagnostic services and therapeutic services. Medicare direct payment for services furnished by clinical psychologists became effective July 1, 1988. From 1988 through 1996, Medicare Part B payment to clinical psychologists for therapeutic services was subject to a locality-based fee schedule calculated by each Medicare carrier. In 1988, the Medicare carriers developed the clinical psychologist fee schedule on the basis of a HCFA analysis of charging practices of psychologists and psychiatrists. Because no Medicare charge data for therapeutic services furnished by clinical psychologists existed at that time, we compared psychologist and psychiatrist charges from other payor sources as a gap-filling measure for Medicare pricing purposes. The resulting clinical psychologist fee schedule amounts for therapeutic services, as shown in section II.C.1. above, were set at 80 percent of the adjusted prevailing charge for similar services of Medicare-participating psychiatrists in the locality. (The ''adjusted prevailing charge'' for physicians means the locality prevailing charge that is calculated by applying the MEI to the base year prevailing charge. In this way, Medicare reasonable charges for physician services are increased above the base year rates only to the extent determined to be justified by appropriate economic data.)

Initially, the fee schedule amounts for diagnostic services furnished by clinical psychologists were set at 90 percent of the Medicare prevailing charge for independently practicing psychologists in a locality. In contrast to therapeutic services, Medicare charge data had existed for diagnostic testing because psychological testing furnished by independent psychologists under a physician's order had been covered as ''other diagnostic tests'' under section 1861(s)(3) of the Act.

The amounts established under the physician fee schedule for diagnostic psychological testing were largely based on blended charge data for both psychologists and physicians. Furthermore, because psychologists are the predominant suppliers of psychological testing services, the physician fee schedule amounts for those services were based in large part on psychologist charge data. In the November 25, 1991 final rule that established the physician fee schedule, we stated (56 FR 59507) that diagnostic tests furnished by clinical psychologists would be paid under the physician fee schedule. Since January 1, 1992, amounts for diagnostic psychological testing services furnished by psychologists are equivalent to the amounts established under the physician fee schedule authorized by section 1848 of the Act. (Diagnostic psychological testing services are listed in the CPT '97 as CPT codes 96100 through 96117.)

A variety of health care practitioners under Medicare have payment levels that are tied, by law, to the physician fee schedule. These practitioners include nurse practitioners, nurse midwives, and physician assistants. We believe that it is also appropriate to establish a clinical psychologist fee schedule that is linked to the physician fee schedule. The implementation of 24 new billing codes for psychotherapy services effective January 1, 1997 required us to establish relative values under the physician fee schedule for each code. Since we were required to establish relative values for each new code, we established the clinical psychologist fee schedule value for all services at 100 percent of the physician fee schedule amount for the corresponding service. Consequently, this rule sets forth in regulation the fee schedule for covered clinical psychologist services at 100 percent of the physician fee schedule amount for the corresponding service. The rationale for this payment level appears in section II.C.6. below. Although this payment policy was implemented January 1, 1997, we are including it in this proposed rule in order to codify in regulations the methodology for the clinical psychologist fee schedule.

6. Rationale and Alternatives Considered

As noted in section II.C.1., we recommended in 1988 that Medicare carriers set clinical psychologist fee schedule amounts for therapeutic services at 80 percent of the MEI-adjusted prevailing charge for psychiatrists. That level had been primarily based on the fee differential found in a review of psychologist and psychiatrist fees from 1985 through 1988.

Effective January 1, 1992, physicians' services are paid under a resource-based fee schedule rather than a reasonable charge methodology. The physician fee schedule establishes payment amounts for all physician services as defined in section 1848(j)(3) of the Act. One effect of the physician fee schedule is that payment for physician services is now standardized. We believe that the clinical psychologist fee schedule amounts for therapeutic services should be tied to the physician fee schedule as are the services of most other health care practitioners.

As noted earlier, effective for services furnished on or after January 1, 1992, payment for diagnostic psychological tests furnished by clinical psychologists is based on the physician fee schedule. The clinical psychologist fee schedule for therapeutic services, which was in use until January 1, 1997, was derived from the initial linkage between psychologist and psychiatrist prevailing charges. However, with the implementation of the physician fee schedule, prevailing charges no longer apply for physician services. Furthermore, because the prevailing charge was based on actual charging patterns, it frequently resulted in unjustifiably large differences in charges from one area to another. With implementation of the physician fee schedule, the GAF used to adjust the RVUs for physician services has changed the geographic distribution of fees. The purpose of the GAF is to recognize only justifiable differences in the cost of operating a medical practice in different areas.

Finally, once the clinical psychologist fee schedule is linked directly to the physician fee schedule, the annual economic index used to update fees for clinical psychologist services will be the same as the index used to update fees for physicians and other health care practitioners. The following table illustrates that, for the years between 1989 through 1991 (during which the prevailing charge system applied), the CPI–U update factor exceeded the congressionally imposed limits on the MEI that was used to adjust Medicare prevailing charges for nonprimary care physician services:

Annual Increase	1989 (percent)	1990 (percent)	1991 (percent)
CPI–U	4.0	5.2	4.7
MEI (for other than primary care)	1.0	2.0	0.0

Using a hypothetical prevailing charge of $100 for psychiatrists in 1988, we illustrate the relationship of the clinical psychologist fee schedule to psychiatrist prevailing charges in 1991 in the following table:

	1989	1990	1991
Psychiatrists (1988 prevailing charge = $100):			
MEI update factor	1.01	1.02	1.00
Updated prevailing charge	$101.01	$103.02	$103.02
Clinical Psychologists (1988 fee = $80):			
CPI–U update factor	1.04	1.052	1.047
Updated fee	$83.20	$87.53	$91.64
Psychologist/Psychiatrist (1988 = 80%)	82.4%	85.0%	89.0%

By 1991, the combined effect of using the CPI–U to update the clinical psychologist fee schedule and the MEI to update psychiatrist prevailing charges resulted in a clinical psychologist fee schedule that was equivalent to 89 percent of the psychiatrist prevailing charge. Additionally, implementation of the physician fee schedule resulted in slight payment decreases for psychiatrist services in 1992. In 1993 and 1994, moreover, the physician fee schedule amounts for nonsurgical services other than primary care services were increased by 0.8 percent and 5.3 percent, respectively. By comparison, during the first 3 years that the physician fee schedule was in effect, clinical psychologist fee schedule amounts increased by 4.7 percent, 3.1 percent, and 3.0 percent, respectively, for 1992, 1993, and 1994, because clinical psychologist fee schedule amounts were adjusted by a different economic index, the Consumer Price Index (CPI). Consequently, through 1994, clinical psychologist fee schedule increases outpaced those for physicians furnishing nonsurgical services other than primary care as well as those for other nonphysician practitioners whose payments are tied to the physician fee schedule.

The combined effect of all these factors is that the clinical psychologist fee schedule no longer reflected the original fee differentials between psychologists and psychiatrists that had been found in the health care marketplace and factored into the initial clinical psychologist fee schedule. As a result, the clinical psychologist fee schedule was marked by disparities with the physician fee schedule for similar services as well as by wide geographic variations that reflected historical charging patterns in different areas.

We had previously considered setting the clinical psychologist fee schedule at the level established under the physician fee schedule for similar services. However, at that time, the CPT descriptors for individual psychotherapy services (CPT codes 90841 through 90844) included the term ''* * *[with] continuing medical diagnostic evaluation, and drug management, when indicated.'' These are medical aspects of a psychotherapeutic service that are outside the scope of clinical psychologist licensure. Therefore, we were concerned that it would be inappropriate to set the clinical psychologist fee schedule amounts at the same level as the physician fee schedule when clinical psychologists

were unable to perform the full service described in the codes.

During 1996, as part of the statutorily mandated 5-year refinement of the RVUs for the physician fee schedule, the RUC recommended increases for a number of psychotherapy codes. (The RUC, which is comprised of representatives of various medical specialty societies, the AMA, the American Osteopathic Association, and the CPT Editorial Panel, makes recommendations to us concerning the assignment of RVUs to new and revised CPT codes.) As a prelude to accepting the RUC recommendations, we examined the coding of psychiatry services. We concluded that the CPT code descriptors for individual psychotherapy needed to be changed to define the service more clearly, recognize the variations in work associated with different types of psychotherapy as well as the settings in which the types of psychotherapy are furnished, and assign face-to-face time values for the service. As a result, effective January 1, 1997, CPT codes 90842, 90843, 90844, and 90855 for individual psychotherapy are no longer recognized for Medicare purposes. These codes have been replaced by 24 alphanumeric codes that include 12 codes for therapy furnished in the office and other outpatient settings and 12 codes for therapy furnished in inpatient hospital, partial hospital, or residential care settings. These two categories were further broken down into the types of psychotherapy services. A full listing and discussion of these codes was included in the final rule (Medicare Program; Revisions to Payment Policies and Five-Year Review of and Adjustments to the Relative Value Units Under the Physician Fee Schedule for Calendar Year 1997 (BPD–852–FC)), published November 22, 1996. (See 61 FR 59521 through 59523.)

One of the effects of the coding system changes for psychiatric services is that now there are codes for reporting psychotherapy both with and without medical evaluation and management services. Under Medicare, clinical psychologists may bill for individual psychotherapy without medical evaluation and management services. Consequently, when clinical psychologists bill for individual psychotherapy without medical evaluation and management, those services are equivalent to individual psychotherapy without medical evaluation and management services when furnished by a physician. As a result, we believe that it is both reasonable and equitable to pay clinical psychologists the same amount as physicians for equivalent services.

Alternatively, we considered retaining the previous clinical psychologist fee schedule for therapeutic services. We also considered setting the clinical psychologist fee schedule at a level other than 100 percent of the physician fee schedule. However, we rejected these options because the resulting fee schedule amounts would have essentially continued to be derived from physician prevailing charges, which are no longer relevant under the physician fee schedule and would only serve to perpetuate geographic variations in charges that are a residual effect of the reasonable charge payment system.

D. Diagnostic Tests

1. Ordering of Diagnostic Tests

In our November 22, 1996 final rule for the 1997 physician fee schedule (61 FR 59490), we revised § 410.32 (Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions) to state that, to be covered, diagnostic tests had to be ordered by the physician who treats the patient. Section 410.32 contained exceptions for x-rays used by chiropractors to demonstrate the subluxation of the spine and for certain nonphysician practitioners operating within the scope of their statutory benefit and State licenses. We are proposing to add an additional exception to § 410.32 to indicate that a physician who meets the qualification requirements for an interpreting physician under section 354 of the Public Health Service Act as provided in § 410.34 (Mammography services: Conditions for and limitations on coverage), paragraph (a)(7), may order a diagnostic mammogram based on the findings of a screening mammogram even though the physician does not treat the beneficiary. We believe this is appropriate because the Food and Drug Administration, rather than HCFA, is responsible for the conditions under which mammograms are covered. It would also facilitate additional, necessary testing to investigate suspicious findings at the time the beneficiary is present at the testing site rather than requiring the beneficiary to return at a later date for follow-up testing.

In addition, questions have been raised as to the statutory basis for denial of claims under the ordering rule adopted in the 1996 physician fee schedule final rule. We have determined that tests are not demonstrably reasonable and medically necessary unless they are ordered by the patient's physician who will employ the tests to manage the patient's care. Thus, we are proposing to clarify in § 410.32(a) that the denials are based on the exclusion in section 1862(a)(1)(A) of the Act, and contained in § 411.15(k)(1), that is, the services ''are not reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member.'' Beneficiaries may be protected from liability for claims denied on this basis by the limitation on liability provision of section 1879 of the Act.

2. Supervision of Diagnostic Tests

We are proposing to clarify in § 410.32 the policy on physician supervision of diagnostic x-ray and other diagnostic tests that are payable under the physician fee schedule. (Diagnostic procedures may be split into professional components (PCS) and technical components (TCs) or be TC-only.) The clarification is applicable to the TCs of diagnostic procedures covered under section 1861(s)(3) of the Act (whether billed separately to the carrier or as part of a ''global'' charge with the PC) that are furnished in settings in which the Part B carrier pays for the TCs under the physician fee schedule. The coverage of diagnostic procedures furnished to hospital patients is addressed in other regulations and is not affected by this clarification. In addition, diagnostic laboratory tests as described in paragraph (d) of § 410.32 are not affected by this proposed clarification. This proposed rule represents our judgment that diagnostic procedures are safe and effective only when they are furnished with appropriate physician supervision. Therefore, denials of claims for failure to meet the required level of physician supervision would be based on the exclusion in section 1862(a)(1)(A) of the Act and in § 411.15(k)(1), that is, they ''are not reasonable and necessary for the diagnosis and treatment of illness or injury or to improve the functioning of a malformed body member.'' This means that the beneficiary may be protected under the limitation on liability provisions in section 1879 of the Act.

We believe that the requirements of § 410.32 should be revised because except for the reference to ''other diagnostic tests'' in the heading of § 410.32, x-rays are the only diagnostic tests payable under the physician fee schedule that are discussed in the current § 410.32. We are proposing to clarify that some degree of physician supervision is required for every

diagnostic test payable under the physician fee schedule with a few exceptions.

Our specific proposals for revisions to the regulations are:

- The definition and discussion of the term ''general supervision'' currently appears only in § 410.32(a)(2) (concerning portable x-ray services). We are proposing to clarify that this level of supervision is the minimal level required for all diagnostic tests payable under the physician fee schedule unless specific exception is made by regulation.
- The definition and discussion of the term ''direct supervision'' is set forth in revised § 410.32(b)(3)(ii), concerning diagnostic x-ray and other diagnostic tests. We are proposing to clarify that this level of supervision is required for some types of diagnostic procedures that are not x-rays.
- We are proposing to incorporate into regulations at § 410.32(b)(3)(iii) the existing policy that there are some diagnostic procedures that require a physician's presence with the patient at the time of performance of the procedure for the procedure to be covered.

We are proposing a general rule that diagnostic tests payable under the physician fee schedule require at least general supervision (and in some cases either direct or personal supervision, as defined in this proposal) by a physician (as defined in section 1861(r) of the Act). Because of the restricted definitions in section 1861(r), we believe that nearly all tests will be supervised by doctors of medicine or osteopathy, or, in the case of procedures related to the eyes and consistent with State licensure, doctors of optometry. We do not perceive a significant impact on doctors of dentistry and chiropractic in this regard since Medicare covers limited services for these specialties and we believe diagnostic test supervision will not be an issue for these specialties.

We are proposing to exclude three types of diagnostic tests from the physician supervision requirements:

- Diagnostic mammography procedures, which are regulated by the Food and Drug Administration.
- Diagnostic tests personally furnished by a ''qualified audiologist'' as defined in section 1861(ll)(3) of the Act. These include ''audiology services'' as defined in section 1861(ll)(2) of the Act that are payable by Medicare carriers under the physician fee schedule. We are excluding these diagnostic tests from the physician supervision requirement because the Congress has defined these services without requiring physician supervision of their performance.
- Diagnostic psychological testing services personally performed by a qualified psychologist practicing independently of an institution, agency, or physician's office as currently defined in section 2070.2 of the Medicare Carriers Manual (HCFA Pub. 14–3). These services are distinguished from services of clinical psychologists, which are covered under section 1861(ii) of the Act, rather than section 1861(s)(3). We are excluding these tests from the physician supervision requirement because we do not believe that these services require physician supervision of their performance.

We are proposing that the minimal level of physician supervision, which is applicable to all diagnostic procedures payable under the physician fee schedule, with the exceptions cited above, is general supervision. ''General supervision'' means the procedure is furnished under the physician's overall direction and control, but physician presence is not required during the performance of the procedure. Under general supervision, the training of the nonphysician personnel who actually perform the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician. Examples of procedures requiring only general physician supervision include the following:

- Plain films (x-rays) involving the extremities, pelvis, vertebral column, or skull.
- Plain films of the chest and abdomen that do not involve the use of contrast media.
- Electrocardiograms except when the code description specifies physician supervision such as with a cardiovascular stress test.
- Ultrasound diagnostic procedures except when the code description specifies a physician's service such as the placement of a probe in the case of transesophageal echocardiography.
- Electroencephalograms, polysomnography, and sleep studies.

We are proposing that the existing definition of ''direct supervision'' in § 410.32 be applied to types of services other than diagnostic x-rays. ''Direct supervision'' in the office setting does not mean that the physician must be present in the room when the procedure is performed; however, the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. We are specifically requesting comments on this proposal. Examples of diagnostic procedures requiring both general and direct supervision include the following:

- Magnetic resonance imaging, computerized axial tomography, and nuclear medicine procedures.
- Procedures in which contrast materials are used.
- X-rays other than skeletal, abdominal, and chest x-rays cited in the discussion of ''general supervision.''

We are proposing to define ''personal supervision'' as follows: ''Personal supervision'' means a physician must be in attendance in the room during the performance of the procedure. Examples of procedures requiring both general and personal supervision include the following:

- Cardiovascular stress tests including those furnished with nuclear medicine and echocardiography procedures.
- Cardiac catheterization.
- Radiological supervision and interpretation procedures.

Under the changes made to section 1861(s)(3) of the Act by section 145(b) of Public Law 103–432, the Congress has added diagnostic mammography as part of the portable x-ray benefit. Therefore, we are proposing to add diagnostic mammograms (but not screening mammograms) to the list of services a portable x-ray supplier may furnish in § 410.32(c). However, the supplier must meet the certification requirements of section 354 of the Public Health Service Act, as implemented by 21 CFR part 900, subpart B.

3. Independent Diagnostic Testing Facility

Section 2070.5 of the Medicare Carriers Manual (HCFA Pub. 14–3) is the current policy basis for the coverage of Independent Physiological Laboratory (IPL) services. The section does not define the term ''physiological'' and specifically mentions only electrocardiograms and electroencephalograms as types of services the entity that has come to be known as an IPL may furnish. The section says little about the nature of IPLs other than that they operate independently of a hospital, physician's office, or rural health clinic and meet applicable State and local licensure laws. Few States regulate diagnostic services, other than x-rays, and the requirement for State and local licensure has had little meaning in practice. The other requirements for the coverage of IPL services are that the services be ordered by a ''referring'' physician and that the services be determined by the carrier to be

reasonable and necessary. The requirement that the diagnostic services must be ordered by a referring physician has been addressed by the policy we adopted in the final rule for the 1997 physician fee schedule published in the **Federal Register** on November 22, 1996 (61 FR 59497 through 59498), under which the physician who orders a diagnostic service must be a physician who is treating the patient.

We are proposing to set aside the term ''IPL'' and define a new entity independent of a hospital or physician's office in which diagnostic tests are performed by licensed, certified nonphysician personnel under appropriate physician supervision. We are proposing to call this entity an Independent Diagnostic Testing Facility (IDTF). We are proposing that the new entity replace the IPL. The proposal would provide clarification in the regulations to resolve confusion surrounding both the structure of entities Medicare previously classified as IPLs, as well as the services they furnish, and to address the potential for abuse and quality and safety concerns created by the lack of Federal and State IPL licensure and certification requirements. This proposal would not apply to approved portable x-ray suppliers or to procedures furnished in physicians' offices including group practices or multispecialty clinics. An IDTF may be a fixed location, a mobile entity, or an individual nonphysician practitioner.

We are proposing that the following diagnostic tests, which are payable under the physician fee schedule, are not required to be furnished in accordance with the IDTF criteria when furnished by a nonhospital entity:

- Diagnostic mammograms the coverage of which is required by law to be regulated by the Food and Drug Administration rather than by HCFA.
- Diagnostic tests personally furnished by a ''qualified audiologist'' as defined in section 1861(ll)(3) of the Act. These include ''audiology services'' as defined in section 1861(ll)(2) of the Act that are payable by Medicare carriers under the physician fee schedule. We are excluding these diagnostic tests from the physician supervision requirement because the Congress has defined these services without requiring physician supervision of their performance.
- Diagnostic psychological testing services personally furnished by a qualified psychologist practicing independently of an institution, agency, or physician's office as currently defined in section 2070.2 of the Medicare Carriers Manual (HCFA Pub. 14–3). The services are distinguished from services of clinical psychologists, which are covered under section 1861(ii) of the Act rather than 1861(s)(3). We are excluding these tests from the physician supervision requirement because we do not believe that these services require physician supervision of their performance.

We are proposing that IDTFs meet the following requirements:

- An IDTF must have one or more supervising physicians who are responsible for the direct and ongoing oversight of the quality of the testing performed, the proper operation and calibration of the equipment used to perform tests, and the qualification of nonphysician personnel who use the equipment. This level of supervision equates to general supervision as proposed in this section II.D. and proposed § 410.32(b)(3)(i).
- The supervising physician must evidence proficiency in the performance and interpretation of each type of diagnostic procedure performed by the IDTF; however, there is no requirement that the IDTF's supervising physician actually furnish the interpretation. (For example, a physician might purchase tests from the IDTF that he or she will interpret.) Proficiency may be documented by certification in specific medical specialties or subspecialties or by criteria established by the carrier for the service area in which the IDTF is located. In the case of a procedure which would require the direct or personal supervision of a physician pursuant to II.D. in this section and proposed § 410.32(b)(3)(ii) and (b)(3)(iii), respectively, the IDTF's supervising physician must personally furnish this level of supervision whether the procedure is performed in the IDTF or, in the case of mobile services, at a remote location. The IDTF must maintain documentation to demonstrate sufficient physician attendance during all hours of operations to assure that the required physician supervision is furnished. In the case of procedures requiring direct supervision, the supervising physician may oversee concurrent procedures.
- Any nonphysician personnel used by the IDTF to perform tests must demonstrate the basic qualifications to perform the tests in question and have appropriate training and proficiency as evidenced by licensure or certification by the appropriate State health or education department. In the absence of a State licensing board, the technician must be certified by the appropriate national credentialing body. The IDTF must maintain available for review documentation that these requirements are met.
- All procedures performed by the IDTF must be specifically ordered in writing by a physician who treats the beneficiary, that is, the physician who is furnishing a consultation or treating a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. This requirement would be met when a beneficiary's primary care physician orders testing the results of which may determine whether or not the physician refers the beneficiary to a specialist. In other words, that physician is managing the patient's care. The order must specify the diagnosis or other basis for the testing. The supervising physician for the IDTF may not order tests performed by the IDTF, and the IDTF may not add any procedures based on internal protocols without written order from the treating physician.
- An IDTF that operates across State boundaries must maintain documentation that its supervising physicians and technicians are licensed and certified in each of the States in which it is furnishing services.

E. Reasonable Compensation Equivalent Limit Update Factor

1. Background

Section 1887(a)(2)(B) of the Act provided for the reasonable compensation equivalent limits used to determine the reasonableness of costs incurred by providers for professional services furnished by physicians for the benefit of provider patients in a hospital or skilled nursing facility. Regulations set forth at § 415.70 (Limits on compensation for physician services in providers), paragraph (b), concerning the methodology for establishing limits, established a methodology for determining reasonable annual compensation equivalents, considering average physician incomes by specialty and type of location, to the extent possible using the best available data. The regulations also expanded the application of the reasonable compensation equivalent limits to include comprehensive outpatient rehabilitation facilities. The initial and still current methodology for establishing reasonable compensation equivalent limits is based on an internal working paper (''A Methodology for Determination of Reasonable FTE Compensation for Hospital-Based Physicians'' by James R. Cantwell and William J. Sobaski (Working Paper No. OR–32, revised December 1982)) developed by HCFA's Office of Research

and Demonstrations. Copies of this paper are available on request from: ORD Publications, Office of Research and Demonstrations, Health Care Financing Administration, Room C3–20–11, 7500 Security Boulevard, Baltimore, MD 21244, (410) 786–6588. The inflation factor employed in the methodology used to develop the initial limits and, subsequently, to update those limits to reflect increases in net physician compensation was the CPI–U.

2. Proposed Change in the Methodology Used to Develop Reasonable Compensation Equivalent Limits

The methodology currently employed to update the physician fee schedule uses an inflation factor distinct from the CPI–U, which is used to update the reasonable compensation equivalent limits. To achieve a measure of consistency in the methodologies employed to determine reasonable payments to physicians for physicians' direct medical and surgical services furnished to individual patients and reasonable compensation levels for physicians' services that benefit provider patients generally, we are proposing a revision in the methodology used to update the reasonable compensation equivalent limits that would entail the adoption of the physician fee schedule's inflation factor (the MEI) to update the reasonable compensation equivalent limits. For cost reporting periods beginning on or after January 1, 1998, updates to the reasonable compensation equivalent limits would be calculated using the MEI.

F. Payment to Participating and Nonparticipating Suppliers

In the November 1991 final rule (56 FR 59625) that implemented section 1848 of the Act, we included the specific regulations describing the calculation of payments for physician services. However, we inadvertently omitted references to the payment calculation for nonparticipating physicians. (Nonparticipating physicians and suppliers are those who have not agreed to accept Medicare assignment for all of the services they provide to Medicare beneficiaries.) The following technical proposals are being made to correct this oversight and to conform the regulations to the language in the Act and the program instructions.

We are proposing to revise § 414.2 (Definitions) to define a ''participating supplier'' as being a supplier under the general definition of ''supplier'' in § 400.202 (Definitions specific to Medicare), which includes physicians as suppliers, when they have an agreement with us to participate in Part B of Medicare in effect on the date of the service. Similarly, we are proposing to define ''nonparticipating supplier'' as a supplier that does not have an agreement with us to participate in Part B of Medicare in effect on the date of the service.

Section 1842(h) of the Act permits suppliers to sign an agreement with Medicare in which they agree to accept assignment on all claims for services they furnish to Medicare beneficiaries. In exchange for this agreement, they receive benefits not available to nonparticipating suppliers, including, but not limited to, assistance with electronic billing, inclusion in a directory of participating suppliers, and a higher fee schedule amount for their services (but only in the case of physicians' services). Suppliers may sign the agreements before the beginning of a calendar year and are bound by the agreement for the year or until they choose to revoke it, effective with the beginning of a calendar year. Suppliers that sign the agreement are called ''participating suppliers.'' Those that do not sign the agreement or who revoke their agreement are called ''nonparticipating suppliers.''

We are proposing to revise § 414.20 (Formula for computing payment amounts) to clarify that the formula computes the fee schedule amount, which may differ from the payment basis, as discussed below, and to clarify that the fee schedule amount for a nonparticipating supplier is 95 percent of the fee schedule amount for a participating supplier. We are also proposing to revise the heading of § 414.20 to read, ''Formula for computing fee schedule amounts'' to reflect more accurately the content of the section.

The fee schedule amount that applies to the service for which payment is claimed is determined by the participation status of the supplier who submits the claim. Section 1848(b)(1) of the Act states that the fee schedule amount is the product of the RVUs for the service, the GPCI, and the CF, and this formula, as it applies to a participating supplier, is reflected in proposed § 414.20(a). However, section 1848(a)(3) of the Act specifies that as an incentive to participate in Medicare, the fee schedule amount for nonparticipating suppliers is 95 percent of what the fee schedule amount would be were the supplier a participating supplier. Therefore, we are proposing in § 414.20(b) that the fee schedule amount for a nonparticipating supplier for a physician service is 95 percent of the fee schedule amount for a participating supplier.

We are proposing to revise § 414.48 (Limits on actual charges of nonparticipating suppliers) to clarify that the limiting charge is 115 percent of the fee schedule amount for nonparticipating physicians as calculated in § 414.20(b).

In new § 414.21 (Medicare payment basis), we are proposing to clarify that Medicare payment is based on the lesser of the physician's, supplier's, or other person's actual charge or the applicable Medicare fee schedule or reasonable charge amount. The Medicare-allowed amount will differ from the fee schedule amount when the supplier's actual charges for the service are less than the fee schedule amount applicable to the claim. Moreover, our payment amount is the applicable percentage of the allowed amount that we pay (for example, 80 percent in the case of most supplier services).

Specifically, sections 1848(a)(1) and 1834(a)(1)(B) of the Act require that we base payment on the lesser of the actual charge for the service or the fee schedule amount. Therefore, when the actual charge for the service is less than the applicable fee schedule amount, our payment basis is the actual charge (not the fee schedule amount). Similarly, when the actual charge is more than the fee schedule amount, our payment basis is the fee schedule amount.

G. Increase in Work Relative Value Units for Global Surgical Services to Account for the 1997 Increases for Work Relative Value Units in Evaluation and Management Services

1. Background

As part of the 5-year review of all physician work RVUs, we increased most of the work RVUs for evaluation and management services for hospital and office or other outpatient visits. We revised the work RVUs for evaluation and management services partly in recognition of the increase in preservice and postservice work.

In addition to the procedure itself, a global surgical service includes the related pre- and postoperative evaluation and management visits a surgeon provides within a defined period of time. In response to the increases in work RVUs for evaluation and management services, many surgical specialty societies contended that the decision not to raise the work RVUs for global surgical services unfairly penalizes physicians whose clinical activities focus primarily on the performance of surgical procedures. These surgical specialty societies

expressed the view that evaluation and management services related to a procedure have been subjected to the same increasing complexity as nonprocedural evaluation and management services due to factors such as reduced inpatient lengths of stay, same day admissions for major surgery, and increased utilization of home health care programs requiring far more involved and extensive postservice planning and management. Furthermore, these societies believed that the amount of preoperative and postoperative work required in the provision of evaluation and management services is the same whether it is performed separately or as part of the global surgical package. Subsequently, many have encouraged further study of this issue.

As indicated in the discussion of this issue in the November 22, 1996 final rule for the 1997 physician fee schedule (61 FR 59533 through 59534), we stated that we had requested a recommendation from the RUC on adjusting work RVUs in relation to global surgical services to be consistent with the 1997 increases in work RVUs for the evaluation and management services and would subsequently consider an adjustment in the physician fee schedule.

2. Proposal

Since our request, we have received a recommendation from the RUC to adjust global surgical fees to be consistent with 1997 increases in the evaluation and management services. Upon further examination of this issue, we are proposing to increase global surgical services payments. We considered the following two options to facilitate this adjustment:

- Conduct a detailed analysis of each global surgical service. We rejected this option since it is not feasible to complete in a limited time frame.
- Create an across-the-board approach. This is consistent with the recommendation from the RUC based on an analysis performed by Daniel Dunn, Ph. D., of Integrated Healthcare Information Services, Inc., ''Incorporating the 1997 Changes in Work RVUs for E&M Services into the Work RVUs for Global Surgery: Report to the American Medical Association/ Specialty Society Relative Value Update Committee (RUC),'' February 28, 1997. (Copies of the report may be obtained from the American Medical Association, Department of Physician Payment Systems, 515 North State Street, Chicago, IL 60610.) Dr. Dunn's analysis includes data from both the Harvard and the RUC surveys. We believe an appropriate adjustment for global surgical services can be achieved by using data from several different sources. We have created a database that includes the number and level of postoperative hospital and office visits for a large number of global surgical services. The database includes the length of stay and postoperative visit count from the Harvard resource-based relative value scale study and the most recent estimates from the RUC data, updated, when available, by the CPEPs' length-of-stay postoperative visit counts. These CPEPs met in 1996 to assess practice expense components of physician services. We are increasing global evaluation and management services by the same percentage that we applied to evaluation and management services in 1996 with the exception that we would increase only the preservice and postservice of the global surgical service by 12 percent (we used 25 percent for evaluation and management services in 1996) recognizing that some economies of repetition occur in postoperative visits that take place over a relatively short time span. We received a recommendation from the RUC that the 12 percent increase was supported by all members of the RUC. We agree with the RUC recommendation. This methodology would effect a systematic increase in total work accomplished during the global surgical period. Malpractice expense RVUs are unchanged. All other increases would be the same as for evaluation and management services. Given our proposed increases, the RVUs for CPT code 19180 (Mastectomy, simple, complete) would increase from 8.09 RVUs to 8.80 RVUs, and the RVUs for CPT code 47610 (Cholecystectomy with exploration of common bile duct) would increase from 15.00 RVUs to 15.83 RVUs.

H. Caloric Vestibular Testing

We are proposing to change the work and malpractice RVUs for CPT code 92543, caloric vestibular testing. Our current work, practice expense, and malpractice expense RVUs for that code are established at a level to reflect the relative resources used to provide or interpret four irrigations—that is, two irrigations to each ear, one cool and one warm. According to the article ''Caloric Vestibular Testing,'' *CPT Assistant,* Vol. 6, No. 5, May 1996, page 5, physicians usually perform four irrigations. However, that same article states the AMA's interpretation that when one unit of CPT code 92543 is billed, that represents only one irrigation, and that, therefore, when four irrigations are performed, the physician should bill for four CPT code 92543 services. We have issued contrary instructions to physicians indicating that when they furnish from one to four irrigations, they are to bill only one unit of CPT code 92543. We have continued to receive complaints that our having an interpretation different from that of the AMA causes confusion for physicians. Therefore, we are proposing to adopt the AMA's interpretation and reduce the work and malpractice RVUs for CPT code 92543 global service and CPT code 92543–26, and the malpractice RVUs for CPT code 92543–TC to 25 percent of what they would otherwise be. Therefore, beginning in 1998, when a physician performs and interprets four irrigations, the physician would bill Medicare for four units of CPT code 92543 (that is, the global service). When a physician interprets four irrigations, the physician would bill four units of CPT code 92543–26. When a physician or supplier performs four irrigations, the physician or supplier would bill four units of CPT code 92543–TC.

As part of the overall proposal of resource-based practice expense RVUs for all codes, we would establish practice expense RVUs for CPT code 92543 global service, –26, and –TC based on the assumption that one unit of the service equals one irrigation or the interpretation of one irrigation.

I. Clinical Consultations

1. Background

There are two CPT codes for clinical consultations, CPT codes 80500 (Clinical pathology consultation; limited, without review of patient's history and medical records) and 80502 (Clinical pathology consultation; comprehensive, for a complex diagnostic problem, with review of patient's history and medical records), which were added to the CPT in 1985. The pathologists reported a scenario in which the attending physician does not directly request a clinical consultation but the pathologist nevertheless provides a consultation. According to the pathologists, there are specific individual laboratory tests that are ordered by the attending physician, and the pathologist's consultation is necessary for the tests to have any meaning. Pathologists contend that physicians in their hospitals do not have the capability to interpret these test results and, therefore, should request a clinical consultation. They further argue that it is inefficient and medically inappropriate to send the test results back to the attending physician without a consultation and then have

the attending physician formally request a consultation.

The use of standing orders was designed to streamline the passage of information from the laboratory physician to the attending physician and allow the Medicare carrier to pay for the clinical consultation. Pathologists argue that it is burdensome for them to ask the attending physician to initiate a formal request for a consultation so that Medicare will allow payment for the service.

Pathologists state that, between 1984, the date the clinical consultation policy was initiated, and 1992, the beginning of the physician fee schedule, the Medicare carriers were not uniformly applying the clinical consultation policy. Moreover, the pathologists assert that there were a limited number of clinical laboratory tests for which a pathologist interpretation was routinely needed and that these services should be paid outside of the ''clinical consultation'' benefit.

Beginning in 1992, we defined a new service, called a ''clinical laboratory interpretation service'' and established the criteria for payment for it. We have identified approximately 20 laboratory codes for which Medicare carriers could recognize an interpretation by the pathologist.

It is our view that many of the services that were previously paid as clinical consultations could now be appropriately paid as clinical laboratory interpretation services. It is also our view that clinical consultations should represent those unusual situations in which the attending physician needs assistance with a combination of laboratory tests and the attending physician can, therefore, request a consultation from the laboratory physician.

The Florida carrier has informed us that approximately 10 percent of that State's hospital pathologists account for 70 percent of the allowed charges for clinical consultations. Further, it is the hospitals' and the pathologists' use of standing order policies that are contributing to the increased utilization of clinical consultations. Under these standing order policies, a clinical consultation is routinely generated for a specific clinical laboratory test, and a consultation report is forwarded to the patient's attending physician. The attending physician is often unaware that the patient is being billed for this service.

Until we finalize this more specific policy, we have instructed the Florida carrier that it may use the general authority with respect to reasonableness and medical necessity as a basis to deny payments for unnecessary clinical consultations.

We are, therefore, proposing to eliminate the policy that has been in effect since 1984 that allows a standing order to be used in place of an individual request by the attending physician.

2. Proposal

The regulations set forth at § 415.130 (Conditions for payment: Physician pathology services), paragraph (b) (Clinical consultation services), require that a clinical consultation meet four criteria before it can be paid. One of these criteria is that the clinical consultation must be requested by the patient's attending physician. Based on a stipulation made by our attorneys in settling a lawsuit with the College of American Pathologists in 1984, we have allowed a standing order policy to be used as a substitute for the individual request by the patient's attending physician. We are proposing that effective January 1, 1998, we would not accept a standing order as a substitute for the individual request by the attending physician. We would instruct the Medicare carriers to enforce § 415.130(b) as it is presently written.

J. Actual Charges

In § 400.202 (Definitions specific to Medicare), we are proposing to define the ''actual charge'' to be the lesser of the amount the physician, supplier, or other person charges for the service to a particular beneficiary or the amount the physician, supplier, or other person has voluntarily agreed to accept as payment in full under a particular private plan contract that also covers the beneficiary when Medicare is primary and the private plan is secondary.

This definition of ''actual charge'' will apply to all services covered under Part B of Medicare for which the actual charge is a factor in the determination of the Medicare payment basis (for example, physician services, durable medical equipment, or ambulance services) that are billed by a supplier as defined in § 400.202 and paid by a Medicare carrier. The proposed definition of ''actual charges'' will not apply to payments made on behalf of beneficiaries who are enrolled in both Medicare and Medicaid when the Medicaid payment is less than the Medicare allowed amount.

We refer to ''physician, supplier, or other person'' throughout the preamble to conform to the statutory language that applies to individuals and entities that bill Medicare carriers for Part B covered services and to clarify that the policy applies to physicians as well as other entities and persons who are included in the definition of ''supplier'' set forth at § 400.202.

We are proposing the change because we have recently received numerous questions regarding the meaning of the term ''actual charge'' in cases in which beneficiaries are also enrollees of private plans that are secondary to Medicare and that pay physicians, suppliers, or other persons a discounted payment on a fee-for-service basis under a contract. We are proposing these changes to protect beneficiaries and to permit Medicare to share in the savings when physicians, suppliers, or other persons have agreed to accept less than the Medicare fee schedule or reasonable charge amounts as payment in full.

It is increasingly common for Medicare beneficiaries to be insured not only by Medicare but also by private plans in which physicians, suppliers, or other persons have signed agreements to accept the private plan's allowed payment amount as payment in full for the services to the plan's enrollees (for example, preferred provider plans). Increasingly, these private plans pay physicians, suppliers, or other persons less than Medicare pays for the same service for the same beneficiary, and the physician, supplier, or other person has voluntarily agreed to accept this lower amount because it is in his, her, or its interest to do so. For example, in exchange for accepting a payment lower than the Medicare payment amount, the physician, supplier, or other person may gain access to a patient population, may introduce a new physician or supplier to the community, or may expand referral opportunities.

When Medicare is the primary payer and the private plan is the secondary payer, an agreement by a physician, supplier, or other person to accept from the private plan as payment in full a payment amount that is less than the physician fee schedule amount may mean that the retiree will have greater out-of-pocket expenses for the same service after he or she enrolls in Medicare Part B than he or she had without Medicare. However, because many private plans cover items and services that are very expensive to beneficiaries (for example, prescription drugs, eyeglasses and hearing aids, and preventive medical care), beneficiaries may want to continue the private plan coverage. Also, many private plans and employers require that individuals enroll in Medicare Part B as a condition of continuing enrollment in the private plan.

In a hypothetical example, a 65-year-old Medicare beneficiary also has health insurance coverage under a private plan

that he has carried over into retirement. The private plan offers a wider range of coverage than Medicare (for example, self-administered prescription drugs that would otherwise cost the beneficiary $300 per month). Upon entitlement to Medicare, the beneficiary enrolled in Part B, and Medicare is the primary payer; the private plan is secondary. The beneficiary must enroll and remain enrolled in Medicare Part B, or he will be dropped from the private plan.

In this example, the beneficiary had a procedure performed by a physician who participates in the private plan, and the physician is paid on a fee-for-service basis and has agreed to accept the plan's payment amount as payment in full. Under the terms of the private plan's contract with the physician, the physician can charge the beneficiary a $5 copayment per encounter. In this case, the physician's charge to uninsured individuals is $1,500, the physician fee schedule amount is $1,000, and the private plan's negotiated payment amount (which the physician has agreed to accept as payment in full for the plan's enrollees) is $800. The physician is a Medicare-participating physician. The physician also participates in other private insurance plans in which he has agreed to accept as payment in full a negotiated amount less than the physician fee schedule amount; the least he has agreed to accept as payment in full under any agreement with an insurer is $700 for the procedure in the example.

In this example, the physician currently submits a bill to Medicare (the primary payer) of $1,500 for the procedure, and Medicare pays him or her $800 (80 percent) after comparing the current actual charge shown on the claim ($1,500) to the physician fee schedule amount ($1,000) and basing payment on the lesser amount as required by law. The physician then tries to collect the Medicare coinsurance of $200 from the private plan. The private plan refuses to pay the physician any part of the $200 coinsurance. The physician collects the $5 copayment from the beneficiary and also tries to bill the beneficiary for $195 since the private plan did not pay the Medicare coinsurance. Thus, the beneficiary could be exposed to large financial liabilities in these situations.

We are proposing to recognize as the ''actual charge'' for that service to that beneficiary the amount the physician agreed to accept as payment in full for the beneficiary ($800) because the beneficiary is an enrollee in the plan. Medicare would pay the physician $640 (80 percent of the $800 he agreed to accept as payment in full), the plan would pay $155 of the coinsurance (the difference between the 20 percent Medicare coinsurance and the beneficiary's $5 copayment), and the beneficiary would pay his $5 copayment. The beneficiary would be responsible only for the $5 copayment he owes under the private plan, as if he or she did not have Medicare. The physician would receive the full amount that he or she had already agreed with the plan to accept as payment in full for the beneficiary. The private plan would be responsible for paying the coinsurance based on the lower of the Medicare physician fee schedule amount or the payment the plan negotiated with the physician, except for the $5 copayment for which the beneficiary continues to be liable. Medicare would share in the savings negotiated by the private plan for the beneficiary who is enrolled in that plan.

There is no definition of ''actual charge'' in the Medicare statute, and some would argue that ''actual charge'' means whatever amount the physician, supplier, or other person who furnishes the service states it is, regardless of whether he, she, or it charges the beneficiary or the beneficiary's private plan that amount or makes any effort to collect it. In fact, because of the prevalence of participation in private plans, the physician, supplier, or other person might never charge or expect to collect this amount from anyone.

However, we believe that the law grants us broad authority to interpret the term in a manner that is reasonable and consistent with the Medicare law. Thus, we are proposing through rulemaking to define the term ''actual charge'' in the context of what the physician, supplier, or other person has voluntarily agreed to accept as payment in full for the service furnished to the beneficiary. We believe that the term ''actual charge'' can be interpreted as the amount that the physician, supplier, or other person actually expects to collect from a responsible party under a voluntary agreement to provide services for an agreed-upon price, regardless of what amount is shown on a claim for payment. We have already applied this concept for purposes of routine waivers of coinsurance (see section 5220 of the Medicare Carrier Manual). We have a longstanding policy that construes the routine waiver of coinsurance as lowering the ''actual charge'' from the amount shown on the bill. In this circumstance, the actual charge is what the physician, supplier, or other person actually expects to receive for the service: when he, she, or it waives the coinsurance, the ''actual charge'' for the service is the 80 percent of the Medicare payment amount that the physician expects to receive. Our proposed rule would extend this longstanding analysis to the negotiated rate situation.

Our proposal deems the negotiated rate specific to the private plan in which the beneficiary is an enrollee to be the ''actual charge'' since the physician, supplier, or other person has voluntarily agreed, before the provision of the service, to accept the lower negotiated rate as payment in full and to charge the beneficiary no more than the copayment specified in the contract. If we adopt this proposal, the physician, supplier, or other person would have to put the negotiated rate that applies to the private plan in which the beneficiary is an enrollee on the Medicare claim as his or her submitted charge. When the applicable negotiated rate is lower than the rate Medicare would pay for the service, and, as such, is deemed to be the ''actual charge,'' the lower negotiated rate would be shown on the claim for Medicare payment as the actual charge, and Medicare's payment would be based on the lower negotiated rate. Conversely, when the applicable negotiated rate for the item or service is higher than the Medicare payment for the service and is deemed to be the ''actual charge,'' it would be shown as the submitted charge on the claim to Medicare, and payment would be based on the applicable Medicare fee schedule or reasonable charge profile.

However, there are alternative ways that we could address this issue: we could define the ''actual charge'' as being the lower of the lowest amount the physician, supplier, or other person has agreed to accept as payment in full from any insurer with whom he, she, or it has a contract. Under this alternative, the ''actual charge'' in our example would be $700, the lowest charge that the physician has voluntarily agreed to accept as payment in full. Medicare would pay $560, the managed care plan would pay $135, and the beneficiary would pay $5. The beneficiary would be responsible for paying the physician only the $5 copayment. The physician would receive an amount equivalent to the lowest amount for which he is willing to provide the service, which might be less than the amount he has agreed to accept for that particular beneficiary if the beneficiary were not enrolled in the plan with the lowest negotiated payment. This approach would ensure that Medicare would not pay more than the lowest amount for which the physician, supplier, or other person is willing to furnish the item or service in the competitive market to any patient covered by any third party

payor. This alternative would effectively apply the market forces to payment by Medicare by defining the ''actual charge'' as the lowest of all amounts for which the physician will provide the service. While this approach would provide Medicare with the advantage of the physician's, supplier's, or other person's best price in the competitive market, that price may be lower than that for which the physician, supplier, or other person has agreed to furnish items or services to patients covered in the beneficiary's plan.

On balance, we believe that our proposed definition of the term ''actual charge'' is consistent with the Medicare statute, provides the best protections for beneficiaries and Medicare, and continues to ensure that the physician, supplier, or other person receives the payment that he or she has voluntarily agreed to accept as payment in full for the service when furnished to the beneficiary to whom that payment applies.

III. Collection of Information Requirements

Under the Paperwork Reduction Act of 1995, we are required to provide 60-day notice in the **Federal Register** and solicit public comment before a collection of information requirement is submitted to the Office of Management and Budget (OMB) for review and approval. In order to fairly evaluate whether an information collection should be approved by OMB, section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995 requires that we solicit comment on the following issues:

- The need for the information collection and its usefulness in carrying out the proper functions of our agency.
- The accuracy of our estimate of the information collection burden.
- The quality, utility, and clarity of the information to be collected.
- Recommendations to minimize the information collection burden on the affected public, including automated collection techniques.

We are soliciting public comment on each item for the following section of this document that contains information collection requirements:

§ 410.33 (Independent Diagnostic Testing Facility (IDTF))

(1) The IDTF must maintain documentation of sufficient physician resources during all hours of operation to assure that the required physician supervision is furnished. The supervising physician must evidence proficiency in the performance and interpretation of each type of diagnostic procedure performed by the IDTF. The proficiency may be documented by certification in specific medical specialties or subspecialties or by criteria established by the carrier for the service area in which the IDTF is located. In the case of a procedure requiring the direct or personal supervision of a physician as set forth in § 410.32(b)(3)(ii) or (b)(3)(iii), the IDTF's supervising physician must personally furnish this level of supervision whether the procedure is performed in the IDTF or, in the case of mobile services, at the remote location. In the case of procedures requiring direct supervision, the supervising physician may oversee concurrent procedures.

(2) The IDTF must maintain documentation available for review certifying that nonphysician personnel have the training and proficiency as evidenced by licensure or certification by the appropriate State health or education department or, in the absence of a State licensing board, a national credentialing body.

(3) An IDTF that operates across State boundaries must maintain documentation that its supervising physicians and technicians are licensed and certified in each of the States in which it is furnishing services.

The public reporting burden for these record keeping requirements is minimal. There are 500 IDTFs each requiring 10 minutes to maintain documentation. The total public burden is 84 hours.

Please mail copies of any comments on these information collection and recordkeeping requirements directly to the following:

Health Care Financing Administration, Office of Financial and Human Resources, Management Planning and Analysis Staff, Room C2–26–17, 7500 Security Boulevard, Baltimore, MD 21244–1850.

Office of Information and Regulatory Affairs, Office of Management and Budget, Room 10235, New Executive Office Building, Washington, DC 20503, Attn: Allison Eydt, HCFA Desk Officer.

IV. 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.

V. Regulatory Impact Analysis

We have examined the impacts of this proposed rule under Executive Order (E.O.) 12866, the Unfunded Mandates Act of 1995, and the Regulatory Flexibility Act. E.O. 12866 directs agencies to assess all costs and benefits of available regulatory alternatives and, when regulation is necessary, to select regulatory approaches that maximize net benefits (including potential economic, environmental, public health and safety effects; distributive impacts and equity). A regulatory impact analysis (RIA) must be prepared for major rules with economically significant effects ($100 million or more annually). Although this proposed rule would result in aggregate savings for calendar year 1998 of $95 million, the greatest share of that amount, $55 million, is a result of a specific provision of section 1848(b)(2) of the Act, as discussed in V.B.2 of this preamble.

The Unfunded Mandates Reform Act of 1995 also requires (in section 202) that agencies prepare an assessment of anticipated costs and benefits before proposing any rule that may result in an annual expenditure by State, local, or tribal governments, in the aggregate, or by the private sector, of $100 million. The proposed rule has no consequential effect on State, local, or tribal governments. We believe the private sector costs of this rule fall 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 will affect, and an explanation of any considered meaningful options that achieve the objectives and would lessen any significant adverse economic impact on the small entities.

For purposes of the Act, all physicians are considered to be small entities. 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 requires the development of a methodology for implementing resource-based practice expense RVUs for each physician service. The methodology must consider the staff, equipment, and supplies used

in the provision of medical and surgical services in various settings. We are required to implement the new practice expense RVUs by January 1, 1998.

The resource-based practice expense RVUs are calculated, in the aggregate, to be budget neutral with respect to the current practice expense RVU system. (Section 1848(c)(2)(B) of the Act requires that adjustments to the physician fee schedule provisions in a year may not cause the amount of expenditures for the year to differ by more than $20 million from what expenditures would have been in the absence of these changes. If the $20 million threshold would be exceeded, we make adjustments to preserve budget neutrality.)

We anticipate that the reduction of net Medicare income for some physician practices will result in a volume and intensity response that will cause overall physician expenditures to increase by 2.4 percent, requiring an offsetting 2.4 percent reduction in the CFs to maintain budget neutrality. As in previous years, we will increase the Medicare volume performance standard targets for physician spending by the anticipated volume and intensity response. Because we will increase the targets, if the anticipated volume and intensity response does not occur, the Medicare volume performance standard system will return the reduction to the CFs in the form of higher updates.

1. Impact on Specialties

The following table, ''Resource-Based Practice Expense Relative Value Units (RVUs) Impact on Total Allowed Charges by Specialty for the Two Indirect Allocation Options,'' shows the percentage change in Medicare physician income from the current RVUs to the new RVUs by specialty for both the direct cost and pass through indirect allocation methodologies. The specialties are ranked according to the allowed charge impact of the changes in Medicare fees under the direct cost allocation methodology. The impact of the changes on the total income (Medicare and non-Medicare) for a given specialty will be less than the impact displayed in the table if physicians furnish services to Medicare and non-Medicare patients.

The magnitude of the Medicare impact depends on the mix of services the specialty furnishes. 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. For example, under the revised physician fee schedule, thoracic surgeons can expect a reduction in Medicare payments of 28 percent. By contrast, family practice physicians can expect an increase in payments of 12 percent.

The table also includes the impact of increasing the work RVUs for global surgical services and the impact of the 2.4 percent volume and intensity adjustment.

TABLE 1.— RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS (RVUS) IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY FOR THE TWO INDIRECT ALLOCATION OPTIONS

Specialty	Impact of RVU Changes by Option	
	Option I Direct costs, work, and malpractice (percent change)	Option II Pass through (percent change)
M.D./D.O. Physicians:		
Dermatology	+18	+16
Rheumatology	+15	+11
Family Practice	+12	+7
Hematology Oncology	+11	+11
Radiation Oncology	+10	+11
General Practice	+9	+6
Otolaryngology	+7	+9
Anesthesiology	+4	−3
Other Physician*	+4	+2
Obstetrics/Gynecology	+4	+2
Psychiatry	+3	0
Internal Medicine	+3	0
Urology	+1	−1
Pathology	+1	+2
Emergency Medicine	−2	−3
Neurology	−3	−3
Clinics	−3	−3
Plastic Surgery	−3	−2
Pulmonary	−6	−7
General Surgery	−9	−6
Radiology	−9	−5
Orthopedic Surgery	−11	−5
Ophthalmology	−11	−6
Nephrology	−13	−14
Vascular Surgery	−17	−10
Cardiology	−17	−11
Gastroenterology	−20	−15
Neurosurgery	−21	−13
Thoracic Surgery	−28	−18
Cardiac Surgery	−32	−21
Others:		
Podiatry	+24	+19
Optometry	+15	+11
Chiropractic	+14	+6
Suppliers	+14	+25

TABLE 1.— RESOURCE-BASED PRACTICE EXPENSE RELATIVE VALUE UNITS (RVUS) IMPACT ON TOTAL ALLOWED CHARGES BY SPECIALTY FOR THE TWO INDIRECT ALLOCATION OPTIONS—Continued

Specialty	Impact of RVU Changes by Option	
	Option I Direct costs, work, and malpractice (percent change)	Option II Pass through (percent change)
Nonphysician Practitioner	+4	+4

* Other includes allergy/immunology, oral surgery, physical medicine and rehabilitation, pediatrics, critical care, and hematology.

2. Impact on Physician Net Income

Table 2, ''Estimated Change in Physician Net Income By Specialty,'' illustrates the increases and decreases in total net income by physician specialty assuming the resource-based practice expense RVU system is implemented without a transition period. The table shows only net income after considering changes for Medicare. Total net income could differ from the amounts in the table because of other payers' responses to Medicare's resource-based practice expense RVU system.

TABLE 2.—ESTIMATED CHANGE IN PHYSICIAN NET INCOME BY SPECIALTY

[Assuming income change from medicare only]

Specialty	Net income 1955	Percent income from Medicare	Percent change in Medicare income	Total net income after change
Family Practice	$147,100	24	+12	$151,121
Dermatology	240,100	33	+19	254,801
General Internal Medicine	190,400	39	+3	192,419
Anesthesiology	248,200	27	+4	251,164
Otolaryngology	241,300	22	+7	245,115
Psychiatry	148,800	14	+3	149,410
Obstetrics/Gynecology	271,000	9	+4	271,866
Urology	268,300	47	+1	269,368
Pathology	298,000	30	+1	298,587
Emergency Medicine	213,300	24	−2	212,496
Neurology	231,100	27	−3	229,338
General Surgery	253,700	39	−9	244,980
Gastroenterology	269,000	38	−20	248,090
Orthopedic Surgery	355,100	24	−11	345,951
Radiology	302,800	35	−9	293,272
Ophthalmology	267,500	47	−11	253,188
Cardiology	380,500	48	−17	349,207
Optometry (1994 data)	95,707	24	+15	99,117
Chiropractic	93,956	8	+14	95,032
Podiatry	111,528	24	+24	117,840

Sources (for Net Income and Percent Medicare):
Physician Market Place Statistics—1996, American Medical Association, 1997.
American Optometric Association, 1995 Economic Survey.
American Podiatric Medical Association Survey.
American Chiropractic Association Annual Statistical Survey on Chiropractic Practice.
Notes:
All data are calendar year 1995, unless otherwise noted.
Percent Medicare Income for Podiatry and Optometry derived from AMA data for General and Family Practice.
Results in columns 4 and 5 are rounded.
This table is based on payment changes including the budget neutrality adjustment.
To conform to HCFA simulations, net income and the percentage income from Medicare for Family Practice are derived from the AMA's General/Family Practice.

3. Impact for Selected Procedure Codes

Table 3, ''Total Payment For Selected Procedures'' shows the percentage change in total payment allowances between the current and the resource-based practice expense system for certain high-volume procedures.

TABLE 3.—TOTAL PAYMENT FOR SELECTED PROCEDURES

Code	Description	Current total payment	Resource based payment	Percent change
	SELECTED OUT-OF-OFFICE PROCEDURES			
11721	Debride nail (removal of tissue), 6 or more	$33.39	$32.99	−1
33512	CABG (heart surgery), vein, three	2,747.59	1,769.69	−36

TABLE 3.—TOTAL PAYMENT FOR SELECTED PROCEDURES—Continued

Code	Description	Current total payment	Resource based payment	Percent change
45378	Diagnostic colonscopy	267.82	138.50	−48
66984	Remove cataract, insert lens	928.53	607.92	−35
71020 26	Chest x-ray (interpretation)	10.55	10.96	4
98941	Chiropractic manipulation	25.42	31.25	23
99203	Outpatient visit, new	55.40	67.68	22
99213	Outpatient visit, est	29.84	34.71	16
99223	Initial hospital care	133.75	138.47	4
	SELECTED IN-OFFICE PROCEDURES			
11721	Debride nail (removal of tissue), 6 or more	$44.45	$54.18	22
45378	Diagnostic colonscopy	267.82	275.59	3
71020	Chest x-ray	31.87	33.42	5
71020 TC	Chest x-ray	21.32	22.46	5
93000	Electrocardiogram, complete	26.60	22.33	−16
98941	Chiropractic manipulation	30.33	35.21	16
99203	Office/outpatient visit, new	64.69	90.02	39
99213	Office/outpatient visit, est	36.64	47.28	29

Total payments amounts represent national amounts (amounts before the application of the geographic practice cost indices and include proposed changes for work and practice expense.

4. 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. We are concerned, nevertheless, about the financial impact from the resource-based practice expense RVUs on certain specialties and the beneficiary's access to care. As stated earlier, we favor a transition period.

5. Impact on Hospitals

Payment for certain outpatient hospital services can be affected by physician fee schedule allowances. The budget neutrality provision for practice expense RVUs does not apply to payments for hospital services. Specifically, outpatient radiology and certain other outpatient diagnostic services, such as electrocardiograms and electroencephalograms, are paid under a statutory formula (section 1833(a)(2)(E) of the Act) in which payment for services during a hospital's cost reporting period is determined in the aggregate and is based on the lesser of:

- Reasonable costs less the Part B deductibles and coinsurance.
- Customary charges less Part B deductible and coinsurance.
- Blended amounts.

The blended amount for outpatient radiology services is based on 42 percent of the lower of the hospital's costs or charges and 58 percent of the allowance for the combined PC and TC service.

The blended amount for outpatient diagnostic services is based on 50 percent of the lower of the hospital's costs or charges and 50 percent of the allowance for the combined PC and TC service.

The interaction of the resource-based expense RVUs with the outpatient hospital payment policy will result in savings to the Medicare program as follows:

	Calendar year incurred (in millions)					
	1998	1999	2000	2001	2002	Total
Medicare savings	55	61	67	74	81	338
Medicare savings (after premium offset)	42	46	50	55	61	254
Beneficiary coinsurance savings	14	15	17	18	20	85
Beneficiary savings through premium reduction	14	15	17	18	20	85

C. Geographic Practice Cost Index Changes

Section 1848(e)(1)(A) of the Act requires that payments under the Medicare physician fee schedule vary among payment areas only to the extent that area costs vary as reflected by the area GPCIs. The GPCIs measure area costs differences in the three components of the physician fee schedule: physician work, practice expenses (employee wages, rent, medical supplies, and equipment), and malpractice insurance. Section 1848(e)(1)(C) of the Act requires that the GPCIs be reviewed and, if necessary, revised at least every 3 years. The first GPCI revision was implemented in 1995. The next revision will be implemented in 1998. Section 1848(e)(1)(C) of the Act also requires that the GPCI revisions be phased in equally over a 2-year period.

Addendum D, comparing the proposed and 1997 rental indices, and Addendum E, comparing the proposed and 1997 malpractice GPCIs, are comparisons of the pure indices changes unadjusted for budget neutrality. The proposed GPCIs would be implemented in a budget-neutral manner. They would not change the total national fee schedule payments that would have been made in 1998 had the current GPCIs been retained. The revised GPCIs will redistribute payments among fee schedule areas.

Fee schedule payments are the product of the RVUs, the GPCIs, and the CF. The original GPCIs were used in computing the original 1992 budget-neutral CF. Updating the GPCIs changes

the relative position of fee schedule areas compared to the national average. Since the changes represented by the proposed GPCIs could result in total payments either greater or less than payments that would have been made if the GPCIs were not revised, it was necessary to adjust the GPCIs for budget neutrality. The revised 1995 through 1997 GPCIs would have resulted in slightly lower national payments than the 1992 through 1994 GPCIs. Since sections 1848(e)(3), (4), and (5) of the Act require that each of the fee schedule components—work, practice expense, and malpractice expense— be separately adjusted by their respective GPCIs, it is necessary to adjust each of the GPCI components separately. Therefore, we adjusted the 1995 through 1997 GPCIs as follows: work by 1.00074; practice expense by 1.00125; and malpractice expense by 1.02307. The cumulative (including the 1995 through 1997 adjustments) budget-neutrality adjustment for the 1997 through 2000 GPCIs will be included in the final rule.

An estimate of the overall effects of GPCI changes on fee schedule area payments can be demonstrated by a comparison of area geographic adjustment factors or GAFs. The GAFs are a weighted composite of each area's work, practice expense, and malpractice expense GPCIs using the GPCI cost share weights. While not actually used in computing the fee schedule payment for a specific service, the GAFs are useful in comparing overall area costs and payments. The actual effect on payment for any actual service will deviate from the GAF to the extent that the service's proportions of work practice expense, and malpractice expense RVUs differ from those of the GAF. Addendum F shows the estimated effects of the proposed GPCIs on area GAFs in descending order. Only 2 of the 89 fee schedule areas change by at least 2 percent. Only 12 areas change by from 1 to 1.9 percent. The remaining 75 areas are estimated to experience payment changes of less than 1 percent. These are very minor changes that would be expected in that we are revising only the rent indices, comprising 10.3 percent of the total GPCI, and the malpractice expense indices, comprising 4.8 percent of the GPCI. Thus, we are revising only about 15 percent of the GPCI.

The index changes as shown in Addenda D, E, and F represent changes in the ''pure'' data constructed indices and are not adjusted for budget neutrality. We do not at this time have proposed revised GPCIs for 1998 and 1999 available for comment as we are awaiting more recent payment data to ensure the accuracy of the adjustment. However, the effects of the budget-neutrality adjustment will likely be insignificant. As mentioned earlier, the budget-neutrality adjustments for the 1995 GPCI revisions ranged from 1.0007 to 1.02307. Since we are only revising about 15 percent of the GPCI components this time, the budget-neutrality adjustment will likely be even less than in 1995. As Addendum F shows, the largest unadjusted GAF change is 2.4 percent, with over 80 percent of the GAFs changing by less than 1 percent. The budget-neutrality adjustments are unlikely to measurably change the estimated effects in Addendum F. Commenters can assume that Addendum F accurately reflects the effects of the proposed revised GPCIs.

D. Fee Schedule for Clinical Psychologist Services

Before January 1, 1997, the clinical psychologist fee schedule was derived from the reasonable charge payment system and was updated by an economic index different from that used for the physician fee schedule. As a result, relative to physicians, Medicare allowances for certain clinical psychologist services in many localities were artificially high or low. Moreover, there were wide geographic variations in Medicare rates for clinical psychologists as well as for clinical social workers, whose rates are set, by statute, at 75 percent of clinical psychologists' rates.

Effective January 1, 1997, the fee schedule for clinical psychologist services is linked to the physician fee schedule. The fee schedule for clinical psychologist services is set at 100 percent of the physician fee schedule amount for the corresponding service. This payment policy was prompted by the creation of new psychotherapy codes that make a distinction between services that include or exclude medical evaluation and management.

Both previous and current clinical psychologist fee schedules were implemented through carrier instruction. Because the final rule following this proposed rule will codify current payment policy, there will be no impact on Medicare program or beneficiary expenditures.

E. Diagnostic Tests

Our proposal specifies the level of physician supervision required for diagnostic tests furnished in settings in which such services are payable under the physician fee schedule. All of these tests would require at least a general level of physician supervision (that is, responsibility for the equipment and nonphysician personnel). The following services would be excepted from this provision:

- Diagnostic mammography procedures regulated by the FDA.
- Certain tests performed by qualified audiologists as discussed earlier.
- Certain testing services performed by qualified independent psychologists as discussed earlier.

This proposed policy may result in some program savings due to the denial of payments for tests that are not reasonable and necessary because the required level of physician supervision was not furnished. However, we do not have data on which to base an estimate of savings. We expect that, if the proposal is adopted, most testing entities that did not previously furnish testing with the level of physician supervision required under the proposal would modify the way they furnish testing services to conform to the new policy.

Our proposal would create a new type of entity known as an independent diagnostic testing facility (IDTF) with specific national standards. It would replace the existing IPL. Since the current IPL national policy is based on State law and local Medicare carrier policy, it is likely that some IPLs in certain areas would be more affected by this proposal than others. We do not have any data upon which to base any estimates of savings at this time. We anticipate that there will be many comments on this proposed change, and we expect to have more information about the effects of this proposal after we review the comments. There are wide-spread allegations of unnecessary testing furnished by IPLs under the current policy. Our proposal is designed to assist Medicare carriers in addressing these allegations.

F. Reasonable Compensation Equivalent Limit Update Factor

The methodology currently employed to update the physician fee schedule uses an inflation factor distinct from the CPI–U used to update the reasonable compensation equivalent limits. To achieve a measure of consistency in the methodologies employed to determine reasonable payments to physicians for physicians' direct medical and surgical services furnished to individual patients and reasonable compensation levels for physicians' services that benefit provider patients generally, we are proposing to revise the methodology used to update the reasonable compensation equivalent limits by adopting the physician fee schedule's inflation factor (the MEI) to update the reasonable compensation equivalent limits. For cost reporting periods

beginning on or after January 1, 1998, updates to the reasonable compensation equivalent limits would be calculated using the MEI.

Because we are not proposing an actual update to the reasonable compensation equivalent limits at this time that is based on the MEI for cost reporting periods beginning on or after January 1, 1998, we do not expect this change in policy to have an impact on Medicare program or beneficiary expenditures at this time.

G. Payment to Participating and Nonparticipating Suppliers

We are proposing to revise the definitions at § 414.2 (Definitions) to define a ''participating supplier'' as being a supplier as defined in § 400.202, which includes physicians as suppliers, when they have an agreement with HCFA to participate in Part B of Medicare in effect on the date of the service. Similarly, we are proposing to define ''nonparticipating supplier'' as a supplier that does not have an agreement with HCFA to participate in Part B of Medicare in effect on the date of the service.

We are also proposing to revise § 414.20 (Formula for computing payment amounts) to clarify that the formula in the section computes the fee schedule amount, which may differ from the payment basis, and to clarify that the fee schedule amount for a nonparticipating supplier is 95 percent of the fee schedule amount for a participating supplier. We are also proposing to revise the heading of § 414.20 to read ''Formula for computing fee schedule amounts'' to reflect more accurately the content of the section.

We are proposing to revise § 414.48 (Limits on actual charges of nonparticipating suppliers), which describes the Medicare limiting charge for nonparticipating suppliers to clarify that the limiting charge is 115 percent of the fee schedule amount for nonparticipating physicians as calculated in 414.20(b).

The proposed changes to §§ 414.2, 414.20, and 414.48 would have no impact on Medicare payment, beneficiaries, physicians, other suppliers of physician services, Medicare carriers, or other insurers. We believe that Medicare carriers are currently properly calculating the fee schedule amounts for participating and nonparticipating suppliers and are paying based on those properly calculated amounts. These changes are intended to conform our regulations to the law and current practice.

H. Increase in Work Relative Value Units for Global Surgical Services To Account for the 1997 Increases for Work Relative Value Units in Evaluation and Management Services

In our November 22, 1996 final rule with comment period, as part of the 5-year review of all physician work RVUs, we increased most of the work RVUs for evaluation and management services for hospital and office or other outpatient visits. We revised the work RVUs for evaluation and management services partly in recognition of the increase in preservice and postservice work. At that time, we made no adjustments to the work RVUs assigned to global surgical services, which, in addition to the surgical procedure, include the related pre- and postoperative evaluation and management visits a surgeon provides within a defined period of time.

Upon further examination of this issue, we are proposing to increase the work RVUs for global surgical services to be consistent with the 1997 increases in the work RVUs for evaluation and management services.

Because the increases in the work RVUs for global surgical services will cause an increase in payments for those services, we must reduce all work payments by 0.6 percent to maintain budget neutrality.

I. Caloric Vestibular Testing

We are proposing to reduce the work and malpractice RVUs for CPT code 92543 global service and CPT code 92543–26, and the malpractice RVUs for CPT code 92543–TC to 25 percent of what they would otherwise be. Therefore, beginning in 1998, when a physician performs and interprets four irrigations, the physician would bill Medicare for four units of CPT code 92543 (that is, the global service). When a physician interprets four irrigations, the physician would bill four units of CPT code 92543–26. When a physician or supplier performs four irrigations, the physician or supplier would bill four units of CPT code 92543–TC.

As part of the overall proposal of resource-based practice expense RVUs for all codes, we would establish practice expense RVUs for CPT code 92543 global service, -26, and -TC based on the assumption that one unit of the service equals one irrigation or the interpretation of one irrigation.

We expect the proposed changes to the RVUs for caloric vestibular testing to have no impact on Medicare program or beneficiary expenditures because this is actually a change in coding interpretation rather than a change in value. Medicare has interpreted one unit of CPT code 92543 to mean up to four irrigations and has established its RVUs based on that interpretation. The AMA interprets one unit to mean one irrigation. Therefore, when the usual service is furnished (that is, a total of four irrigations—two to each ear), Medicare instructed physicians to bill for that as one unit of service, while the AMA's instructions considered it four. We are now, in a budget-neutral fashion, adopting the AMA interpretation to reduce billing confusion regarding this code. The change is being made by having what used to be one service—for Medicare purposes—now equal four services, while at the same time establishing the RVU levels at 25 percent of what they would have otherwise been.

J. Clinical Consultations

The regulations set forth at § 415.130 (Conditions for payment: Physician pathology services), paragraph (b) (Clinical consultation services), require that a clinical consultation meet four criteria before it can be paid. One of these criteria is that the clinical consultation must be requested by the patient's attending physician. We have allowed a standing order policy to be used as a substitute for the individual request by the patient's attending physician. We are proposing that, effective January 1, 1998, we would not accept a standing order as a substitute for the individual request by the attending physician. We would instruct the Medicare carriers to enforce § 415.130(b) as it is presently written.

The national allowed charges for CPT code 80500 (Clinical pathology consultation; limited, without review of patient's history and medical records) for 1996 are $5.6 million. Of this amount, 70 percent of total allowed charges are from seven States. These are: Florida, Texas, Oklahoma, Illinois, Kentucky, California, and Missouri. Florida accounts for $2.5 million or 45 percent of the total.

We believe that the use of standing orders is clearly contributing to increased payments for clinical consultations in Florida relative to other States. We do not know the prevalence of standing orders in other States but, generally, the data do not seem to indicate a widespread problem.

We estimate that the our policy to eliminate standing orders will result in savings of $2 to $3 million nationwide for clinical consultations and that almost all of this will be attributable to Florida.

K. Actual Charges

In new § 414.21 (Medicare payment basis), we are proposing to state that Medicare payment is based on the lesser of the physician's, supplier's, or other person's actual charge or the physician fee schedule amount. This comports with section 1848(a)(1) of the Act. In § 400.202 (Definitions specific to Medicare), we are proposing to define the actual charge to be the lesser of the amount the physician, supplier, or other person charges for the service or the amount the physician, supplier, or other person has agreed to accept as payment in full under any contract that applies to the beneficiary for whom Medicare payment is being claimed.

It is difficult to estimate the impact of this proposal because we do not have data on the number of persons who would be affected and the average discount given by physicians and suppliers in affected plans. However, with a plausible set of assumptions, the proposal would result in savings to the Medicare program as follows:

	Calendar year incurred (in millions)					
	1998	1999	2000	2001	2002	Total
Medicare savings	40	44	48	53	59	245
Medicare savings (after premium offset)	30	33	36	40	44	183
Beneficiary coinsurance savings	10	11	12	13	15	61
Beneficiary savings through premium reduction	10	11	12	13	15	61

Although there will be some impacts on individual plans and beneficiaries, we are unable to determine the aggregate impact on the premiums for private plans that are secondary to Medicare and that have negotiated rates that are less than the Medicare fee schedule because we do not have information regarding the total number of enrollees (including non-Medicare persons) among whom any increased costs would be shared.

L. Elimination of the Separate Budget-Neutrality Adjuster for the Work Relative Value Units

As discussed in the November 22, 1996 final rule (61 FR 59532) for the 1997 physician fee schedule, we intend to eliminate the separate 8.3 percent budget-neutrality adjustment to the work RVUs that resulted from changes made during the 5-year review of work RVUs. We propose to accomplish this by increasing the practice and malpractice expense RVUs by 8.3 percent and reducing the CFs by 8.3 percent. This allows us to eliminate the separate adjuster while not changing the payment for any service. Also, we will raise the practice expense and malpractice expense RVUs by an additional 0.6 percent and reduce the CF by an additional 0.6 percent to account for the increases in the work payments for the global surgical services that are related to the 5-year review of work RVUs. These increases are not reflected in the practice and malpractice expense RVUs found in Addendum C.

M. Rural Hospital Impact Statement

Section 1102(b) of the Act requires the Secretary to prepare a regulatory impact analysis if a rule may have a significant impact on the operations of a substantial number of small rural hospitals. This analysis must conform to the provisions of section 603 of the Regulatory Flexibility Act. For purposes of section 1102(b) of the Act, we define a small rural hospital as a hospital that is located outside of a Metropolitan Statistical Area and has fewer than 50 beds.

This proposed rule would have little direct effect on payments to rural hospitals since this rule would change only payments made to physicians and certain other practitioners under Part B of the Medicare program and would make no change in payments to hospitals under Part A. We do not believe the changes would have a major, indirect effect on rural hospitals.

Therefore, we are not preparing an analysis for section 1102(b) of the Act since we have determined, and the Secretary certifies, that this rule would not have a significant impact on the operations of a substantial number of small rural hospitals.

In accordance with the provisions of Executive Order 12866, this regulation was reviewed by the Office of Management and Budget.

The final rule following publication of this proposed rule will be subject to congressional review and will be forwarded to the Congress for a 60-day review period.

List of Subjects

42 CFR Part 400

Grant programs—health, Health facilities, Health maintenance organizations (HMOs), Medicaid, Medicare, Reporting and recordkeeping requirements.

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 414

Administrative practice and procedure, Health facilities, Health professions, Kidney diseases, Medicare, Reporting and recordkeeping requirements, Rural areas, X-rays.

42 CFR chapter IV would be amended as set forth below:

PART 400—INTRODUCTION; DEFINITIONS

A. Part 400 is amended as set forth below:

1. The authority citation for part 400 continues to read as follows:

Authority: Secs. 1102 and 1871 of the Social Security Act (42 U.S.C. 1302 and 1395hh), and 44 U.S.C. Chapter 35.

2. In § 400.202, the introductory text is republished, and the following definitions are added in alphabetical order:

§ 400.202 Definitions specific to Medicare.

As used in connection with the Medicare program, unless the context indicates otherwise—

Actual charge means the lesser of the amount the supplier charges for the service or the amount the supplier has agreed to accept as payment in full under any contract that the supplier has entered into and that applies to the beneficiary for whom Medicare payment is being claimed.

* * * * *

Nonparticipating supplier means a supplier that does not have an agreement with HCFA to participate in Part B of Medicare in effect on the date of the service.

Participating supplier means a supplier that has an agreement with HCFA to participate in Part B of Medicare in effect on the date of the service.

* * * * *

B. Technical Amendment: Part 405 is amended as set forth below:

PART 405—FEDERAL HEALTH INSURANCE FOR THE AGED AND DISABLED

Subpart E—Criteria for Determination of Reasonable Charges

1. 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).

§ 405.535 [Amended]

2. In § 405.535(b), ''§ 414.48(b)(3)'' is removed and ''§ 414.48(b)'' is added in its place.

PART 410—SUPPLEMENTARY MEDICAL INSURANCE (SMI) BENEFITS

C. 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), unless otherwise indicated.

2. Section 410.32 is revised to read as follows:

§ 410.32 Diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests: Conditions.

(a) *Ordering diagnostic tests.* All diagnostic x-ray tests, diagnostic laboratory tests, and other diagnostic tests must be ordered by the physician who treats the beneficiary, that is, the physician who furnishes a consultation or treats a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. Tests not ordered by the physician who treats the beneficiary are not ''reasonable and necessary'' (see § 411.15(k)(1) of this chapter).

(1) *Chiropractic exception.* A physician may order an x-ray to be used by a chiropractor to demonstrate the subluxation of the spine that is the basis for a beneficiary to receive manual manipulation treatments even though the physician does not treat the beneficiary.

(2) *Mammography exception.* A physician who meets the qualification requirements for an interpreting physician under section 354 of the Public Health Service Act as provided in § 410.34(a)(7) may order a diagnostic mammogram based on the findings of a screening mammogram even though the physician does not treat the beneficiary.

(3) *Application to nonphysician practitioners.* Nonphysician practitioners (that is, clinical nurse specialists, clinical psychologists, clinical social workers, nurse-midwives, nurse practitioners, and physician assistants) who furnish services that would be physician services if furnished by a physician, and who are operating within the scope of their authority under State law and within the scope of their Medicare statutory benefit, may be treated the same as physicians treating beneficiaries for the purpose of this section.

(b) *Diagnostic x-ray and other diagnostic tests.*

(1) *Basic rule.* Except as indicated in paragraph (b)(2) of this section, all diagnostic x-ray and other diagnostic tests covered under section 1861(s)(3) of the Act and payable under the physician fee schedule must be furnished under the appropriate level of supervision by a physician as defined in section 1861(r) of the Act. Services furnished without the required level of supervision are not ''reasonable and necessary'' (see § 411.15(k)(1) of this chapter).

(2) *Exceptions.* The following diagnostic tests payable under the physician fee schedule are excluded from the basic rule set forth in paragraph (b)(1) of this section:

(i) Diagnostic mammography procedures, which are regulated by the Food and Drug Administration.

(ii) Diagnostic tests personally furnished by a qualified audiologist as defined in section 1861(ll)(3) of the Act.

(iii) Diagnostic psychological testing services personally furnished by a qualified independent psychologist as defined in program instructions.

(3) *Levels of supervision.* Except where otherwise indicated, all diagnostic x-ray and other diagnostic tests subject to this provision and payable under the physician fee schedule must be furnished under at least a general level of physician supervision as defined in paragraph (b)(3)(i) of this section. In addition, some of these tests also require either direct or personal supervision as defined in paragraphs (b)(3)(ii) or (b)(3)(iii) of this section, respectively. When direct or personal supervision is required, physician supervision at the specified level is required throughout the performance of the test.

(i) ''General supervision'' means the procedure is furnished under the physician's overall direction and control, but the physician's presence is not required during the performance of the procedure. Under general supervision, the training of the nonphysician personnel who actually perform the diagnostic procedure and the maintenance of the necessary equipment and supplies are the continuing responsibility of the physician. Examples of procedures in this category are x-ray procedures described in paragraphs (c)(3)(i) and (c)(3)(ii) of this section and electrocardiograms.

(ii) ''Direct supervision'' in the office setting does not mean that the physician must be present in the room when the procedure is performed; however, the physician must be present in the office suite and immediately available to furnish assistance and direction throughout the performance of the procedure. Examples of procedures in this category are magnetic resonance imaging procedures, computerized axial tomography procedures, nuclear medicine procedures, procedures in which contrast materials are used, and x-rays other than skeletal, abdominal, and chest x-rays.

(iii) ''Personal supervision'' means a physician must be in attendance in the room during the performance of the procedure. Examples of procedures in this category include cardiovascular stress tests, cardiac catheterization, and radiological supervision and interpretation procedures.

(c) *Portable x-ray services.* Portable x-ray services furnished in a place of residence used as the patient's home are covered if the following conditions are met:

(1) These services are furnished under the general supervision of a physician, as defined in paragraph (b)(3)(i) of this section.

(2) The supplier of these services meets the requirements set forth in part 486, subpart C of this chapter, concerning conditions for coverage for portable x-ray services.

(3) The procedures are limited to—

(i) Skeletal films involving the extremities, pelvis, vertebral column, or skull;

(ii) Chest or abdominal films that do not involve the use of contrast media; and

(iii) Diagnostic mammograms if the approved portable x-ray supplier, as defined in subpart C of part 486 of this chapter, meets the certification requirements of section 354 of the Public Health Service Act, as implemented by 21 CFR part 900, subpart B.

(d) *Diagnostic laboratory tests.* Medicare Part B pays for covered

diagnostic laboratory tests that are furnished by any of the following:

(1) A participating hospital or participating RPCH.

(2) A nonparticipating hospital that meets the requirements for emergency outpatient services specified in subpart G of part 424 of this chapter and the laboratory requirements specified in part 493 of this chapter.

(3) The office of the patient's attending or consulting physician if that physician is a doctor of medicine, osteopathy, podiatric medicine, dental surgery, or dental medicine.

(4) An RHC.

(5) A laboratory, if it meets the applicable requirements for laboratories of part 493 of this chapter, including the laboratory of a nonparticipating hospital that does not meet the requirements for emergency outpatient services in subpart G of part 424 of this chapter.

(6) An FQHC.

3. New § 410.33 is added to read as follows:

§ 410.33 Independent Diagnostic Testing Facility.

(a) *General rule.* (1) Effective for diagnostic procedures performed on or after January 1, 1998, carriers will pay for diagnostic procedures under the physician fee schedule only when performed by a physician, a group practice of physicians, an approved supplier of portable x-ray services, or an independent diagnostic testing facility (IDTF). An IDTF may be a fixed location, a mobile entity, or an individual nonphysician practitioner. It is independent of a physician's office or hospital.

(2) *Exceptions.* The following diagnostic tests that are payable under the physician fee schedule and furnished by a nonhospital testing entity are not required to be furnished in accordance with the criteria set forth in paragraphs (b) through (e) of this section:

(i) Diagnostic mammography procedures, which are regulated by the Food and Drug Administration.

(ii) Diagnostic tests personally furnished by a qualified audiologist as defined in section 1861(ll)(3) of the Act.

(iii) Diagnostic psychological testing services personally furnished by a qualified independent psychologist as defined in program instructions.

(b) *Supervising physician.* (1) An IDTF must have one or more supervising physicians who are responsible for the direct and ongoing oversight of the quality of the testing performed, the proper operation and calibration of the equipment used to perform tests, and the qualification of nonphysician personnel who use the equipment. This level of supervision is that required for general supervision set forth in § 410.32(b)(3)(i).

(2) The supervising physician must evidence proficiency in the performance and interpretation of each type of diagnostic procedure performed by the IDTF. The proficiency may be documented by certification in specific medical specialties or subspecialties or by criteria established by the carrier for the service area in which the IDTF is located. In the case of a procedure requiring the direct or personal supervision of a physician as set forth in § 410.32(b)(3)(ii) or (b)(3)(iii), the IDTF's supervising physician must personally furnish this level of supervision whether the procedure is performed in the IDTF or, in the case of mobile services, at the remote location. The IDTF must maintain documentation of sufficient physician resources during all hours of operations to assure that the required physician supervision is furnished. In the case of procedures requiring direct supervision, the supervising physician may oversee concurrent procedures.

(c) *Nonphysician personnel.* Any nonphysician personnel used by the IDTF to perform tests must demonstrate the basic qualifications to perform the tests in question and have training and proficiency as evidenced by licensure or certification by the appropriate State health or education department. In the absence of a State licensing board, the technician must be certified by the appropriate national credentialing body. The IDTF must maintain documentation available for review that these requirements are met.

(d) *Ordering of tests.* All procedures performed by the IDTF must be specifically ordered in writing by the physician who treats the beneficiary, that is, the physician who is furnishing a consultation or treating a beneficiary for a specific medical problem and who uses the results in the management of the beneficiary's specific medical problem. The order must specify the diagnosis or other basis for the testing. The supervising physician for the IDTF may not order tests performed by the IDTF, and the IDTF may not add any procedures based on internal protocols without written order from the treating physician.

(e) *Multi-State entities.* An IDTF that operates across State boundaries must maintain documentation that its supervising physicians and technicians are licensed and certified in each of the States in which it is furnishing services.

PART 414—PAYMENT FOR PART B MEDICAL AND OTHER HEALTH SERVICES

D. 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. Section 414.20 is revised to read as follows:

§ 414.20 Formula for computing fee schedule amounts.

(a) *Participating supplier.* The fee schedule amount for a participating supplier for a physician service as defined in § 414.2 is computed as the product of the following amounts:

(1) The RVUs for the service.

(2) The GAF for the fee schedule area.

(3) The CF.

(b) *Nonparticipating supplier.* The fee schedule amount for a nonparticipating supplier for a physician service as defined in § 414.2 is 95 percent of the fee schedule amount as calculated in paragraph (a) of this section.

3. A new § 414.21 is added to read as follows:

§ 414.21 Medicare payment basis.

Medicare payment is based on the lesser of the actual charge, as defined in § 400.202 of this chapter, or the applicable fee schedule amount.

4. In § 414.22, the introductory text to the section and the introductory text to paragraph (b) are republished, and new paragraph (b)(4) 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.* * * *

(4) For services furnished beginning January 1, 1998, the practice expense RVUs are based on the relative practice expense resources involved in furnishing the service.

(i) There are generally two levels of practice expense RVUs per code. The lower practice expense RVU applies to services furnished to hospital or ambulatory surgical center patients. The higher practice expense RVU applies to services performed in a physician's office; services, other than evaluation and management services, that are 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) There is only one practice expense RVU per code for: services that have a technical component practice expense RVU; a professional component practice expense RVU; evaluation and management services, such as hospital or nursing facility visits, that are furnished exclusively in one setting; and major surgical services.

* * * * *

5. 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, 1998, the fee schedule amount for those services is determined by reducing the practice expense RVUs for the service by 50 percent. For services furnished on or after January 1, 1998, see § 414.22(b)(4) concerning practice expense RVUs.

* * * * *

6. In § 414.34, the introductory text to paragraph (a)(2) is republished and a new paragraph (a)(2)(iii) is added to read as follows:

§ 414.34 Payment for services and supplies incident to a physician's service.

(a) *Medical supplies.* * * *

(2) If physician services of the type routinely furnished in provider settings are furnished in a physician's office, separate payment may be made for certain supplies furnished incident to that physician service if the following requirements are met:

* * * * *

(iii) It is furnished before January 1, 1998.

* * * * *

7. In § 414.48, paragraph (b) is revised to read as follows:

§ 414.48 Limits on actual charges of nonparticipating suppliers.

* * * * *

(b) *Specific limits.* For items or services paid under the physician fee schedule, the limiting charge is 115 percent of the fee schedule amount for nonparticipating suppliers. For items or services HCFA excludes from payment under the physician fee schedule (in accordance with section 1848(j)(3) of the Act), the limiting charge is 115 percent of 95 percent of the payment basis applicable to participating suppliers as calculated in § 414.20(b).

8. Section 414.62 is added to read as follows:

§ 414.62 Fee schedule for clinical psychologist services.

The fee schedule for clinical psychologist services is set at 100 percent of the amount determined for corresponding services under the physician fee schedule.

(Catalog of Federal Domestic Assistance Program No. 93.774, Medicare—Supplementary Medical Insurance Program)

Dated: May 23, 1997.

Bruce C. Vladeck,

Administrator, Health Care Financing Administration.

Dated: June 9, 1997.

Donna E. Shalala,

Secretary.

Note: These addenda will not appear in the Code of Federal Regulations.

ADDENDUM A.—FAMILY OF CODES BY CPEP

CPEP	Description	Number of unique service families
1	Integumentary and Physical Medicine	12
2	Male Genital and Urinary	19
3	Orthopaedics	24
4	Obstetrics and Gynecology	18
5	Ophthalmology	16
6	Radiology	17
7	Evaluation and Management and Other Services	15
8	General Surgery	25
9	Otolaryngology	16
10	Miscellaneous Internal Medicine and Other Services	17
11	Gastroenterology	8
12	Cardiothoracic and Vascular Surgery	9
13	Cardiology	14
14	Anesthesiology and Pathology	9
15	Neurosurgery	10
Total		229

Addendum B—Proposed Statistical Linking Methodology

CPEP ''X'' gave labor time estimates for procedure code ''1'' that, after applying the compensation rate, is valued at $5. CPEP X valued procedure code ''2'' at $7. For CPEP ''Y,'' the compensation cost for labor for procedure code 1 is $10. If we had averaged the CPEPs' values for procedure code 1, the resulting value for procedure code 1 would be $7.50. This would result in a switched ranking of procedure codes 1 and 2 for CPEP X. For example, if CPEP ''X'' ranked CPT code 99213 lower than CPT code 99214, it is possible this ranking would be reversed after we calculated the average values for CPT code 99213 across all CPEPs.

Specifically, we estimated the following equation for procedure codes that were rated in a given setting (that is, in or out of the office) by more than one CPEP:

(1) $LN(\text{Labor cost}_{ij} = \text{Code}_i + \text{CPEP}_j + U_{ij}$

Where:

Labor cost_{ij} is the labor cost of redundant Code_i performed by CPEP_j;

Code_i is a dummy variable that takes on a value of 1 if Code_i was performed by CPEP_{ij} and has a value of 0 otherwise;

CPEP_j is a dummy variable that takes on a value of 1 if Code_i was evaluated by CPEP_j and has a value of 0 otherwise;

U_{ij} is a random disturbance for the Code_i in CPEP_j.

Because this was a dummy variable regression, one specialty dummy, CPEP 7 was omitted and serves as the base

against which other CPEP data are standardized. CPEP 14 data were also deleted from the linking process because they had no links.

We used Mosteller and Tukey's bi-weighting algorithm to reduce the influence of observations with large residuals. (See Mosteller, F. and Tukey, J.W.: A method of direct assessment. *Data Analysis and Regression: A Second Course in Statistics.* Reading, MA. Addison-Wesley Publishing Company, 1977, pages 357 through 358.) We terminated the iteration process when none of the CPEP dummies changed in the fifth place to the right of the decimal point. The bi-weighting algorithm converged for both administrative and clinical costs by the fourth iteration.

The coefficients of interest are the CPEP dummies. These dummies were then used to scale their respective CPEP scales by $\exp(-CPEP_j)$ for each $CPEP_j$, j=CPEP 1, * * *, CPEP 15, excluding CPEP 7 and CPEP 14. Because the resulting labor cost estimates are shifts of CPEPs relative to CPEP 7, they had to be rescaled so the administrative labor cost estimates could be added to the clinical labor cost estimates.

To facilitate this calculation, we used data analyses performed on the 1995 AMA Socioeconomic Monitoring System Survey Data to calculate the number of RVUs that would be attributed to administrative labor and clinical labor. Separately for administrative and clinical labor, we multiplied the resulting labor cost estimates for each code by its respective frequency to calculate the total number of administrative and clinical labor cost estimates. We compared this number to the number of administrative and clinical labor cost estimates implied by the current RVUs for practice expense and scaled the new estimates to fit this estimate.

LINKING ADJUSTMENT FACTORS BY CPEP

CPEP	Clinical labor linking adjustment	Administrative labor linking adjustment
CPEP #1 ...	.76	.52
CPEP #2 ...	.42	.38
CPEP #3 ...	.43	.31
CPEP #4 ...	.88	.51
CPEP #5 ...	.73	.46
CPEP #6 ...	.78	.48
CPEP #7 ...	1.00	1.00
CPEP #8 ...	.45	.24
CPEP #9 ...	.46	.34
CPEP #10	.85	.72
CPEP #11	.77	.39
CPEP #12	.50	.24
CPEP #13	.74	.44
CPEP #14	1.00	1.00
CPEP #15	.84	.20

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
10040	.....	A	Acne surgery of skin abscess	*1.18	1.13	0.56	1.64	0.95	0.03	2.85	2.16
10060	.....	A	Drainage of skin abscess	*1.17	1.13	0.54	1.64	0.92	0.04	2.85	2.13
10061	.....	A	Drainage of skin abscess	*2.40	1.38	0.54	2.22	1.20	0.06	4.68	3.66
10080	.....	A	Drainage of pilonidal cyst	*1.17	1.13	0.54	1.65	0.93	0.05	2.87	2.15
10081	.....	A	Drainage of pilonidal cyst	*2.45	1.31	0.84	2.17	1.59	0.16	4.78	4.20
10120	.....	A	Remove foreign body	*1.22	1.13	0.54	1.66	0.94	0.05	2.93	2.21
10121	.....	A	Remove foreign body	*2.69	1.48	0.87	2.42	1.67	0.12	5.23	4.48
10140	.....	A	Drainage of hematoma/fluid	*1.53	1.13	0.54	1.72	1.00	0.05	3.30	2.58
10160	.....	A	Puncture drainage of lesion	*1.20	1.13	0.54	1.65	0.93	0.05	2.90	2.18
10180	.....	A	Complex drainage, wound	*2.25	0.64	0.52	1.31	1.17	0.18	3.74	3.60
11000	.....	A	Debride infected skin	0.60	0.54	0.16	0.80	0.34	0.04	1.44	0.98
11001	.....	A	Debride infect skin add	0.30	0.10	0.00	0.19	0.07	0.02	0.51	0.39
11010	.....	A	Debride skin, fx	*4.20	0.60	0.16	1.80	1.26	0.65	6.65	6.11
11011	.....	A	Debride skin/muscle, fx	4.95	1.32	0.62	2.87	2.01	0.77	8.59	7.73
11012	.....	A	Debride skin/muscle/bone, fx	6.88	1.32	0.62	3.36	2.50	1.07	11.31	10.45
11040	.....	A	Debride skin partial	0.50	0.47	0.16	0.69	0.32	0.04	1.23	0.86
11041	.....	A	Debride skin full	0.82	0.52	0.16	0.83	0.39	0.06	1.71	1.27
11042	.....	A	Debride skin/tissue	1.12	0.60	0.16	1.00	0.46	0.08	2.20	1.66
11043	.....	A	Debride tissue/muscle	*2.38	1.32	0.62	2.21	1.35	0.34	4.93	4.07
11044	.....	A	Debride tissue/muscle/bone	*3.06	1.63	0.65	2.76	1.57	0.49	6.31	5.12
11050	.....	A	Trim skin lesion	0.43	0.52	0.16	0.73	0.30	0.03	1.19	0.76
11051	.....	A	Trim 2 to 4 skin lesions	0.66	0.57	0.16	0.85	0.35	0.05	1.56	1.06
11052	.....	A	Trim over 4 skin lesions	0.86	0.57	0.16	0.89	0.40	0.04	1.79	1.30
11100	.....	A	Biopsy of skin lesion	0.81	1.14	0.16	1.58	0.38	0.04	2.43	1.23
11101	.....	A	Biopsy, each added lesion	0.41	0.15	0.00	0.28	0.09	0.02	0.71	0.52
11200	.....	A	Removal of skin tags	*0.74	0.76	0.17	1.10	0.38	0.04	1.88	1.16
11201	.....	A	Removal of added skin tags	0.26	0.09	0.00	0.17	0.06	0.02	0.45	0.34
11300	.....	A	Shave skin lesion	0.51	0.78	0.16	1.08	0.32	0.05	1.64	0.88
11301	.....	A	Shave skin lesion	0.85	0.78	0.16	1.16	0.40	0.06	2.07	1.31
11302	.....	A	Shave skin lesion	1.05	0.78	0.16	1.21	0.45	0.09	2.35	1.59
11303	.....	A	Shave skin lesion	1.24	0.78	0.16	1.27	0.51	0.17	2.68	1.92
11305	.....	A	Shave skin lesion	0.67	0.78	0.16	1.11	0.36	0.05	1.83	1.08
11306	.....	A	Shave skin lesion	0.99	0.78	0.16	1.19	0.43	0.07	2.25	1.49
11307	.....	A	Shave skin lesion	1.14	0.78	0.16	1.23	0.47	0.10	2.47	1.71
11308	.....	A	Shave skin lesion	1.41	0.78	0.16	1.30	0.54	0.17	2.88	2.12
11310	.....	A	Shave skin lesion	0.73	0.78	0.16	1.13	0.37	0.06	1.92	1.16
11311	.....	A	Shave skin lesion	1.05	0.78	0.16	1.20	0.45	0.08	2.33	1.58
11312	.....	A	Shave skin lesion	1.20	0.78	0.16	1.24	0.49	0.11	2.55	1.80
11313	.....	A	Shave skin lesion	1.62	0.78	0.16	1.34	0.59	0.15	3.11	2.36
11400	.....	A	Removal of skin lesion	*0.91	1.44	0.56	1.96	0.89	0.05	2.92	1.85
11401	.....	A	Removal of skin lesion	*1.32	1.44	0.56	2.05	0.99	0.06	3.43	2.37

[1] CPT codes and descriptions only are copyright 1996 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
11402	.....	A	Removal of skin lesion	*1.61	1.44	0.56	2.12	1.06	0.09	3.82	2.76
11403	.....	A	Removal of skin lesion	*1.92	1.23	0.59	1.95	1.17	0.13	4.00	3.22
11404	.....	A	Removal of skin lesion	*2.20	1.26	0.59	2.06	1.24	0.17	4.43	3.61
11406	.....	A	Removal of skin lesion	*2.76	1.60	0.59	2.63	1.40	0.33	5.72	4.49
11420	.....	A	Removal of skin lesion	*1.06	1.44	0.56	1.99	0.93	0.05	3.10	2.04
11421	.....	A	Removal of skin lesion	*1.53	1.44	0.56	2.10	1.03	0.07	3.70	2.63
11422	.....	A	Removal of skin lesion	*1.76	1.44	0.56	2.16	1.09	0.10	4.02	2.95
11423	.....	A	Removal of skin lesion	*2.17	1.23	0.59	2.01	1.23	0.15	4.33	3.55
11424	.....	A	Removal of skin lesion	*2.62	1.26	0.59	2.15	1.33	0.16	4.93	4.11
11426	.....	A	Removal of skin lesion	*3.78	1.60	0.59	2.84	1.61	0.29	6.91	5.68
11440	.....	A	Removal of skin lesion	*1.15	1.44	0.56	2.02	0.95	0.06	3.23	2.16
11441	.....	A	Removal of skin lesion	*1.61	1.44	0.56	2.12	1.05	0.08	3.81	2.74
11442	.....	A	Removal of skin lesion	*1.87	1.44	0.56	2.19	1.12	0.11	4.17	3.10
11443	.....	A	Removal of skin lesion	*2.49	1.57	0.59	2.49	1.30	0.15	5.13	3.94
11444	.....	A	Removal of skin lesion	*3.42	1.29	0.59	2.36	1.50	0.14	5.92	5.06
11446	.....	A	Removal of skin lesion	*4.49	1.66	0.59	3.05	1.74	0.18	7.72	6.41
11450	.....	A	Removal, sweat gland lesion	*2.73	2.15	0.75	3.32	1.61	0.44	6.49	4.78
11451	.....	A	Removal, sweat gland lesion	*3.95	2.18	0.75	3.62	1.89	0.46	8.03	6.30
11462	.....	A	Removal, sweat gland lesion	*2.51	2.12	0.75	3.21	1.55	0.36	6.08	4.42
11463	.....	A	Removal, sweat gland lesion	*3.95	2.53	0.75	4.02	1.86	0.34	8.31	6.15
11470	.....	A	Removal, sweat gland lesion	*3.25	2.53	0.75	3.89	1.73	0.45	7.59	5.43
11471	.....	A	Removal, sweat gland lesion	*4.41	2.59	0.75	4.23	1.99	0.48	9.12	6.88
11600	.....	A	Removal of skin lesion	*1.41	1.51	0.59	2.17	1.05	0.10	3.68	2.56
11601	.....	A	Removal of skin lesion	*1.93	1.42	0.59	2.18	1.17	0.12	4.23	3.22
11602	.....	A	Removal of skin lesion	*2.09	1.53	0.59	2.36	1.21	0.16	4.61	3.46
11603	.....	A	Removal of skin lesion	*2.35	1.23	0.59	2.06	1.28	0.21	4.62	3.84
11604	.....	A	Removal of skin lesion	*2.58	1.26	0.59	2.16	1.34	0.26	5.00	4.18
11606	.....	A	Removal of skin lesion	*3.43	1.63	0.59	2.85	1.58	0.49	6.77	5.50
11620	.....	A	Removal of skin lesion	*1.34	1.53	0.59	2.18	1.04	0.12	3.64	2.50
11621	.....	A	Removal of skin lesion	*1.97	1.53	0.59	2.33	1.19	0.16	4.46	3.32
11622	.....	A	Removal of skin lesion	*2.34	1.53	0.59	2.42	1.27	0.19	4.95	3.80
11623	.....	A	Removal of skin lesion	*2.93	1.24	0.59	2.21	1.42	0.25	5.39	4.60
11624	.....	A	Removal of skin lesion	*3.43	1.29	0.59	2.40	1.54	0.32	6.15	5.29
11626	.....	A	Removal of skin lesion	*4.30	1.60	0.59	3.00	1.77	0.51	7.81	6.58
11640	.....	A	Removal of skin lesion	*1.53	1.53	0.59	2.23	1.09	0.15	3.91	2.77
11641	.....	A	Removal of skin lesion	*2.44	1.53	0.59	2.44	1.29	0.18	5.06	3.91
11642	.....	A	Removal of skin lesion	*2.93	1.28	0.59	2.26	1.41	0.23	5.42	4.57
11643	.....	A	Removal of skin lesion	*3.50	1.29	0.59	2.41	1.55	0.28	6.19	5.33
11644	.....	A	Removal of skin lesion	*4.55	1.36	0.59	2.72	1.79	0.33	7.60	6.67
11646	.....	A	Removal of skin lesion	*5.95	1.68	0.59	3.48	2.16	0.60	10.03	8.71
11720	.....	A	Debride nail, 1-5	0.32	0.50	0.12	0.69	0.23	0.03	1.04	0.58
11721	.....	A	Debride nail, 6 or more	0.54	0.56	0.12	0.81	0.28	0.05	1.40	0.87
11730	.....	A	Removal of nail plate	1.13	0.64	0.12	1.04	0.41	0.04	2.21	1.58
11731	.....	A	Removal of second nail plate	0.57	0.09	0.00	0.25	0.14	0.05	0.87	0.76
11732	.....	A	Remove additional nail plate	0.57	0.09	0.00	0.24	0.13	0.02	0.83	0.72
11740	.....	A	Drain blood from under nail	0.37	0.90	0.16	1.18	0.29	0.04	1.59	0.70
11750	.....	A	Removal of nail bed	*1.86	1.33	0.20	2.08	0.70	0.19	4.13	2.75
11752	.....	A	Remove nail bed/finger tip	*2.67	1.30	0.49	2.25	1.26	0.36	5.28	4.29
11755	.....	A	Biopsy, nail unit	1.31	0.73	0.12	1.21	0.46	0.12	2.64	1.89
11760	.....	A	Reconstruction of nail bed	*1.58	1.29	0.49	1.94	0.96	0.09	3.61	2.63
11762	.....	A	Reconstruction of nail bed	*2.89	1.46	0.49	2.46	1.28	0.24	5.59	4.41
11765	.....	A	Excision of nail fold, toe	*0.69	1.23	0.49	1.67	0.76	0.05	2.41	1.50
11770	.....	A	Removal of pilonidal lesion	*2.61	1.53	0.59	2.53	1.39	0.44	5.58	4.44
11771	.....	A	Removal of pilonidal lesion	*5.74	3.03	1.93	5.15	3.81	0.92	11.81	10.47
11772	.....	A	Removal of pilonidal lesion	*6.98	3.06	1.93	5.48	4.10	1.01	13.47	12.09
11900	.....	A	Injection into skin lesions	0.52	0.54	0.16	0.78	0.32	0.02	1.32	0.86
11901	.....	A	Added skin lesions injection	0.80	0.57	0.16	0.88	0.38	0.03	1.71	1.21
11920	.....	R	Correct skin color defects	1.61	0.69	0.13	1.25	0.56	0.23	3.09	2.40
11921	.....	R	Correct skin color defects	1.93	0.82	0.13	1.48	0.65	0.28	3.69	2.86
11922	.....	R	Correct skin color defects	0.49	0.25	0.00	0.43	0.12	0.07	0.99	0.68
11950	.....	R	Therapy for contour defects	0.84	0.66	0.13	1.02	0.37	0.11	1.97	1.32
11951	.....	R	Therapy for contour defects	1.19	0.72	0.13	1.17	0.45	0.11	2.47	1.75
11952	.....	R	Therapy for contour defects	1.69	0.78	0.13	1.35	0.56	0.11	3.15	2.36
11954	.....	R	Therapy for contour defects	1.85	0.82	0.13	1.42	0.59	0.11	3.38	2.55
11960	.....	A	Insert tissue expander(s)	*9.08	NA	3.56	NA	6.65	1.48	NA	17.21
11970	.....	A	Replace tissue expander	*7.06	NA	0.90	NA	2.99	1.61	NA	11.66
11971	.....	A	Remove tissue expander(s)	*2.13	2.35	1.39	3.52	2.34	0.82	6.47	5.29
11975	.....	N	Insert contraceptive cap	+1.48	0.87	0.16	1.43	0.58	0.25	3.16	2.31
11976	.....	R	Removal of contraceptive cap	1.78	0.87	0.16	1.51	0.65	0.30	3.59	2.73
11977	.....	N	Removal/reinsert contra cap	+3.30	0.87	0.16	1.90	1.04	0.55	5.75	4.89
12001	.....	A	Repair superficial wound(s)	*1.70	1.14	0.50	1.77	0.99	0.05	3.52	2.74
12002	.....	A	Repair superficial wound(s)	*1.86	1.17	0.50	1.85	1.03	0.07	3.78	2.96
12004	.....	A	Repair superficial wound(s)	*2.24	1.20	0.50	1.98	1.12	0.10	4.32	3.46
12005	.....	A	Repair superficial wound(s)	*2.86	1.38	0.53	2.33	1.30	0.14	5.33	4.30

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
12006	.....	A	Repair superficial wound(s)	*3.67	1.81	0.84	3.06	1.86	0.19	6.92	5.72
12007	.....	A	Repair superficial wound(s)	*4.12	1.96	0.84	3.33	1.96	0.19	7.64	6.27
12011	.....	A	Repair superficial wound(s)	*1.76	1.17	0.50	1.83	1.01	0.06	3.65	2.83
12013	.....	A	Repair superficial wound(s)	*1.99	1.23	0.50	1.96	1.06	0.08	4.03	3.13
12014	.....	A	Repair superficial wound(s)	*2.46	1.31	0.53	2.16	1.21	0.10	4.72	3.77
12015	.....	A	Repair superficial wound(s)	*3.19	1.44	0.53	2.48	1.38	0.14	5.81	4.71
12016	.....	A	Repair superficial wound(s)	*3.93	1.55	0.50	2.79	1.51	0.19	6.91	5.63
12017	.....	A	Repair superficial wound(s)	*4.71	2.38	0.84	4.01	2.12	0.31	9.03	7.14
12018	.....	A	Repair superficial wound(s)	*5.53	2.61	0.84	4.50	2.34	0.48	10.51	8.35
12020	.....	A	Closure of split wound	*2.62	1.23	0.53	2.12	1.26	0.18	4.92	4.06
12021	.....	A	Closure of split wound	*1.84	1.14	0.50	1.82	1.04	0.11	3.77	2.99
12031	.....	A	Layer closure of wound(s)	*2.15	1.44	0.50	2.24	1.09	0.07	4.46	3.31
12032	.....	A	Layer closure of wound(s)	*2.47	1.50	0.50	2.39	1.17	0.10	4.96	3.74
12034	.....	A	Layer closure of wound(s)	*2.92	1.70	0.53	2.75	1.32	0.15	5.82	4.39
12035	.....	A	Layer closure of wound(s)	*3.43	1.77	0.53	2.96	1.45	0.23	6.62	5.11
12036	.....	A	Layer closure of wound(s)	*4.05	2.20	0.84	3.65	1.99	0.37	8.07	6.41
12037	.....	A	Layer closure of wound(s)	*4.67	2.44	0.84	4.10	2.15	0.48	9.25	7.30
12041	.....	A	Layer closure of wound(s)	*2.37	1.52	0.50	2.39	1.15	0.08	4.84	3.60
12042	.....	A	Layer closure of wound(s)	*2.74	1.57	0.50	2.54	1.24	0.12	5.40	4.10
12044	.....	A	Layer closure of wound(s)	*3.14	1.77	0.53	2.89	1.37	0.17	6.20	4.68
12045	.....	A	Layer closure of wound(s)	*3.64	1.84	0.53	3.10	1.49	0.23	6.97	5.36
12046	.....	A	Layer closure of wound(s)	*4.25	2.23	0.84	3.73	2.03	0.37	8.35	6.65
12047	.....	A	Layer closure of wound(s)	*4.65	2.71	0.84	4.45	2.16	0.56	9.66	7.37
12051	.....	A	Layer closure of wound(s)	*2.47	1.57	0.50	2.48	1.17	0.10	5.05	3.74
12052	.....	A	Layer closure of wound(s)	*2.77	1.67	0.50	2.67	1.25	0.14	5.58	4.16
12053	.....	A	Layer closure of wound(s)	*3.12	1.72	0.53	2.82	1.37	0.17	6.11	4.66
12054	.....	A	Layer closure of wound(s)	*3.46	1.87	0.53	3.10	1.46	0.25	6.81	5.17
12055	.....	A	Layer closure of wound(s)	*4.43	1.93	0.55	3.40	1.72	0.37	8.20	6.52
12056	.....	A	Layer closure of wound(s)	*5.24	2.39	0.84	4.18	2.28	0.52	9.94	8.04
12057	.....	A	Layer closure of wound(s)	*5.96	2.04	0.84	3.89	2.43	0.48	10.33	8.87
13100	.....	A	Repair of wound or lesion	*3.12	1.39	0.50	2.40	1.32	0.13	5.65	4.57
13101	.....	A	Repair of wound or lesion	*3.92	1.47	0.53	2.69	1.55	0.21	6.82	5.68
13120	.....	A	Repair of wound or lesion	*3.30	1.40	0.50	2.46	1.37	0.17	5.93	4.84
13121	.....	A	Repair of wound or lesion	*4.33	1.50	0.53	2.85	1.67	0.33	7.51	6.33
13131	.....	A	Repair of wound or lesion	*3.79	1.44	0.50	2.63	1.49	0.23	6.65	5.51
13132	.....	A	Repair of wound or lesion	*5.95	1.47	0.53	3.19	2.05	0.44	9.58	8.44
13150	.....	A	Repair of wound or lesion	*3.81	1.90	0.77	3.20	1.83	0.23	7.24	5.87
13151	.....	A	Repair of wound or lesion	*4.45	2.06	0.80	3.56	2.03	0.35	8.36	6.83
13152	.....	A	Repair of wound or lesion	*6.33	2.16	0.80	4.17	2.52	0.68	11.18	9.53
13160	.....	A	Late closure of wound	*10.48	2.34	1.46	5.28	4.20	0.58	16.34	15.26
13300	.....	A	Repair of wound or lesion	*5.27	1.49	0.55	3.16	2.01	0.86	9.29	8.14
14000	.....	A	Skin tissue rearrangement	*5.89	3.01	1.46	5.04	3.15	0.38	11.31	9.42
14001	.....	A	Skin tissue rearrangement	*8.47	3.25	1.46	5.98	3.80	0.76	15.21	13.03
14020	.....	A	Skin tissue rearrangement	*6.59	3.09	1.46	5.31	3.33	0.49	12.39	10.41
14021	.....	A	Skin tissue rearrangement	*10.06	3.34	1.46	6.48	4.19	0.94	17.48	15.19
14040	.....	A	Skin tissue rearrangement	*7.87	3.18	1.46	5.74	3.64	0.65	14.26	12.16
14041	.....	A	Skin tissue rearrangement	*11.49	3.44	1.46	6.94	4.52	1.02	19.45	17.03
14060	.....	A	Skin tissue rearrangement	*8.50	3.14	1.60	5.92	4.04	1.04	15.46	13.58
14061	.....	A	Skin tissue rearrangement	*12.29	3.74	1.60	7.53	4.92	1.27	21.09	18.48
14300	.....	A	Skin tissue rearrangement	*11.76	3.35	1.60	7.07	4.93	1.84	20.67	18.53
14350	.....	A	Skin tissue rearrangement	*9.61	NA	1.54	NA	4.21	1.05	NA	14.87
15000	.....	A	Skin graft procedure	1.95	1.39	0.00	2.23	0.54	0.53	4.71	3.02
15050	.....	A	Skin pinch graft procedure	*4.30	2.31	1.46	3.83	2.78	0.30	8.43	7.38
15100	.....	A	Skin split graft procedure	*9.05	2.34	1.46	5.03	3.95	0.89	14.97	13.89
15101	.....	A	Skin split graft procedure	1.72	1.71	0.00	2.54	0.45	0.33	4.59	2.50
15120	.....	A	Skin split graft procedure	*9.83	2.65	1.46	5.59	4.14	0.94	16.36	14.91
15121	.....	A	Skin split graft procedure	2.67	1.91	0.00	3.02	0.70	0.53	6.22	3.90
15200	.....	A	Skin full graft procedure	*8.03	3.63	1.46	6.33	3.69	0.69	15.05	12.41
15201	.....	A	Skin full graft procedure	1.32	2.81	0.00	3.83	0.40	0.50	5.65	2.22
15220	.....	A	Skin full graft procedure	*7.87	3.92	1.62	6.69	3.89	0.85	15.41	12.61
15221	.....	A	Skin full graft procedure	1.19	3.05	0.00	4.08	0.37	0.50	5.77	2.06
15240	.....	A	Skin full graft procedure	*9.04	3.15	1.62	6.04	4.18	1.03	16.11	14.25
15241	.....	A	Skin full graft procedure	1.86	2.26	0.00	3.29	0.53	0.58	5.73	2.97
15260	.....	A	Skin full graft procedure	*10.06	3.15	1.62	6.26	4.40	0.99	17.31	15.45
15261	.....	A	Skin full graft procedure	2.23	2.26	0.00	3.38	0.62	0.60	6.21	3.45
15350	.....	A	Skin homograft procedure	*4.36	2.34	1.86	3.90	3.32	0.42	8.68	8.10
15400	.....	A	Skin heterograft procedure	*5.78	3.31	2.59	5.34	4.46	0.17	11.29	10.41
15570	.....	A	Form skin pedicle flap	*9.21	2.19	1.30	5.14	4.06	2.08	16.43	15.35
15572	.....	A	Form skin pedicle flap	*9.27	2.19	1.30	5.11	4.03	1.86	16.24	15.16
15574	.....	A	Form skin pedicle flap	*9.88	2.19	1.30	5.20	4.12	1.66	16.74	15.66
15576	.....	A	Form skin pedicle flap	*8.69	2.62	1.30	5.23	3.62	0.60	14.52	12.91
15580	.....	A	Attach skin pedicle graft	*9.46	NA	1.46	NA	4.13	1.30	NA	14.89
15600	.....	A	Skin graft procedure	*1.91	2.06	0.99	3.12	1.82	0.88	5.91	4.61
15610	.....	A	Skin graft procedure	*2.42	2.00	0.99	3.14	1.91	0.80	6.36	5.13

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
15620	.....	A	Skin graft procedure	*2.94	2.37	1.30	3.73	2.42	0.86	7.53	6.22
15625	.....	A	Skin graft procedure	*1.91	NA	1.14	NA	1.98	0.78	NA	4.67
15630	.....	A	Skin graft procedure	*3.27	2.40	1.30	3.84	2.50	0.90	8.01	6.67
15650	.....	A	Transfer skin pedicle flap	*3.97	2.39	1.30	3.99	2.66	0.93	8.89	7.56
15732	.....	A	Muscle-skin graft, head/neck	*17.84	NA	1.46	NA	6.44	3.46	NA	27.74
15734	.....	A	Muscle-skin graft, trunk	*17.79	NA	1.46	NA	6.38	3.24	NA	27.41
15736	.....	A	Muscle-skin graft, arm	*16.27	NA	1.46	NA	6.00	3.02	NA	25.29
15738	.....	A	Muscle-skin graft, leg	*17.92	NA	1.46	NA	6.42	3.29	NA	27.63
15740	.....	A	Island pedicle flap graft	*10.25	2.90	1.46	6.14	4.38	1.62	18.01	16.25
15750	.....	A	Neurovascular pedicle graft	*11.41	NA	1.58	NA	4.87	2.03	NA	18.31
15756	.....	A	Free muscle flap, microvasc	*35.23	2.13	2.13	11.48	11.48	5.33	52.04	52.04
15757	.....	A	Free skin flap, microvasc	*35.23	2.13	2.13	11.48	11.48	5.33	52.04	52.04
15758	.....	A	Free fascial flap, microvasc	*35.10	2.13	2.13	11.45	11.45	5.33	51.88	51.88
15760	.....	A	Composite skin graft	*8.74	2.81	1.46	5.59	3.93	1.11	15.44	13.78
15770	.....	A	Derma-fat-fascia graft	*7.52	NA	1.62	NA	3.83	0.95	NA	12.30
15775	.....	R	Hair transplant punch grafts	3.96	1.07	0.08	2.29	1.09	0.56	6.81	5.61
15776	.....	R	Hair transplant punch grafts	5.54	1.21	0.08	2.86	1.49	0.79	9.19	7.82
15780	.....	A	Abrasion treatment of skin	*7.29	2.41	1.62	4.57	3.60	0.13	11.99	11.02
15781	.....	A	Abrasion treatment of skin	*4.85	1.96	1.37	3.53	2.81	0.39	8.77	8.05
15782	.....	A	Abrasion treatment of skin	*4.32	1.74	1.13	3.10	2.35	0.13	7.55	6.80
15783	.....	A	Abrasion treatment of skin	*4.29	1.71	1.13	3.07	2.36	0.19	7.55	6.84
15786	.....	A	Abrasion treatment of lesion	*2.03	0.77	0.50	1.40	1.07	0.06	3.49	3.16
15787	.....	A	Abrasion, added skin lesions	0.33	0.10	0.00	0.20	0.08	0.03	0.56	0.44
15788	.....	R	Chemical peel, face, epiderm	*2.09	1.65	0.76	2.50	1.42	0.12	4.71	3.63
15789	.....	R	Chemical peel, face, dermal	*4.92	2.36	0.99	3.99	2.31	0.12	9.03	7.35
15792	.....	R	Chemical peel, nonfacial	*1.86	1.67	0.99	2.46	1.62	0.05	4.37	3.53
15793	.....	A	Chemical peel, nonfacial	*3.74	NA	1.48	NA	2.63	0.05	NA	6.42
15810	.....	A	Salabrasion	*4.74	1.36	0.99	2.75	2.31	0.29	7.78	7.34
15811	.....	A	Salabrasion	*5.39	1.36	0.99	2.99	2.55	0.73	9.11	8.67
15819	.....	A	Plastic surgery, neck	*9.38	NA	1.46	NA	4.02	0.87	NA	14.27
15820	.....	A	Revision of lower eyelid	*5.15	2.90	2.26	4.81	4.03	0.64	10.60	9.82
15821	.....	A	Revision of lower eyelid	*5.72	2.99	2.26	5.04	4.16	0.68	11.44	10.56
15822	.....	A	Revision of upper eyelid	*4.45	2.88	2.26	4.61	3.85	0.56	9.62	8.86
15823	.....	A	Revision of upper eyelid	*7.05	2.98	2.26	5.30	4.44	0.61	12.96	12.10
15831	.....	A	Excise excessive skin tissue	*12.40	NA	1.70	NA	5.23	2.01	NA	19.64
15832	.....	A	Excise excessive skin tissue	*11.59	NA	1.46	NA	4.61	1.33	NA	17.53
15833	.....	A	Excise excessive skin tissue	*10.64	NA	1.46	NA	4.35	1.12	NA	16.11
15834	.....	A	Excise excessive skin tissue	*10.85	NA	1.46	NA	4.42	1.22	NA	16.49
15835	.....	A	Excise excessive skin tissue	*11.67	NA	1.46	NA	4.60	1.22	NA	17.49
15836	.....	A	Excise excessive skin tissue	*9.34	NA	1.46	NA	4.06	1.10	NA	14.50
15837	.....	A	Excise excessive skin tissue	*8.43	2.68	1.46	5.30	3.81	0.85	14.58	13.09
15838	.....	A	Excise excessive skin tissue	*7.13	NA	1.46	NA	3.50	0.73	NA	11.36
15839	.....	A	Excise excessive skin tissue	*9.38	2.44	1.46	5.12	3.93	0.46	14.96	13.77
15840	.....	A	Graft for face nerve palsy	*13.26	NA	1.78	NA	5.58	2.28	NA	21.12
15841	.....	A	Graft for face nerve palsy	*23.26	NA	1.96	NA	8.08	2.76	NA	34.10
15842	.....	A	Graft for face nerve palsy	*37.96	NA	2.22	NA	11.61	2.68	NA	52.25
15845	.....	A	Skin and muscle repair, face	*12.57	NA	1.71	NA	5.40	2.54	NA	20.51
15850	.....	B	Removal of sutures	+0.78	0.86	0.16	1.22	0.38	0.04	2.04	1.20
15851	.....	A	Removal of sutures	0.86	0.86	0.16	1.24	0.39	0.03	2.13	1.28
15852	.....	A	Dressing change,not for burn	0.86	0.95	0.16	1.36	0.40	0.07	2.29	1.33
15860	.....	A	Test for blood flow in graft	1.95	NA	0.16	NA	0.68	0.25	NA	2.88
15920	.....	A	Removal of tail bone ulcer	*7.95	NA	1.92	NA	4.21	0.63	NA	12.79
15922	.....	A	Removal of tail bone ulcer	*9.90	NA	1.96	NA	4.81	1.19	NA	15.90
15931	.....	A	Remove sacrum pressure sore	*9.24	NA	1.60	NA	4.09	0.55	NA	13.88
15933	.....	A	Remove sacrum pressure sore	*10.85	NA	2.22	NA	5.40	1.43	NA	17.68
15934	.....	A	Remove sacrum pressure sore	*12.69	NA	1.96	NA	5.49	1.50	NA	19.68
15935	.....	A	Remove sacrum pressure sore	*14.57	NA	1.96	NA	6.07	2.27	NA	22.91
15936	.....	A	Remove sacrum pressure sore	*12.38	NA	1.96	NA	5.55	2.05	NA	19.98
15937	.....	A	Remove sacrum pressure sore	*14.21	NA	1.96	NA	6.08	2.67	NA	22.96
15940	.....	A	Removal of pressure sore	*9.34	NA	1.28	NA	3.77	0.73	NA	13.84
15941	.....	A	Removal of pressure sore	*11.43	NA	2.22	NA	5.52	1.39	NA	18.34
15944	.....	A	Removal of pressure sore	*11.46	NA	1.96	NA	5.29	1.82	NA	18.57
15945	.....	A	Removal of pressure sore	*12.69	NA	1.96	NA	5.62	2.09	NA	20.40
15946	.....	A	Removal of pressure sore	*21.57	NA	1.96	NA	7.82	3.24	NA	32.63
15950	.....	A	Remove thigh pressure sore	*7.54	NA	1.60	NA	3.73	0.58	NA	11.85
15951	.....	A	Remove thigh pressure sore	*10.72	NA	2.22	NA	5.40	1.58	NA	17.70
15952	.....	A	Remove thigh pressure sore	*11.39	NA	1.79	NA	4.98	1.37	NA	17.74
15953	.....	A	Remove thigh pressure sore	*12.63	NA	1.96	NA	5.56	1.87	NA	20.06
15956	.....	A	Remove thigh pressure sore	*15.52	NA	1.96	NA	6.53	3.39	NA	25.44
15958	.....	A	Remove thigh pressure sore	*15.48	NA	1.96	NA	6.60	3.76	NA	25.84
16000	.....	A	Initial treatment of burn(s)	0.89	0.60	0.16	0.93	0.40	0.03	1.85	1.32
16010	.....	A	Treatment of burn(s)	0.87	0.65	0.16	0.99	0.40	0.03	1.89	1.30
16015	.....	A	Treatment of burn(s)	2.35	0.80	0.16	1.58	0.80	0.38	4.31	3.53
16020	.....	A	Treatment of burn(s)	0.80	0.60	0.16	0.91	0.38	0.03	1.74	1.21

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
16025	.....	A	Treatment of burn(s)	1.85	0.78	0.16	1.37	0.61	0.05	3.27	2.51
16030	.....	A	Treatment of burn(s)	2.08	1.27	0.16	2.03	0.67	0.08	4.19	2.83
16035	.....	A	Incision of burn scab	*4.82	1.04	0.34	2.40	1.54	0.34	7.56	6.70
16040	.....	A	Burn wound excision	1.02	1.12	0.16	1.71	0.54	0.53	3.26	2.09
16041	.....	A	Burn wound excision	2.70	1.30	0.16	2.30	0.91	0.53	5.53	4.14
16042	.....	A	Burn wound excision	2.35	NA	0.16	NA	0.83	0.53	NA	3.71
17000	.....	G	Destroy benign/premal lesion	+0.56	0.60	0.26	0.86	0.45	0.03	1.45	1.04
17001	.....	G	Destruction of add'l lesions	+0.19	0.03	0.00	0.08	0.05	0.02	0.29	0.26
17002	.....	G	Destruction of add'l lesions	+0.19	0.03	0.00	0.08	0.04	0.01	0.28	0.24
17010	.....	G	Destruction skin lesion(s)	+*1.06	0.77	0.26	1.18	0.56	0.04	2.28	1.66
17100	.....	G	Destruction of skin lesion	+*0.56	0.60	0.26	0.86	0.45	0.03	1.45	1.04
17101	.....	G	Destruction of 2nd lesion	+0.11	0.03	0.00	0.07	0.03	0.02	0.20	0.16
17102	.....	G	Destruction of add'l lesions	+0.11	0.03	0.00	0.06	0.03	0.01	0.18	0.15
17104	.....	G	Destruction of skin lesions	+*2.04	0.77	0.26	1.39	0.77	0.01	3.44	2.82
17105	.....	G	Destruction of skin lesions	+*0.79	0.77	0.47	1.12	0.75	0.03	1.94	1.57
17106	.....	A	Destruction of skin lesions	*4.59	1.06	0.61	2.34	1.79	0.18	7.11	6.56
17107	.....	A	Destruction of skin lesions	*9.16	1.14	0.61	3.48	2.84	0.39	13.03	12.39
17108	.....	A	Destruction of skin lesions	*13.20	1.26	0.61	4.58	3.79	0.69	18.47	17.68
17110	.....	A	Destruction of skin lesions	*0.58	0.77	0.26	1.08	0.46	0.03	1.69	1.07
17200	.....	A	Electrocautery of skin tags	0.59	0.65	0.26	0.93	0.46	0.04	1.56	1.09
17201	.....	A	Electrocautery added lesions	0.38	0.07	0.00	0.17	0.09	0.01	0.56	0.48
17250	.....	A	Chemical cautery, tissue	0.50	0.53	0.16	0.76	0.32	0.04	1.30	0.86
17260	.....	A	Destruction of skin lesions	*0.91	0.86	0.26	1.26	0.54	0.10	2.27	1.55
17261	.....	A	Destruction of skin lesions	*1.17	0.90	0.26	1.38	0.61	0.12	2.67	1.90
17262	.....	A	Destruction of skin lesions	*1.58	0.90	0.26	1.47	0.70	0.16	3.21	2.44
17263	.....	A	Destruction of skin lesions	*1.79	0.90	0.26	1.53	0.76	0.21	3.53	2.76
17264	.....	A	Destruction of skin lesions	*1.94	0.90	0.26	1.57	0.80	0.26	3.77	3.00
17266	.....	A	Destruction of skin lesions	*2.34	0.90	0.26	1.71	0.94	0.49	4.54	3.77
17270	.....	A	Destruction of skin lesions	*1.32	0.87	0.26	1.37	0.64	0.12	2.81	2.08
17271	.....	A	Destruction of skin lesions	*1.49	0.90	0.26	1.45	0.68	0.16	3.10	2.33
17272	.....	A	Destruction of skin lesions	*1.77	0.90	0.26	1.52	0.75	0.19	3.48	2.71
17273	.....	A	Destruction of skin lesions	*2.05	0.90	0.26	1.60	0.83	0.25	3.90	3.13
17274	.....	A	Destruction of skin lesions	*2.59	0.90	0.26	1.73	0.96	0.32	4.64	3.87
17276	.....	A	Destruction of skin lesions	*3.20	0.90	0.49	1.91	1.41	0.51	5.62	5.12
17280	.....	A	Destruction of skin lesions	*1.17	0.87	0.26	1.34	0.61	0.15	2.66	1.93
17281	.....	A	Destruction of skin lesions	*1.72	0.90	0.26	1.51	0.74	0.18	3.41	2.64
17282	.....	A	Destruction of skin lesions	*2.04	0.90	0.26	1.59	0.82	0.23	3.86	3.09
17283	.....	A	Destruction of skin lesions	*2.64	0.90	0.26	1.73	0.96	0.28	4.65	3.88
17284	.....	A	Destruction of skin lesions	*3.21	0.90	0.26	1.87	1.10	0.33	5.41	4.64
17286	.....	A	Destruction of skin lesions	*4.44	0.90	0.49	2.20	1.70	0.60	7.24	6.74
17304	.....	A	Chemosurgery of skin lesion	7.60	3.18	0.16	5.61	1.93	0.31	13.52	9.84
17305	.....	A	2nd stage chemosurgery	2.85	0.97	0.00	1.84	0.66	0.17	4.86	3.68
17306	.....	A	3rd stage chemosurgery	2.85	0.97	0.00	1.83	0.65	0.11	4.79	3.61
17307	.....	A	Followup skin lesion therapy	2.85	0.97	0.00	1.83	0.65	0.12	4.80	3.62
17310	.....	A	Extensive skin chemosurgery	0.95	0.31	0.00	0.58	0.21	0.01	1.54	1.17
17340	.....	A	Cryotherapy of skin	0.73	0.74	0.74	1.07	1.07	0.02	1.82	1.82
17360	.....	A	Skin peel therapy	*1.43	0.86	0.86	1.36	1.36	0.02	2.81	2.81
19000	.....	A	Drainage of breast lesion	0.84	0.36	0.16	0.63	0.40	0.07	1.54	1.31
19001	.....	A	Drain added breast lesion	0.42	0.04	0.00	0.15	0.10	0.05	0.62	0.57
19020	.....	A	Incision of breast lesion	3.37	5.07	2.21	6.99	3.49	0.28	10.64	7.14
19030	.....	A	Injection for breast x-ray	1.53	3.91	0.09	5.11	0.46	0.04	6.68	2.03
19100	.....	A	Biopsy of breast	1.27	1.00	0.16	1.52	0.51	0.13	2.92	1.91
19101	.....	A	Biopsy of breast	*3.18	4.17	1.18	5.88	2.24	0.45	9.51	5.87
19110	.....	A	Nipple exploration	*4.30	4.36	1.73	6.37	3.17	0.51	11.18	7.98
19112	.....	A	Excise breast duct fistula	*3.67	4.32	1.73	6.15	2.99	0.35	10.17	7.01
19120	.....	A	Removal of breast lesion	*5.56	4.54	1.40	6.88	3.05	0.60	13.04	9.21
19125	.....	A	Excision, breast lesion	*6.06	4.54	1.40	6.99	3.16	0.60	13.65	9.82
19126	.....	A	Excision, add'l breast lesion	2.93	NA	0.70	NA	1.56	0.31	NA	4.80
19140	.....	A	Removal of breast tissue	*5.14	4.43	1.74	6.73	3.45	0.91	12.78	9.50
19160	.....	A	Removal of breast tissue	*5.99	NA	2.35	NA	4.37	0.88	NA	11.24
19162	.....	A	Remove breast tissue, nodes	*13.53	NA	3.03	NA	7.08	1.96	NA	22.57
19180	.....	A	Removal of breast	*8.80	NA	2.68	NA	5.45	1.17	NA	15.42
19182	.....	A	Removal of breast	*7.73	NA	1.95	NA	4.34	1.27	NA	13.34
19200	.....	A	Removal of breast	*15.49	NA	3.03	NA	7.55	2.15	NA	25.19
19220	.....	A	Removal of breast	*15.72	NA	3.03	NA	7.65	2.38	NA	25.75
19240	.....	A	Removal of breast	*16.00	NA	3.03	NA	7.63	1.99	NA	25.62
19260	.....	A	Removal of chest wall lesion	*15.44	NA	2.39	NA	6.53	1.04	NA	23.01
19271	.....	A	Revision of chest wall	*18.90	NA	2.39	NA	7.67	2.77	NA	29.34
19272	.....	A	Extensive chest wall surgery	*21.55	NA	2.42	NA	8.24	2.56	NA	32.35
19290	.....	A	Place needle wire, breast	1.27	2.57	0.11	3.42	0.43	0.07	4.76	1.77
19291	.....	A	Place needle wire, breast	0.63	0.60	0.00	0.88	0.15	0.04	1.55	0.82
19316	.....	A	Suspension of breast	10.07	NA	1.44	NA	4.49	2.43	NA	16.99
19318	.....	A	Reduction of large breast	*15.62	NA	1.44	NA	5.88	3.23	NA	24.73
19324	.....	A	Enlarge breast	*5.85	NA	1.17	NA	2.86	0.67	NA	9.38

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
19325	.....	A	Enlarge breast with implant	*8.45	NA	1.44	NA	3.85	1.13	NA	13.43
19328	.....	A	Removal of breast implant	*5.68	NA	1.17	NA	2.83	0.73	NA	9.24
19330	.....	A	Removal of implant material	*7.59	NA	1.09	NA	3.16	0.75	NA	11.50
19340	.....	A	Immediate breast prosthesis	6.33	NA	0.00	NA	1.84	2.06	NA	10.23
19342	.....	A	Delayed breast prosthesis	*11.20	NA	1.36	NA	4.55	2.03	NA	17.78
19350	.....	A	Breast reconstruction	*8.92	3.28	1.44	6.26	4.01	1.38	16.56	14.31
19355	.....	A	Correct inverted nipple(s)	*7.57	2.79	1.24	5.28	3.39	1.00	13.85	11.96
19357	.....	A	Breast reconstruction	16.72	NA	2.53	NA	7.26	2.37	NA	26.35
19361	.....	A	Breast reconstruction	17.82	NA	1.44	NA	6.50	3.88	NA	28.20
19364	.....	A	Breast reconstruction	*29.04	NA	2.26	NA	9.90	3.58	NA	42.52
19366	.....	A	Breast reconstruction	19.84	NA	1.44	NA	6.79	3.18	NA	29.81
19367	.....	A	Breast reconstruction	*25.73	NA	1.44	NA	8.24	3.88	NA	37.85
19368	.....	A	Breast reconstruction	*32.42	NA	1.71	NA	10.04	3.88	NA	46.34
19369	.....	A	Breast reconstruction	*29.82	NA	1.71	NA	9.47	3.88	NA	43.17
19370	.....	A	Surgery of breast capsule	*8.05	NA	1.24	NA	3.54	1.19	NA	12.78
19371	.....	A	Removal of breast capsule	*9.35	NA	1.44	NA	4.14	1.54	NA	15.03
19380	.....	A	Revise breast reconstruction	*9.14	NA	1.44	NA	4.10	1.57	NA	14.81
19396	.....	A	Design custom breast implant	2.17	1.72	1.72	1.72	1.72	0.31	4.20	4.20
20000	.....	A	Incision of abscess	*2.12	1.13	0.54	1.86	1.14	0.08	4.06	3.34
20005	.....	A	Incision of deep abscess	*3.42	1.43	0.90	2.55	1.90	0.28	6.25	5.60
20100	.....	A	Explore wound, neck	*10.08	2.19	0.82	5.13	3.46	1.16	16.37	14.70
20101	.....	A	Explore wound, chest	*3.22	2.16	0.82	3.42	1.79	0.37	7.01	5.38
20102	.....	A	Explore wound, abdomen	3.68	2.16	0.82	3.54	1.90	0.45	7.67	6.03
20103	.....	A	Explore wound, extremity	4.95	2.19	0.82	3.89	2.22	0.60	9.44	7.77
20150	.....	A	Excise epiphyseal bar	*13.69	NA	0.82	NA	4.44	2.03	NA	20.16
20200	.....	A	Muscle biopsy	1.46	0.97	0.16	1.54	0.56	0.18	3.18	2.20
20205	.....	A	Deep muscle biopsy	2.35	2.50	0.16	3.63	0.79	0.33	6.31	3.47
20206	.....	A	Needle biopsy, muscle	0.99	1.11	0.16	1.60	0.45	0.14	2.73	1.58
20220	.....	A	Bone biopsy, trocar/needle	1.27	1.09	0.16	1.63	0.50	0.09	2.99	1.86
20225	.....	A	Bone biopsy, trocar/needle	1.87	1.89	0.16	2.78	0.67	0.28	4.93	2.82
20240	.....	A	Bone biopsy, excisional	*3.23	NA	1.31	NA	2.35	0.18	NA	5.76
20245	.....	A	Bone biopsy, excisional	*3.95	NA	1.31	NA	2.56	0.44	NA	6.95
20250	.....	A	Open bone biopsy	*5.03	NA	0.89	NA	2.35	0.76	NA	8.14
20251	.....	A	Open bone biopsy	*5.56	NA	0.89	NA	2.50	0.92	NA	8.98
20500	.....	A	Injection of sinus tract	*1.23	1.72	1.31	2.38	1.88	0.04	3.65	3.15
20501	.....	A	Inject sinus tract for x-ray	0.76	3.99	0.09	5.04	0.28	0.02	5.82	1.06
20520	.....	A	Removal of foreign body	*1.85	1.72	1.31	2.52	2.03	0.08	4.45	3.96
20525	.....	A	Removal of foreign body	*3.50	1.72	1.31	2.94	2.44	0.33	6.77	6.27
20550	.....	A	Inj tendon/ligament/cyst	0.86	0.75	0.13	1.12	0.36	0.04	2.02	1.26
20600	.....	A	Drain/inject joint/bursa	0.66	0.75	0.13	1.07	0.32	0.05	1.78	1.03
20605	.....	A	Drain/inject joint/bursa	0.68	0.75	0.13	1.08	0.32	0.05	1.81	1.05
20610	.....	A	Drain/inject joint/bursa	0.79	0.75	0.11	1.10	0.32	0.05	1.94	1.16
20615	.....	A	Treatment of bone cyst	*2.28	1.19	0.79	1.97	1.48	0.06	4.31	3.82
20650	.....	A	Insert and remove bone pin	*2.23	1.84	1.45	2.77	2.28	0.14	5.14	4.65
20660	.....	A	Apply, remove fixation device	2.51	NA	0.15	NA	0.78	0.21	NA	3.50
20661	.....	A	Application of head brace	*4.89	NA	2.68	NA	4.48	0.65	NA	10.02
20662	.....	A	Application of pelvis brace	*6.07	NA	1.26	NA	3.10	1.03	NA	10.20
20663	.....	A	Application of thigh brace	*5.43	NA	1.26	NA	2.90	0.76	NA	9.09
20665	.....	A	Removal of fixation device	*1.31	0.73	0.54	1.20	0.96	0.07	2.58	2.34
20670	.....	A	Removal of support implant	*1.74	1.72	1.31	2.50	2.01	0.11	4.35	3.86
20680	.....	A	Removal of support implant	*3.35	1.89	1.89	3.15	3.15	0.51	7.01	7.01
20690	.....	A	Apply bone fixation device	3.52	NA	0.00	NA	0.90	0.58	NA	5.00
20692	.....	A	Apply bone fixation device	6.41	NA	0.00	NA	1.60	0.89	NA	8.90
20693	.....	A	Adjust bone fixation device	*5.86	NA	3.79	NA	6.00	0.42	NA	12.28
20694	.....	A	Remove bone fixation device	*4.16	2.28	1.90	3.78	3.31	0.41	8.35	7.88
20802	.....	A	Replantation, arm, complete	39.56	NA	10.23	NA	10.23	6.17	NA	55.96
20805	.....	A	Replant forearm, complete	*50.00	NA	10.42	NA	25.32	7.56	NA	82.88
20808	.....	A	Replantation, hand, complete	60.19	NA	10.23	NA	10.23	9.40	NA	79.82
20816	.....	A	Replantation digit, complete	*30.94	NA	6.27	NA	15.43	4.63	NA	51.00
20822	.....	A	Replantation digit, complete	*25.59	NA	6.27	NA	14.08	3.83	NA	43.50
20824	.....	A	Replantation thumb, complete	*30.94	NA	6.27	NA	15.43	4.63	NA	51.00
20827	.....	A	Replantation thumb, complete	*26.41	NA	6.27	NA	14.29	3.94	NA	44.64
20838	.....	A	Replantation, foot, complete	*41.41	NA	4.12	NA	15.44	6.17	NA	63.02
20900	.....	A	Removal of bone for graft	*5.58	1.96	1.55	3.71	3.21	0.45	9.74	9.24
20902	.....	A	Removal of bone for graft	*7.55	NA	2.22	NA	4.54	0.80	NA	12.89
20910	.....	A	Remove cartilage for graft	*5.34	1.96	1.55	3.57	3.08	0.09	9.00	8.51
20912	.....	A	Remove cartilage for graft	*6.35	NA	1.55	NA	3.42	0.64	NA	10.41
20920	.....	A	Removal of fascia for graft	*5.31	NA	1.55	NA	3.16	0.50	NA	8.97
20922	.....	A	Removal of fascia for graft	*6.61	1.96	1.55	3.99	3.49	0.71	11.31	10.81
20924	.....	A	Removal of tendon for graft	*6.48	NA	1.55	NA	3.49	0.85	NA	10.82
20926	.....	A	Removal of tissue for graft	*5.53	NA	1.55	NA	3.18	0.39	NA	9.10
20931	.....	A	Spinal bone allograft	1.81	NA	0.00	NA	0.46	0.28	NA	2.55
20937	.....	A	Spinal bone autograft	2.79	0.00	0.00	0.71	0.71	0.44	3.94	3.94
20938	.....	A	Spinal bone autograft	3.02	NA	0.00	NA	0.76	0.47	NA	4.25

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
20950	.....	A	Record fluid pressure, muscle	1.26	NA	0.16	NA	0.51	0.17	NA	1.94
20955	.....	A	Fibula bone graft, microvasc	*39.21	NA	3.19	NA	13.76	5.87	NA	58.84
20956	.....	A	Iliac bone graft, microvasc	*39.27	NA	3.13	NA	13.57	5.26	NA	58.10
20957	.....	A	Mt bone graft, microvasc	*40.65	NA	3.13	NA	13.91	5.45	NA	60.01
20962	.....	A	Other bone graft, microvasc	37.00	NA	3.19	NA	13.15	5.26	NA	55.41
20969	.....	A	Bone/skin graft, microvasc	*43.92	NA	3.19	NA	14.95	6.57	NA	65.44
20970	.....	A	Bone/skin graft, iliac crest	*43.06	NA	3.19	NA	14.73	6.44	NA	64.23
20972	.....	A	Bone-skin graft, metatarsal	*42.99	NA	3.19	NA	14.73	6.49	NA	64.21
20973	.....	A	Bone-skin graft, great toe	*45.76	NA	3.19	NA	15.43	6.91	NA	68.10
20974	.....	A	Electrical bone stimulation	0.62	0.11	0.00	0.39	0.25	0.53	1.54	1.40
20975	.....	A	Electrical bone stimulation	2.60	NA	0.00	NA	0.69	0.56	NA	3.85
21010	.....	A	Incision of jaw joint	9.06	NA	2.05	NA	4.68	0.93	NA	14.67
21015	.....	A	Resection of facial tumor	4.94	NA	2.02	NA	3.79	1.13	NA	9.86
21025	.....	A	Excision of bone, lower jaw	*10.06	3.17	1.76	6.15	4.44	0.38	16.59	14.88
21026	.....	A	Excision of facial bone(s)	4.53	3.17	1.76	4.92	3.20	0.28	9.73	8.01
21029	.....	A	Contour of face bone lesion	7.21	3.09	1.59	5.51	3.69	0.78	13.50	11.68
21030	.....	A	Removal of face bone lesion	6.04	2.79	1.41	4.79	3.10	0.29	11.12	9.43
21031	.....	A	Remove exostosis, mandible	*3.24	2.20	0.90	3.46	1.87	0.32	7.02	5.43
21032	.....	A	Remove exostosis, maxilla	3.14	2.17	0.90	3.41	1.86	0.35	6.90	5.35
21034	.....	A	Removal of face bone lesion	15.11	2.90	1.41	7.04	5.22	0.89	23.04	21.22
21040	.....	A	Removal of jaw bone lesion	2.01	2.29	0.90	3.29	1.59	0.24	5.54	3.84
21041	.....	A	Removal of jaw bone lesion	*6.71	2.90	1.41	5.12	3.29	0.50	12.33	10.50
21044	.....	A	Removal of jaw bone lesion	11.08	NA	1.41	NA	4.38	1.11	NA	16.57
21045	.....	A	Extensive jaw surgery	15.11	NA	1.59	NA	5.59	1.58	NA	22.28
21050	.....	A	Removal of jaw joint	10.07	NA	4.67	NA	8.13	1.08	NA	19.28
21060	.....	A	Remove jaw joint cartilage	9.56	NA	4.67	NA	8.01	1.04	NA	18.61
21070	.....	A	Remove coronoid process	7.66	NA	2.05	NA	4.35	0.82	NA	12.83
21076	.....	A	Prepare face/oral prosthesis	12.54	1.75	1.75	5.18	5.18	1.35	19.07	19.07
21077	.....	A	Prepare face/oral prosthesis	31.54	1.75	1.75	9.79	9.79	3.39	44.72	44.72
21079	.....	A	Prepare face/oral prosthesis	20.88	1.75	1.75	7.20	7.20	2.25	30.33	30.33
21080	.....	A	Prepare face/oral prosthesis	23.46	1.75	1.75	7.83	7.83	2.52	33.81	33.81
21081	.....	A	Prepare face/oral prosthesis	21.38	1.75	1.75	7.32	7.32	2.30	31.00	31.00
21082	.....	A	Prepare face/oral prosthesis	19.50	1.75	1.75	6.87	6.87	2.10	28.47	28.47
21083	.....	A	Prepare face/oral prosthesis	18.04	1.75	1.75	6.51	6.51	1.94	26.49	26.49
21084	.....	A	Prepare face/oral prosthesis	21.04	1.75	1.75	7.24	7.24	2.28	30.56	30.56
21085	.....	A	Prepare face/oral prosthesis	8.41	1.75	1.75	4.18	4.18	0.90	13.49	13.49
21086	.....	A	Prepare face/oral prosthesis	23.29	1.75	1.75	7.79	7.79	2.51	33.59	33.59
21087	.....	A	Prepare face/oral prosthesis	23.29	1.75	1.75	7.79	7.79	2.51	33.59	33.59
21100	.....	A	Maxillofacial fixation	4.04	3.17	1.76	4.77	3.06	0.11	8.92	7.21
21110	.....	A	Interdental fixation	5.03	3.17	1.76	5.07	3.35	0.46	10.56	8.84
21116	.....	A	Injection, jaw joint x-ray	0.81	4.22	0.09	5.33	0.30	0.06	6.20	1.17
21120	.....	A	Reconstruction of chin	*4.93	3.98	2.02	6.03	3.63	0.42	11.38	8.98
21121	.....	A	Reconstruction of chin	*7.64	3.98	2.02	6.67	4.28	0.66	14.97	12.58
21122	.....	A	Reconstruction of chin	*8.52	NA	2.02	NA	4.49	0.73	NA	13.74
21123	.....	A	Reconstruction of chin	*11.16	NA	2.02	NA	5.11	0.95	NA	17.22
21125	.....	A	Augmentation lower jaw bone	*10.62	3.98	2.02	7.30	4.90	0.54	18.46	16.06
21127	.....	A	Augmentation lower jaw bone	*11.12	4.50	2.02	8.13	5.10	0.92	20.17	17.14
21137	.....	A	Reduction of forehead	*9.82	NA	1.41	NA	4.05	0.83	NA	14.70
21138	.....	A	Reduction of forehead	*12.19	NA	1.59	NA	4.84	1.04	NA	18.07
21139	.....	A	Reduction of forehead	*14.61	NA	1.59	NA	5.41	1.25	NA	21.27
21141	.....	A	Reconstruct midface, lefort	16.92	2.58	2.58	7.22	7.22	1.68	25.82	25.82
21142	.....	A	Reconstruct midface, lefort	17.58	NA	2.53	NA	7.32	1.74	NA	26.64
21143	.....	A	Reconstruct midface, lefort	18.30	NA	2.53	NA	7.49	1.81	NA	27.60
21145	.....	A	Reconstruct midface, lefort	*19.94	NA	2.58	NA	7.88	1.68	NA	29.50
21146	.....	A	Reconstruct midface, lefort	*20.71	NA	2.58	NA	8.06	1.74	NA	30.51
21147	.....	A	Reconstruct midface, lefort	*21.77	NA	2.58	NA	8.31	1.81	NA	31.89
21150	.....	A	Reconstruct midface, lefort	*25.24	NA	2.84	NA	9.47	2.17	NA	36.88
21151	.....	A	Reconstruct midface, lefort	*28.30	NA	2.66	NA	9.97	2.42	NA	40.69
21154	.....	A	Reconstruct midface, lefort	*30.52	NA	2.84	NA	10.72	2.59	NA	43.83
21155	.....	A	Reconstruct midface, lefort	*34.45	NA	2.84	NA	11.66	2.94	NA	49.05
21159	.....	A	Reconstruct midface, lefort	*42.38	NA	2.84	NA	13.54	3.63	NA	59.55
21160	.....	A	Reconstruct midface, lefort	*46.44	NA	2.84	NA	14.51	3.98	NA	64.93
21172	.....	A	Reconstruct orbit/forehead	*27.80	NA	2.84	NA	10.07	2.37	NA	40.24
21175	.....	A	Reconstruct orbit/forehead	*33.17	NA	2.84	NA	11.36	2.85	NA	47.38
21179	.....	A	Reconstruct entire forehead	*22.25	NA	2.84	NA	8.76	1.90	NA	32.91
21180	.....	A	Reconstruct entire forehead	*25.19	NA	2.84	NA	9.46	2.17	NA	36.82
21181	.....	A	Contour cranial bone lesion	*9.90	NA	1.59	NA	4.29	0.83	NA	15.02
21182	.....	A	Reconstruct cranial bone	*32.19	NA	2.58	NA	10.80	2.77	NA	45.76
21183	.....	A	Reconstruct cranial bone	*35.31	NA	2.58	NA	11.54	3.03	NA	49.88
21184	.....	A	Reconstruct cranial bone	*38.24	NA	2.58	NA	12.24	3.28	NA	53.76
21188	.....	A	Reconstruction of midface	*22.46	NA	2.58	NA	8.48	1.90	NA	32.84
21193	.....	A	Reconstruct lower jaw bone	*17.15	NA	2.58	NA	7.21	1.44	NA	25.80
21194	.....	A	Reconstruct lower jaw bone	*19.84	NA	2.58	NA	7.85	1.67	NA	29.36
21195	.....	A	Reconstruct lower jaw bone	*17.24	NA	2.58	NA	7.23	1.44	NA	25.91

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
21196	.....	A	Reconstruct lower jaw bone	*18.91	NA	2.58	NA	7.63	1.58	NA	28.12
21198	.....	A	Reconstruct lower jaw bone	*14.16	NA	2.58	NA	6.63	1.74	NA	22.53
21206	.....	A	Reconstruct upper jaw bone	*14.10	NA	2.29	NA	6.14	1.19	NA	21.43
21208	.....	A	Augmentation of facial bones	9.56	4.23	1.73	7.48	4.44	1.07	18.11	15.07
21209	.....	A	Reduction of facial bones	6.28	3.97	1.73	6.39	3.65	0.76	13.43	10.69
21210	.....	A	Face bone graft	9.56	4.36	2.02	7.69	4.84	1.29	18.54	15.69
21215	.....	A	Lower jaw bone graft	10.07	4.25	2.02	7.70	4.98	1.42	19.19	16.47
21230	.....	A	Rib cartilage graft	10.07	NA	2.02	NA	5.04	1.69	NA	16.80
21235	.....	A	Ear cartilage graft	6.28	4.25	2.02	6.79	4.07	1.09	14.16	11.44
21240	.....	A	Reconstruction of jaw joint	*14.05	NA	4.67	NA	9.22	2.09	NA	25.36
21242	.....	A	Reconstruction of jaw joint	12.10	NA	4.67	NA	8.83	2.25	NA	23.18
21243	.....	A	Reconstruction of jaw joint	*20.79	NA	4.67	NA	10.61	1.68	NA	33.08
21244	.....	A	Reconstruction of lower jaw	11.08	NA	2.02	NA	5.31	1.93	NA	18.32
21245	.....	A	Reconstruction of jaw	11.08	4.50	2.02	8.20	5.17	1.31	20.59	17.56
21246	.....	A	Reconstruction of jaw	11.65	4.50	2.02	8.27	5.24	1.04	20.96	17.93
21247	.....	A	Reconstruct lower jaw bone	21.15	NA	4.67	NA	10.82	2.27	NA	34.24
21248	.....	A	Reconstruction of jaw	*11.48	3.98	2.02	7.75	5.36	1.75	20.98	18.59
21249	.....	A	Reconstruction of jaw	*17.52	3.98	2.02	9.42	7.02	3.29	30.23	27.83
21255	.....	A	Reconstruct lower jaw bone	15.63	NA	2.02	NA	6.25	1.68	NA	23.56
21256	.....	A	Reconstruction of orbit	15.13	NA	2.29	NA	6.47	1.63	NA	23.23
21260	.....	A	Revise eye sockets	15.44	NA	2.29	NA	6.54	1.66	NA	23.64
21261	.....	A	Revise eye sockets	29.43	NA	2.29	NA	9.60	1.65	NA	40.68
21263	.....	A	Revise eye sockets	26.56	NA	2.29	NA	9.24	2.86	NA	38.66
21267	.....	A	Revise eye sockets	17.66	NA	2.29	NA	7.13	2.13	NA	26.92
21268	.....	A	Revise eye sockets	22.88	NA	2.29	NA	8.49	3.13	NA	34.50
21270	.....	A	Augmentation cheek bone	9.56	4.31	2.08	7.66	4.94	1.41	18.63	15.91
21275	.....	A	Revision orbitofacial bones	10.50	NA	2.29	NA	5.37	1.26	NA	17.13
21280	.....	A	Revision of eyelid	5.64	NA	1.73	NA	3.48	0.61	NA	9.73
21282	.....	A	Revision of eyelid	3.26	NA	1.73	NA	3.00	0.79	NA	7.05
21295	.....	A	Revision of jaw muscle/bone	1.43	NA	2.02	NA	2.80	0.13	NA	4.36
21296	.....	A	Revision of jaw muscle/bone	3.97	NA	2.02	NA	3.38	0.22	NA	7.57
21300	.....	A	Treatment of skull fracture	0.72	1.95	0.16	2.55	0.38	0.11	3.38	1.21
21310	.....	A	Treatment of nose fracture	0.58	1.95	0.16	2.52	0.35	0.09	3.19	1.02
21315	.....	A	Treatment of nose fracture	*1.51	2.17	0.58	3.02	1.08	0.21	4.74	2.80
21320	.....	A	Treatment of nose fracture	*1.85	2.13	0.79	3.08	1.45	0.34	5.27	3.64
21325	.....	A	Repair of nose fracture	3.52	NA	1.15	NA	2.29	0.52	NA	6.33
21330	.....	A	Repair of nose fracture	5.03	NA	1.46	NA	3.07	0.86	NA	8.96
21335	.....	A	Repair of nose fracture	8.05	NA	1.46	NA	3.88	1.56	NA	13.49
21336	.....	A	Repair nasal septal fracture	5.35	NA	1.46	NA	3.06	0.52	NA	8.93
21337	.....	A	Repair nasal septal fracture	2.52	2.68	1.11	3.90	1.99	0.38	6.80	4.89
21338	.....	A	Repair nasoethmoid fracture	6.04	NA	1.46	NA	3.24	0.66	NA	9.94
21339	.....	A	Repair nasoethmoid fracture	7.56	NA	1.46	NA	3.59	0.70	NA	11.85
21340	.....	A	Repair of nose fracture	10.07	NA	2.01	NA	4.88	1.04	NA	15.99
21343	.....	A	Repair of sinus fracture	12.10	NA	1.73	NA	5.00	1.08	NA	18.18
21344	.....	A	Repair of sinus fracture	18.43	NA	1.73	NA	6.39	1.08	NA	25.90
21345	.....	A	Repair of nose/jaw fracture	7.63	4.68	2.58	7.55	4.99	0.81	15.99	13.43
21346	.....	A	Repair of nose/jaw fracture	9.92	NA	2.58	NA	5.54	1.04	NA	16.50
21347	.....	A	Repair of nose/jaw fracture	11.86	NA	1.73	NA	5.01	1.36	NA	18.23
21348	.....	A	Repair of nose/jaw fracture	15.60	NA	1.73	NA	6.02	2.22	NA	23.84
21355	.....	A	Repair cheek bone fracture	3.52	2.28	0.58	3.59	1.52	0.17	7.28	5.21
21356	.....	A	Repair cheek bone fracture	3.88	NA	0.88	NA	2.11	0.89	NA	6.88
21360	.....	A	Repair cheek bone fracture	6.04	NA	1.46	NA	3.29	0.89	NA	10.22
21365	.....	A	Repair cheek bone fracture	*14.95	NA	2.01	NA	6.08	1.63	NA	22.66
21366	.....	A	Repair cheek bone fracture	16.61	NA	2.01	NA	6.60	2.36	NA	25.57
21385	.....	A	Repair eye socket fracture	8.56	NA	1.73	NA	4.23	1.13	NA	13.92
21386	.....	A	Repair eye socket fracture	8.56	NA	1.73	NA	4.26	1.25	NA	14.07
21387	.....	A	Repair eye socket fracture	9.07	NA	1.73	NA	4.31	0.96	NA	14.34
21390	.....	A	Repair eye socket fracture	9.47	NA	1.73	NA	4.49	1.37	NA	15.33
21395	.....	A	Repair eye socket fracture	11.85	NA	1.73	NA	5.01	1.37	NA	18.23
21400	.....	A	Treat eye socket fracture	1.31	2.17	0.58	2.97	1.03	0.17	4.45	2.51
21401	.....	A	Repair eye socket fracture	3.05	2.68	1.11	4.00	2.09	0.32	7.37	5.46
21406	.....	A	Repair eye socket fracture	6.55	NA	1.73	NA	3.71	0.74	NA	11.00
21407	.....	A	Repair eye socket fracture	8.05	NA	1.73	NA	4.05	0.78	NA	12.88
21408	.....	A	Repair eye socket fracture	11.57	NA	1.73	NA	4.86	0.99	NA	17.42
21421	.....	A	Treat mouth roof fracture	4.80	4.68	2.58	6.89	4.33	0.62	12.31	9.75
21422	.....	A	Repair mouth roof fracture	7.78	NA	2.02	NA	4.42	1.19	NA	13.39
21423	.....	A	Repair mouth roof fracture	9.72	NA	1.73	NA	4.50	1.19	NA	15.41
21431	.....	A	Treat craniofacial fracture	6.59	NA	2.29	NA	4.39	0.71	NA	11.69
21432	.....	A	Repair craniofacial fracture	8.05	NA	2.29	NA	4.74	0.84	NA	13.63
21433	.....	A	Repair craniofacial fracture	23.69	NA	2.29	NA	8.44	2.10	NA	34.23
21435	.....	A	Repair craniofacial fracture	16.12	NA	2.29	NA	6.74	1.88	NA	24.74
21436	.....	A	Repair craniofacial fracture	26.21	NA	2.29	NA	8.99	2.08	NA	37.28
21440	.....	A	Repair dental ridge fracture	2.52	3.98	2.02	5.47	3.07	0.28	8.27	5.87
21445	.....	A	Repair dental ridge fracture	5.03	4.12	2.02	6.24	3.68	0.56	11.83	9.27

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21450	.....	A	Treat lower jaw fracture	2.78	3.67	1.28	5.14	2.23	0.26	8.18	5.27
21451	.....	A	Treat lower jaw fracture	4.55	4.29	2.58	6.39	4.30	0.74	11.68	9.59
21452	.....	A	Treat lower jaw fracture	1.85	4.81	2.58	6.31	3.58	0.17	8.33	5.60
21453	.....	A	Treat lower jaw fracture	5.18	4.55	2.58	6.81	4.40	0.55	12.54	10.13
21454	.....	A	Treat lower jaw fracture	6.04	NA	2.12	NA	4.22	1.42	NA	11.68
21461	.....	A	Repair lower jaw fracture	7.56	4.81	2.58	7.80	5.08	1.30	16.66	13.94
21462	.....	A	Repair lower jaw fracture	9.15	4.94	2.58	8.32	5.44	1.34	18.81	15.93
21465	.....	A	Repair lower jaw fracture	11.13	NA	2.12	NA	5.24	0.99	NA	17.36
21470	.....	A	Repair lower jaw fracture	*15.34	NA	2.12	NA	6.33	1.74	NA	23.41
21480	.....	A	Reset dislocated jaw	0.61	1.85	0.16	2.41	0.35	0.09	3.11	1.05
21485	.....	A	Reset dislocated jaw	3.73	2.84	1.44	4.33	2.61	0.20	8.26	6.54
21490	.....	A	Repair dislocated jaw	11.08	NA	2.12	NA	5.12	0.52	NA	16.72
21493	.....	A	Treat hyoid bone fracture	1.19	2.00	0.59	2.00	0.59	0.13	3.32	1.91
21494	.....	A	Repair hyoid bone fracture	5.87	2.40	1.20	2.40	1.20	0.63	8.90	7.70
21495	.....	A	Repair hyoid bone fracture	5.32	NA	1.82	NA	3.50	0.51	NA	9.33
21497	.....	A	Interdental wiring	3.61	3.17	1.76	4.74	3.02	0.38	8.73	7.01
21501	.....	A	Drain neck/chest lesion	*3.81	1.82	1.44	3.11	2.64	0.26	7.18	6.71
21502	.....	A	Drain chest lesion	*7.12	NA	2.47	NA	4.73	0.75	NA	12.60
21510	.....	A	Drainage of bone lesion	*5.74	NA	2.39	NA	4.29	0.50	NA	10.53
21550	.....	A	Biopsy of neck/chest	*2.06	1.19	0.59	1.93	1.20	0.12	4.11	3.38
21555	.....	A	Remove lesion neck/chest	*4.35	1.83	0.90	3.24	2.10	0.25	7.84	6.70
21556	.....	A	Remove lesion neck/chest	*5.57	NA	0.91	NA	2.47	0.64	NA	8.68
21557	.....	A	Remove tumor, neck or chest	*8.88	NA	2.39	NA	5.17	1.41	NA	15.46
21600	.....	A	Partial removal of rib	*6.89	NA	2.39	NA	4.62	0.88	NA	12.39
21610	.....	A	Partial removal of rib	*14.61	NA	2.67	NA	6.62	0.76	NA	21.99
21615	.....	A	Removal of rib	*9.87	NA	2.39	NA	5.51	1.96	NA	17.34
21616	.....	A	Removal of rib and nerves	*12.04	NA	2.39	NA	5.88	1.50	NA	19.42
21620	.....	A	Partial removal of sternum	*6.79	NA	2.39	NA	4.68	1.23	NA	12.70
21627	.....	A	Sternal debridement	*6.81	NA	3.74	NA	6.25	0.90	NA	13.96
21630	.....	A	Extensive sternum surgery	*17.38	NA	2.39	NA	7.25	2.40	NA	27.03
21632	.....	A	Extensive sternum surgery	*18.14	NA	2.39	NA	7.38	2.22	NA	27.74
21700	.....	A	Revision of neck muscle	*6.19	2.28	1.90	4.25	3.78	0.50	10.94	10.47
21705	.....	A	Revision of neck muscle/rib	*9.60	NA	2.39	NA	5.23	0.96	NA	15.79
21720	.....	A	Revision of neck muscle	*5.68	2.28	1.90	4.14	3.67	0.52	10.34	9.87
21725	.....	A	Revision of neck muscle	*6.99	NA	1.90	NA	4.00	0.74	NA	11.73
21740	.....	A	Reconstruction of sternum	15.42	NA	2.81	NA	7.17	1.64	NA	24.23
21750	.....	A	Repair of sternum separation	10.07	NA	2.39	NA	5.44	1.43	NA	16.94
21800	.....	A	Treatment of rib fracture	*0.96	0.95	0.65	1.38	1.02	0.07	2.41	2.05
21805	.....	A	Treatment of rib fracture	*2.75	NA	1.62	NA	2.61	0.17	NA	5.53
21810	.....	A	Treatment of rib fracture(s)	*6.86	NA	1.94	NA	4.00	0.61	NA	11.47
21820	.....	A	Treat sternum fracture	*1.28	1.10	0.83	1.66	1.32	0.17	3.11	2.77
21825	.....	A	Repair sternum fracture	*7.41	NA	2.39	NA	4.79	1.12	NA	13.32
21920	.....	A	Biopsy soft tissue of back	*2.06	1.32	0.54	2.09	1.13	0.11	4.26	3.30
21925	.....	A	Biopsy soft tissue of back	*4.49	4.30	2.26	6.30	3.81	0.32	11.11	8.62
21930	.....	A	Remove lesion, back or flank	*5.00	1.92	0.91	3.54	2.31	0.49	9.03	7.80
21935	.....	A	Remove tumor of back	*17.96	NA	3.07	NA	7.96	1.30	NA	27.22
22100	.....	A	Remove part of neck vertebra	*9.73	NA	2.37	NA	5.26	1.09	NA	16.08
22101	.....	A	Remove part, thorax vertebra	*9.81	NA	2.26	NA	5.21	1.38	NA	16.40
22102	.....	A	Remove part, lumbar vertebra	*9.81	NA	2.37	NA	5.19	0.67	NA	15.67
22103	.....	A	Remove extra spine segment	2.34	NA	0.00	NA	0.59	0.37	NA	3.30
22110	.....	A	Remove part of neck vertebra	*12.74	NA	2.37	NA	6.04	1.64	NA	20.42
22112	.....	A	Remove part, thorax vertebra	*12.81	NA	2.67	NA	6.42	1.63	NA	20.86
22114	.....	A	Remove part, lumbar vertebra	*12.81	NA	2.67	NA	6.32	1.17	NA	20.30
22116	.....	A	Remove extra spine segment	2.32	NA	0.00	NA	0.59	0.36	NA	3.27
22210	.....	A	Revision of neck spine	*23.82	NA	3.07	NA	9.49	2.43	NA	35.74
22212	.....	A	Revision of thorax spine	*19.42	NA	3.07	NA	8.61	2.83	NA	30.86
22214	.....	A	Revision of lumbar spine	*19.45	NA	3.07	NA	8.59	2.68	NA	30.72
22216	.....	A	Revise, extra spine segment	6.04	0.00	0.00	1.52	1.52	0.89	8.45	8.45
22220	.....	A	Revision of neck spine	*21.37	NA	2.37	NA	8.15	2.63	NA	32.15
22222	.....	A	Revision of thorax spine	*21.52	NA	3.07	NA	8.80	1.58	NA	31.90
22224	.....	A	Revision of lumbar spine	*21.52	NA	3.07	NA	9.04	2.66	NA	33.22
22226	.....	A	Revise, extra spine segment	6.04	NA	0.00	NA	1.52	0.89	NA	8.45
22305	.....	A	Treat spine process fracture	*2.05	1.10	0.83	1.87	1.54	0.37	4.29	3.96
22310	.....	A	Treat spine fracture	*2.61	1.65	1.36	2.74	2.37	0.69	6.04	5.67
22315	.....	A	Treat spine fracture	*8.84	NA	2.67	NA	5.38	0.86	NA	15.08
22325	.....	A	Repair of spine fracture	*18.30	NA	3.07	NA	8.04	1.34	NA	27.68
22326	.....	A	Repair neck spine fracture	*19.59	NA	2.11	NA	7.46	2.74	NA	29.79
22327	.....	A	Repair thorax spine fracture	*19.20	NA	3.07	NA	8.46	2.35	NA	30.01
22328	.....	A	Repair each add spine fx	4.61	NA	0.00	NA	1.17	0.72	NA	6.50
22505	.....	A	Manipulation of spine	1.77	1.08	1.07	1.74	1.73	0.17	3.68	3.67
22548	.....	A	Neck spine fusion	*25.82	NA	2.37	NA	9.39	3.82	NA	39.03
22554	.....	A	Neck spine fusion	*18.62	NA	2.37	NA	7.74	3.52	NA	29.88
22556	.....	A	Thorax spine fusion	*23.46	NA	3.07	NA	9.66	3.58	NA	36.70
22558	.....	A	Lumbar spine fusion	*22.28	NA	3.07	NA	9.36	3.38	NA	35.02

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
22585	.....	A	Additional spinal fusion	5.53	NA	0.00	NA	1.42	0.93	NA	7.88
22590	.....	A	Spine & skull spinal fusion	*20.51	NA	2.77	NA	8.62	3.44	NA	32.57
22595	.....	A	Neck spinal fusion	*19.39	NA	2.77	NA	8.47	3.87	NA	31.73
22600	.....	A	Neck spine fusion	*16.14	NA	2.77	NA	7.64	3.32	NA	27.10
22610	.....	A	Thorax spine fusion	*16.02	NA	2.77	NA	7.49	2.75	NA	26.26
22612	.....	A	Lumbar spine fusion	*21.00	NA	2.67	NA	8.58	3.33	NA	32.91
22614	.....	A	Spine fusion, extra segment	6.44	NA	0.00	NA	1.61	0.92	NA	8.97
22630	.....	A	Lumbar spine fusion	*20.84	NA	3.07	NA	8.99	3.15	NA	32.98
22632	.....	A	Spine fusion, extra segment	5.23	NA	0.00	NA	1.33	0.82	NA	7.38
22800	.....	A	Fusion of spine	*18.25	NA	2.67	NA	8.04	3.58	NA	29.87
22802	.....	A	Fusion of spine	*30.88	NA	3.07	NA	11.51	4.61	NA	47.00
22804	.....	A	Fusion of spine	*36.27	NA	3.50	NA	13.22	4.61	NA	54.10
22808	.....	A	Fusion of spine	*26.27	NA	2.00	NA	8.88	3.15	NA	38.30
22810	.....	A	Fusion of spine	*30.27	NA	2.67	NA	10.58	3.15	NA	44.00
22812	.....	A	Fusion of spine	*32.70	NA	3.07	NA	11.83	4.24	NA	48.77
22830	.....	A	Exploration of spinal fusion	*10.85	NA	2.67	NA	6.11	2.18	NA	19.14
22840	.....	A	Insert spine fixation device	12.54	NA	0.16	NA	3.16	0.98	NA	16.68
22842	.....	A	Insert spine fixation device	12.58	NA	0.16	NA	3.20	1.12	NA	16.90
22843	.....	A	Insert spine fixation device	13.46	NA	0.00	NA	3.26	1.40	NA	18.12
22844	.....	A	Insert spine fixation device	16.44	NA	0.00	NA	3.98	1.71	NA	22.13
22845	.....	A	Insert spine fixation device	11.96	NA	0.11	NA	2.96	0.93	NA	15.85
22846	.....	A	Insert spine fixation device	12.42	NA	0.00	NA	3.00	1.29	NA	16.71
22847	.....	A	Insert spine fixation device	13.80	NA	0.00	NA	3.34	1.44	NA	18.58
22848	.....	A	Insert pelvic fixation device	6.00	NA	0.00	NA	1.52	0.94	NA	8.46
22849	.....	A	Reinsert spinal fixation	*18.51	NA	2.67	NA	7.74	1.97	NA	28.22
22850	.....	A	Remove spine fixation device	*9.52	NA	2.26	NA	5.17	1.50	NA	16.19
22851	.....	A	Apply spine prosth device	6.71	NA	0.00	NA	1.70	1.05	NA	9.46
22852	.....	A	Remove spine fixation device	*9.01	NA	2.26	NA	5.08	1.57	NA	15.66
22855	.....	A	Remove spine fixation device	*15.13	NA	2.37	NA	6.48	1.25	NA	22.86
22900	.....	A	Remove abdominal wall lesion	*5.80	NA	1.66	NA	3.43	0.60	NA	9.83
23000	.....	A	Removal of calcium deposits	*4.36	2.62	2.22	4.25	3.77	0.47	9.08	8.60
23020	.....	A	Release shoulder joint	*8.93	NA	2.51	NA	5.25	1.09	NA	15.27
23030	.....	A	Drain shoulder lesion	*3.43	1.62	1.31	2.80	2.43	0.35	6.58	6.21
23031	.....	A	Drain shoulder bursa	*2.74	1.62	1.31	2.59	2.21	0.05	5.38	5.00
23035	.....	A	Drain shoulder bone lesion	*8.61	NA	4.54	NA	7.65	1.04	NA	17.30
23040	.....	A	Exploratory shoulder surgery	*9.20	NA	2.89	NA	5.86	1.47	NA	16.53
23044	.....	A	Exploratory shoulder surgery	*7.12	NA	2.89	NA	5.35	1.18	NA	13.65
23065	.....	A	Biopsy shoulder tissues	*2.27	1.44	0.59	2.27	1.24	0.09	4.63	3.60
23066	.....	A	Biopsy shoulder tissues	*4.16	2.41	2.12	3.88	3.52	0.10	8.14	7.78
23075	.....	A	Removal of shoulder lesion	*2.39	1.62	1.31	2.56	2.19	0.29	5.24	4.87
23076	.....	A	Removal of shoulder lesion	*7.63	NA	2.51	NA	4.87	0.65	NA	13.15
23077	.....	A	Remove tumor of shoulder	*16.09	NA	2.89	NA	7.35	1.38	NA	24.82
23100	.....	A	Biopsy of shoulder joint	*6.03	NA	2.51	NA	4.65	1.24	NA	11.92
23101	.....	A	Shoulder joint surgery	*5.58	NA	2.51	NA	4.54	1.21	NA	11.33
23105	.....	A	Remove shoulder joint lining	*8.23	NA	2.51	NA	5.24	1.73	NA	15.20
23106	.....	A	Incision of collarbone joint	*5.96	NA	2.51	NA	4.54	0.80	NA	11.30
23107	.....	A	Explore,treat shoulder joint	*8.62	NA	2.51	NA	5.29	1.60	NA	15.51
23120	.....	A	Partial removal, collar bone	*7.11	NA	2.51	NA	4.78	0.74	NA	12.63
23125	.....	A	Removal of collarbone	*9.39	NA	2.51	NA	5.39	1.27	NA	16.05
23130	.....	A	Partial removal, shoulderbone	*7.55	NA	2.51	NA	4.96	1.14	NA	13.65
23140	.....	A	Removal of bone lesion	*6.89	NA	2.51	NA	4.72	0.73	NA	12.34
23145	.....	A	Removal of bone lesion	*9.09	NA	2.89	NA	5.81	1.33	NA	16.23
23146	.....	A	Removal of bone lesion	*7.83	NA	2.89	NA	5.46	1.01	NA	14.30
23150	.....	A	Removal of humerus lesion	*8.48	NA	2.51	NA	5.13	1.01	NA	14.62
23155	.....	A	Removal of humerus lesion	*10.35	NA	2.89	NA	6.09	1.37	NA	17.81
23156	.....	A	Removal of humerus lesion	*8.68	NA	2.51	NA	5.23	1.25	NA	15.16
23170	.....	A	Remove collarbone lesion	*6.86	NA	2.89	NA	5.20	0.78	NA	12.84
23172	.....	A	Remove shoulder blade lesion	*6.90	NA	2.89	NA	5.20	0.73	NA	12.83
23174	.....	A	Remove humerus lesion	*9.51	NA	2.89	NA	5.88	1.21	NA	16.60
23180	.....	A	Remove collar bone lesion	*8.53	NA	4.54	NA	7.56	0.67	NA	16.76
23182	.....	A	Remove shoulder blade lesion	*8.15	NA	4.54	NA	7.57	1.13	NA	16.85
23184	.....	A	Remove humerus lesion	*9.38	NA	4.54	NA	7.92	1.48	NA	18.78
23190	.....	A	Partial removal of scapula	*7.24	NA	2.12	NA	4.38	0.98	NA	12.60
23195	.....	A	Removal of head of humerus	*9.81	NA	2.51	NA	5.52	1.45	NA	16.78
23200	.....	A	Removal of collar bone	*12.08	NA	3.28	NA	6.92	1.26	NA	20.26
23210	.....	A	Removal of shoulderblade	*12.49	NA	3.28	NA	7.04	1.41	NA	20.94
23220	.....	A	Partial removal of humerus	*14.56	NA	3.28	NA	7.63	2.03	NA	24.22
23221	.....	A	Partial removal of humerus	*17.74	NA	3.28	NA	8.15	1.19	NA	27.08
23222	.....	A	Partial removal of humerus	*23.92	NA	3.28	NA	9.74	2.30	NA	35.96
23330	.....	A	Remove shoulder foreign body	*1.85	1.62	1.31	2.40	2.02	0.07	4.32	3.94
23331	.....	A	Remove shoulder foreign body	*7.38	NA	2.51	NA	4.76	0.38	NA	12.52
23332	.....	A	Remove shoulder foreign body	*11.62	NA	2.51	NA	5.94	1.57	NA	19.13
23350	.....	A	Injection for shoulder x-ray	1.00	4.22	0.09	5.37	0.34	0.05	6.42	1.39
23395	.....	A	Muscle transfer,shoulder/arm	*16.85	NA	2.12	NA	6.68	1.84	NA	25.37

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
23397	.....	A	Muscle transfers	*16.13	NA	2.51	NA	7.10	2.34	NA	25.57
23400	.....	A	Fixation of shoulder blade	*13.54	NA	2.89	NA	6.86	1.68	NA	22.08
23405	.....	A	Incision of tendon & muscle	*8.37	NA	2.12	NA	4.63	0.99	NA	13.99
23406	.....	A	Incise tendon(s) & muscle(s)	*10.79	NA	2.51	NA	5.77	1.58	NA	18.14
23410	.....	A	Repair of tendon(s)	*12.45	NA	2.51	NA	6.17	1.75	NA	20.37
23412	.....	A	Repair of tendon(s)	*13.31	NA	2.51	NA	6.44	2.16	NA	21.91
23415	.....	A	Release of shoulder ligament	*9.97	NA	2.12	NA	4.95	0.83	NA	15.75
23420	.....	A	Repair of shoulder	*13.30	NA	2.89	NA	6.95	2.34	NA	22.59
23430	.....	A	Repair biceps tendon	*9.98	NA	2.51	NA	5.50	1.19	NA	16.67
23440	.....	A	Removal/transplant tendon	*10.48	NA	2.51	NA	5.61	1.17	NA	17.26
23450	.....	A	Repair shoulder capsule	*13.40	NA	2.51	NA	6.44	2.04	NA	21.88
23455	.....	A	Repair shoulder capsule	*14.37	NA	2.51	NA	6.75	2.50	NA	23.62
23460	.....	A	Repair shoulder capsule	*15.37	NA	2.51	NA	6.91	2.24	NA	24.52
23462	.....	A	Repair shoulder capsule	*15.30	NA	2.51	NA	6.95	2.48	NA	24.73
23465	.....	A	Repair shoulder capsule	*15.85	NA	2.51	NA	7.02	2.27	NA	25.14
23466	.....	A	Repair shoulder capsule	*14.22	NA	2.51	NA	6.76	2.67	NA	23.65
23470	.....	A	Reconstruct shoulder joint	*17.15	NA	2.51	NA	7.39	2.65	NA	27.19
23472	.....	A	Reconstruct shoulder joint	*16.92	NA	2.51	NA	7.83	4.89	NA	29.64
23480	.....	A	Revision of collar bone	*11.18	NA	2.51	NA	5.73	1.02	NA	17.93
23485	.....	A	Revision of collar bone	*13.43	NA	2.51	NA	6.41	1.87	NA	21.71
23490	.....	A	Reinforce clavicle	*11.86	NA	2.51	NA	5.83	0.80	NA	18.49
23491	.....	A	Reinforce shoulder bones	*14.21	NA	2.51	NA	6.63	2.11	NA	22.95
23500	.....	A	Treat clavicle fracture	*2.08	1.37	1.10	2.17	1.84	0.21	4.46	4.13
23505	.....	A	Treat clavicle fracture	*3.69	1.82	1.36	3.11	2.54	0.38	7.18	6.61
23515	.....	A	Repair clavicle fracture	*7.41	NA	2.02	NA	4.33	1.12	NA	12.86
23520	.....	A	Treat clavicle dislocation	*2.16	1.37	1.10	2.18	1.86	0.19	4.53	4.21
23525	.....	A	Treat clavicle dislocation	*3.60	1.82	1.36	3.07	2.50	0.27	6.94	6.37
23530	.....	A	Repair clavicle dislocation	*7.31	NA	2.02	NA	4.26	0.91	NA	12.48
23532	.....	A	Repair clavicle dislocation	*8.01	NA	2.02	NA	4.47	1.19	NA	13.67
23540	.....	A	Treat clavicle dislocation	*2.23	1.55	1.10	2.42	1.87	0.19	4.84	4.29
23545	.....	A	Treat clavicle dislocation	*3.25	1.65	1.36	2.79	2.43	0.29	6.33	5.97
23550	.....	A	Repair clavicle dislocation	*7.24	NA	2.02	NA	4.37	1.46	NA	13.07
23552	.....	A	Repair clavicle dislocation	*8.45	NA	2.02	NA	4.57	1.17	NA	14.19
23570	.....	A	Treat shoulderblade fracture	*2.23	1.32	1.10	2.16	1.88	0.25	4.64	4.36
23575	.....	A	Treat shoulderblade fracture	*4.06	1.84	1.36	3.23	2.64	0.43	7.72	7.13
23585	.....	A	Repair scapula fracture	*8.96	NA	2.09	NA	4.79	1.29	NA	15.04
23600	.....	A	Treat humerus fracture	*2.93	1.85	1.31	3.00	2.34	0.43	6.36	5.70
23605	.....	A	Treat humerus fracture	*4.87	2.73	2.18	4.56	3.89	0.76	10.19	9.52
23615	.....	A	Repair humerus fracture	*9.35	NA	2.37	NA	5.33	1.78	NA	16.46
23616	.....	A	Repair humerus fracture	19.88	NA	2.09	NA	7.68	3.54	NA	31.10
23620	.....	A	Treat humerus fracture	*2.40	1.85	1.31	2.89	2.23	0.46	5.75	5.09
23625	.....	A	Treat humerus fracture	*3.93	2.40	1.87	3.92	3.28	0.60	8.45	7.81
23630	.....	A	Repair humerus fracture	*7.35	NA	2.02	NA	4.38	1.40	NA	13.13
23650	.....	A	Treat shoulder dislocation	*3.39	1.82	1.36	3.02	2.45	0.24	6.65	6.08
23655	.....	A	Treat shoulder dislocation	*4.57	NA	1.28	NA	2.66	0.44	NA	7.67
23660	.....	A	Repair shoulder dislocation	*7.49	NA	2.02	NA	4.41	1.40	NA	13.30
23665	.....	A	Treat dislocation/fracture	*4.47	2.40	1.87	4.02	3.38	0.51	9.00	8.36
23670	.....	A	Repair dislocation/fracture	*7.90	NA	2.09	NA	4.68	1.85	NA	14.43
23675	.....	A	Treat dislocation/fracture	*6.05	2.40	1.87	4.39	3.74	0.61	11.05	10.40
23680	.....	A	Repair dislocation/fracture	*10.06	NA	2.09	NA	5.22	2.13	NA	17.41
23700	.....	A	Fixation of shoulder	*2.52	NA	1.28	NA	2.19	0.34	NA	5.05
23800	.....	A	Fusion of shoulder joint	*14.16	NA	2.89	NA	7.21	2.63	NA	24.00
23802	.....	A	Fusion of shoulder joint	*16.60	NA	2.89	NA	7.65	2.24	NA	26.49
23900	.....	A	Amputation of arm & girdle	*19.72	NA	2.89	NA	8.37	2.40	NA	30.49
23920	.....	A	Amputation at shoulder joint	*14.61	NA	2.89	NA	7.28	2.54	NA	24.43
23921	.....	A	Amputation follow-up surgery	*5.49	2.28	1.90	4.15	3.68	0.74	10.38	9.91
23930	.....	A	Drainage of arm lesion	*2.94	1.62	1.34	2.67	2.34	0.24	5.85	5.52
23931	.....	A	Drainage of arm bursa	*1.79	1.62	1.34	2.39	2.06	0.11	4.29	3.96
23935	.....	A	Drain arm/elbow bone lesion	*6.09	NA	4.07	NA	6.46	0.78	NA	13.33
24000	.....	A	Exploratory elbow surgery	*5.82	NA	1.55	NA	3.48	1.44	NA	10.74
24006	.....	A	Release elbow joint	8.70	NA	1.76	NA	4.31	1.17	NA	14.18
24065	.....	A	Biopsy arm/elbow soft tissue	*2.08	1.62	1.34	2.45	2.12	0.10	4.63	4.30
24066	.....	A	Biopsy arm/elbow soft tissue	*5.21	2.41	2.14	4.17	3.84	0.41	9.79	9.46
24075	.....	A	Remove arm/elbow lesion	*3.92	2.41	2.14	3.88	3.54	0.35	8.15	7.81
24076	.....	A	Remove arm/elbow lesion	*6.30	NA	2.14	NA	4.14	0.67	NA	11.11
24077	.....	A	Remove tumor of arm/elbow	*11.76	NA	3.31	NA	7.02	1.87	NA	20.65
24100	.....	A	Biopsy elbow joint lining	*4.93	NA	1.76	NA	3.38	0.69	NA	9.00
24101	.....	A	Explore/treat elbow joint	*6.13	NA	1.76	NA	3.80	1.41	NA	11.34
24102	.....	A	Remove elbow joint lining	*8.03	NA	1.76	NA	4.30	1.81	NA	14.14
24105	.....	A	Removal of elbow bursa	*3.61	NA	1.76	NA	3.08	0.63	NA	7.32
24110	.....	A	Remove humerus lesion	*7.39	NA	2.54	NA	4.98	1.22	NA	13.59
24115	.....	A	Remove/graft bone lesion	*9.63	NA	2.54	NA	5.49	1.33	NA	16.45
24116	.....	A	Remove/graft bone lesion	*11.81	NA	2.54	NA	6.00	1.47	NA	19.28
24120	.....	A	Remove elbow lesion	*6.65	NA	1.76	NA	3.82	0.98	NA	11.45

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
24125	.....	A	Remove/graft bone lesion	*7.89	NA	1.76	NA	4.01	0.61	NA	12.51
24126	.....	A	Remove/graft bone lesion	*8.31	NA	1.76	NA	4.23	1.21	NA	13.75
24130	.....	A	Removal of head of radius	*6.25	NA	1.76	NA	3.75	1.08	NA	11.08
24134	.....	A	Removal of arm bone lesion	*9.73	NA	4.56	NA	7.97	1.24	NA	18.94
24136	.....	A	Remove radius bone lesion	*7.99	NA	1.76	NA	4.10	0.92	NA	13.01
24138	.....	A	Remove elbow bone lesion	*8.05	NA	1.76	NA	4.14	1.06	NA	13.25
24140	.....	A	Partial removal of arm bone	*9.18	NA	4.56	NA	7.89	1.45	NA	18.52
24145	.....	A	Partial removal of radius	*7.58	NA	3.18	NA	5.76	1.03	NA	14.37
24147	.....	A	Partial removal of elbow	*7.54	NA	3.18	NA	5.76	1.08	NA	14.38
24149	.....	A	Radical resection of elbow	*14.20	1.76	1.76	5.71	5.71	2.07	21.98	21.98
24150	.....	A	Extensive humerus surgery	*13.27	NA	3.31	NA	7.43	2.24	NA	22.94
24151	.....	A	Extensive humerus surgery	*15.58	NA	3.31	NA	7.91	2.11	NA	25.60
24152	.....	A	Extensive radius surgery	*10.06	NA	2.24	NA	5.19	1.16	NA	16.41
24153	.....	A	Extensive radius surgery	*11.54	NA	2.24	NA	5.64	1.71	NA	18.89
24155	.....	A	Removal of elbow joint	*11.73	NA	1.76	NA	5.10	1.72	NA	18.55
24160	.....	A	Remove elbow joint implant	*7.83	NA	1.76	NA	4.04	0.80	NA	12.67
24164	.....	A	Remove radius head implant	*6.23	NA	1.76	NA	3.71	0.90	NA	10.84
24200	.....	A	Removal of arm foreign body	*1.76	1.62	1.34	2.37	2.04	0.06	4.19	3.86
24201	.....	A	Removal of arm foreign body	*4.56	2.41	2.14	4.05	3.71	0.49	9.10	8.76
24220	.....	A	Injection for elbow x-ray	1.31	4.22	0.09	5.44	0.41	0.05	6.80	1.77
24301	.....	A	Muscle/tendon transfer	*10.20	NA	1.76	NA	4.65	1.23	NA	16.08
24305	.....	A	Arm tendon lengthening	*7.45	NA	1.76	NA	3.84	0.29	NA	11.58
24310	.....	A	Revision of arm tendon	*5.98	NA	2.14	NA	4.02	0.48	NA	10.48
24320	.....	A	Repair of arm tendon	*10.56	NA	2.54	NA	5.69	1.29	NA	17.54
24330	.....	A	Revision of arm muscles	*9.60	NA	1.76	NA	4.57	1.43	NA	15.60
24331	.....	A	Revision of arm muscles	*10.65	NA	1.76	NA	4.83	1.57	NA	17.05
24340	.....	A	Repair of biceps tendon	*7.89	NA	1.76	NA	4.12	1.13	NA	13.14
24341	.....	A	Repair tendon/muscle arm	*7.90	1.76	1.76	4.13	4.13	1.14	13.17	13.17
24342	.....	A	Repair of ruptured tendon	*10.62	NA	1.76	NA	4.86	1.76	NA	17.24
24350	.....	A	Repair of tennis elbow	*5.25	NA	1.76	NA	3.45	0.69	NA	9.39
24351	.....	A	Repair of tennis elbow	*5.91	NA	1.76	NA	3.60	0.73	NA	10.24
24352	.....	A	Repair of tennis elbow	*6.43	NA	1.76	NA	3.76	0.93	NA	11.12
24354	.....	A	Repair of tennis elbow	*6.48	NA	1.76	NA	3.77	0.94	NA	11.19
24356	.....	A	Revision of tennis elbow	*6.68	NA	1.76	NA	3.87	1.18	NA	11.73
24360	.....	A	Reconstruct elbow joint	*12.34	NA	1.76	NA	5.39	2.47	NA	20.20
24361	.....	A	Reconstruct elbow joint	*14.08	NA	1.76	NA	5.67	2.00	NA	21.75
24362	.....	A	Reconstruct elbow joint	*14.99	NA	1.76	NA	5.61	0.80	NA	21.40
24363	.....	A	Replace elbow joint	*18.49	NA	1.76	NA	7.10	4.13	NA	29.72
24365	.....	A	Reconstruct head of radius	*8.39	NA	1.76	NA	4.25	1.19	NA	13.83
24366	.....	A	Reconstruct head of radius	*9.13	NA	1.76	NA	4.54	1.80	NA	15.47
24400	.....	A	Revision of humerus	*11.06	NA	2.91	NA	6.28	1.37	NA	18.71
24410	.....	A	Revision of humerus	*14.82	NA	2.91	NA	7.25	2.06	NA	24.13
24420	.....	A	Revision of humerus	*13.44	NA	3.87	NA	8.10	2.01	NA	23.55
24430	.....	A	Repair of humerus	*12.81	NA	2.54	NA	6.41	2.34	NA	21.56
24435	.....	A	Repair humerus with graft	*13.17	NA	2.91	NA	7.06	2.84	NA	23.07
24470	.....	A	Revision of elbow joint	*8.74	NA	1.76	NA	4.35	1.30	NA	14.39
24495	.....	A	Decompression of forearm	*8.12	NA	3.50	NA	6.29	1.10	NA	15.51
24498	.....	A	Reinforce humerus	*11.92	NA	2.54	NA	6.06	1.62	NA	19.60
24500	.....	A	Treat humerus fracture	*3.21	1.95	1.15	3.15	2.19	0.36	6.72	5.76
24505	.....	A	Treat humerus fracture	*5.17	3.13	2.21	5.10	3.98	0.71	10.98	9.86
24515	.....	A	Repair humerus fracture	*11.65	NA	2.37	NA	5.78	1.54	NA	18.97
24516	.....	A	Repair humerus fracture	10.92	NA	2.50	NA	5.77	1.54	NA	18.23
24530	.....	A	Treat humerus fracture	*3.50	2.39	1.71	3.78	2.95	0.42	7.70	6.87
24535	.....	A	Treat humerus fracture	*6.87	2.61	1.71	4.86	3.76	0.78	12.51	11.41
24538	.....	A	Treat humerus fracture	*9.43	NA	2.57	NA	5.47	1.26	NA	16.16
24545	.....	A	Repair humerus fracture	*10.46	NA	2.09	NA	5.19	1.59	NA	17.24
24546	.....	A	Repair humerus fracture	14.66	NA	2.34	NA	6.42	1.59	NA	22.67
24560	.....	A	Treat humerus fracture	*2.80	1.95	1.15	3.05	2.08	0.30	6.15	5.18
24565	.....	A	Treat humerus fracture	*5.56	2.61	1.71	4.52	3.42	0.54	10.62	9.52
24566	.....	A	Treat humerus fracture	*7.79	NA	2.57	NA	5.05	0.96	NA	13.80
24575	.....	A	Repair humerus fracture	*10.66	NA	1.51	NA	4.45	1.24	NA	16.35
24576	.....	A	Treat humerus fracture	*2.86	1.83	1.15	2.93	2.10	0.33	6.12	5.29
24577	.....	A	Treat humerus fracture	*5.79	2.61	1.71	4.58	3.49	0.61	10.98	9.89
24579	.....	A	Repair humerus fracture	*11.60	NA	2.34	NA	5.69	1.35	NA	18.64
24582	.....	A	Treat humerus fracture	*8.55	NA	2.57	NA	5.24	1.06	NA	14.85
24586	.....	A	Repair elbow fracture	*15.21	NA	1.51	NA	5.69	2.36	NA	23.26
24587	.....	A	Repair elbow fracture	*15.16	NA	1.51	NA	5.63	2.17	NA	22.96
24600	.....	A	Treat elbow dislocation	*4.23	2.51	1.71	4.04	3.07	0.26	8.53	7.56
24605	.....	A	Treat elbow dislocation	*5.42	NA	1.28	NA	2.83	0.37	NA	8.62
24615	.....	A	Repair elbow dislocation	*9.42	NA	1.51	NA	4.23	1.48	NA	15.13
24620	.....	A	Treat elbow fracture	*6.98	NA	1.71	NA	3.74	0.57	NA	11.29
24635	.....	A	Repair elbow fracture	*13.19	NA	3.79	NA	7.90	1.78	NA	22.87
24640	.....	A	Treat elbow dislocation	*1.20	1.68	0.89	2.33	1.36	0.08	3.61	2.64
24650	.....	A	Treat radius fracture	*2.16	1.95	1.15	2.92	1.95	0.33	5.41	4.44

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
24655	.....	A	Treat radius fracture	*4.40	2.61	1.71	4.24	3.15	0.45	9.09	8.00
24665	.....	A	Repair radius fracture	*8.14	NA	2.34	NA	4.89	1.14	NA	14.17
24666	.....	A	Repair radius fracture	*9.49	NA	2.34	NA	5.29	1.60	NA	16.38
24670	.....	A	Treatment of ulna fracture	*2.54	1.83	1.15	2.85	2.02	0.27	5.66	4.83
24675	.....	A	Treatment of ulna fracture	*4.72	2.61	1.71	4.33	3.24	0.54	9.59	8.50
24685	.....	A	Repair ulna fracture	*8.80	NA	2.34	NA	5.08	1.34	NA	15.22
24800	.....	A	Fusion of elbow joint	*11.20	NA	2.00	NA	5.23	1.55	NA	17.98
24802	.....	A	Fusion/graft of elbow joint	*13.69	NA	2.00	NA	5.87	1.99	NA	21.55
24900	.....	A	Amputation of upper arm	*9.60	NA	2.91	NA	5.96	1.39	NA	16.95
24920	.....	A	Amputation of upper arm	*9.54	NA	3.31	NA	6.39	1.19	NA	17.12
24925	.....	A	Amputation follow-up surgery	*7.07	NA	2.54	NA	4.81	0.75	NA	12.63
24930	.....	A	Amputation follow-up surgery	*10.25	NA	2.91	NA	6.05	1.17	NA	17.47
24931	.....	A	Amputate upper arm & implant	*12.72	NA	2.91	NA	6.74	1.84	NA	21.30
24935	.....	A	Revision of amputation	*15.56	NA	3.87	NA	8.62	2.24	NA	26.42
25000	.....	A	Incision of tendon sheath	*3.38	NA	2.40	NA	3.81	0.62	NA	7.81
25020	.....	A	Decompression of forearm	*5.92	NA	3.50	NA	5.74	0.77	NA	12.43
25023	.....	A	Decompression of forearm	*12.96	NA	4.71	NA	8.78	0.94	NA	22.68
25028	.....	A	Drainage of forearm lesion	*5.25	NA	3.65	NA	5.68	0.36	NA	11.29
25031	.....	A	Drainage of forearm bursa	*4.14	NA	3.65	NA	5.37	0.09	NA	9.60
25035	.....	A	Treat forearm bone lesion	*7.36	NA	4.95	NA	7.87	1.01	NA	16.24
25040	.....	A	Explore/treat wrist joint	*7.18	NA	2.45	NA	4.75	0.90	NA	12.83
25065	.....	A	Biopsy forearm soft tissues	*1.99	1.44	0.59	2.21	1.18	0.09	4.29	3.26
25066	.....	A	Biopsy forearm soft tissues	*4.13	NA	2.50	NA	4.00	0.22	NA	8.35
25075	.....	A	Removal of forearm lesion	*3.74	NA	2.50	NA	3.94	0.37	NA	8.05
25076	.....	A	Removal of forearm lesion	*4.92	NA	3.23	NA	5.16	0.67	NA	10.75
25077	.....	A	Remove tumor, forearm/wrist	*9.76	NA	3.23	NA	6.44	1.67	NA	17.87
25085	.....	A	Incision of wrist capsule	*5.50	NA	3.45	NA	5.57	0.71	NA	11.78
25100	.....	A	Biopsy of wrist joint	*3.90	NA	2.45	NA	4.01	0.79	NA	8.70
25101	.....	A	Explore/treat wrist joint	*4.69	NA	2.45	NA	4.22	0.98	NA	9.89
25105	.....	A	Remove wrist joint lining	*5.85	NA	3.45	NA	5.75	1.19	NA	12.79
25107	.....	A	Remove wrist joint cartilage	*6.43	NA	3.45	NA	5.81	0.89	NA	13.13
25110	.....	A	Remove wrist tendon lesion	*3.92	NA	2.50	NA	4.00	0.46	NA	8.38
25111	.....	A	Remove wrist tendon lesion	*3.39	NA	2.39	NA	3.78	0.55	NA	7.72
25112	.....	A	Reremove wrist tendon lesion	*4.53	NA	2.45	NA	4.12	0.66	NA	9.31
25115	.....	A	Remove wrist/forearm lesion	*8.82	NA	3.34	NA	6.28	1.23	NA	16.33
25116	.....	A	Remove wrist/forearm lesion	*7.11	NA	3.34	NA	5.93	1.38	NA	14.42
25118	.....	A	Excise wrist tendon sheath	*4.37	NA	2.45	NA	4.16	1.02	NA	9.55
25119	.....	A	Partial removal of ulna	*6.04	NA	3.45	NA	5.82	1.32	NA	13.18
25120	.....	A	Removal of forearm lesion	*6.10	NA	3.23	NA	5.52	1.14	NA	12.76
25125	.....	A	Remove/graft forearm lesion	*7.48	NA	3.34	NA	5.94	1.04	NA	14.46
25126	.....	A	Remove/graft forearm lesion	*7.55	NA	3.23	NA	5.84	1.12	NA	14.51
25130	.....	A	Removal of wrist lesion	*5.26	NA	2.45	NA	4.28	0.67	NA	10.21
25135	.....	A	Remove & graft wrist lesion	*6.89	NA	2.45	NA	4.70	0.97	NA	12.56
25136	.....	A	Remove & graft wrist lesion	*5.97	NA	2.45	NA	4.47	0.85	NA	11.29
25145	.....	A	Remove forearm bone lesion	*6.37	NA	3.34	NA	5.63	0.75	NA	12.75
25150	.....	A	Partial removal of ulna	*7.09	NA	3.45	NA	6.01	1.12	NA	14.22
25151	.....	A	Partial removal of radius	*7.39	NA	3.34	NA	5.92	1.02	NA	14.33
25170	.....	A	Extensive forearm surgery	*11.09	NA	3.23	NA	6.70	1.51	NA	19.30
25210	.....	A	Removal of wrist bone	*5.95	NA	2.45	NA	4.46	0.80	NA	11.21
25215	.....	A	Removal of wrist bones	*7.89	NA	3.45	NA	6.25	1.42	NA	15.56
25230	.....	A	Partial removal of radius	*5.23	NA	2.45	NA	4.31	0.85	NA	10.39
25240	.....	A	Partial removal of ulna	*5.17	NA	3.45	NA	5.53	0.86	NA	11.56
25246	.....	A	Injection for wrist x-ray	1.45	4.22	0.09	5.47	0.44	0.05	6.97	1.94
25248	.....	A	Remove forearm foreign body	*5.14	NA	2.67	NA	4.46	0.37	NA	9.97
25250	.....	A	Removal of wrist prosthesis	*6.60	NA	2.45	NA	4.63	0.91	NA	12.14
25251	.....	A	Removal of wrist prosthesis	*9.57	NA	3.45	NA	6.61	1.39	NA	17.57
25260	.....	A	Repair forearm tendon/muscle	*7.80	NA	3.34	NA	5.95	0.78	NA	14.53
25263	.....	A	Repair forearm tendon/muscle	*7.82	NA	3.34	NA	6.01	1.03	NA	14.86
25265	.....	A	Repair forearm tendon/muscle	*9.88	NA	3.34	NA	6.55	1.41	NA	17.84
25270	.....	A	Repair forearm tendon/muscle	*6.00	NA	3.34	NA	5.51	0.55	NA	12.06
25272	.....	A	Repair forearm tendon/muscle	*7.04	NA	3.34	NA	5.73	0.54	NA	13.31
25274	.....	A	Repair forearm tendon/muscle	*8.75	NA	3.34	NA	6.24	1.13	NA	16.12
25280	.....	A	Revise wrist/forearm tendon	*7.22	NA	3.34	NA	5.81	0.69	NA	13.72
25290	.....	A	Incise wrist/forearm tendon	*5.29	NA	3.87	NA	5.97	0.41	NA	11.67
25295	.....	A	Release wrist/forearm tendon	*6.55	NA	3.34	NA	5.62	0.52	NA	12.69
25300	.....	A	Fusion of tendons at wrist	*8.80	NA	2.45	NA	5.17	1.19	NA	15.16
25301	.....	A	Fusion of tendons at wrist	*8.40	NA	2.45	NA	5.08	1.18	NA	14.66
25310	.....	A	Transplant forearm tendon	*8.14	NA	3.34	NA	6.11	1.17	NA	15.42
25312	.....	A	Transplant forearm tendon	*9.57	NA	3.34	NA	6.46	1.31	NA	17.34
25315	.....	A	Revise palsy hand tendon(s)	*10.20	NA	3.34	NA	6.60	1.34	NA	18.14
25316	.....	A	Revise palsy hand tendon(s)	*12.33	NA	3.34	NA	7.16	1.78	NA	21.27
25320	.....	A	Repair/revise wrist joint	*10.77	NA	2.45	NA	5.66	1.45	NA	17.88
25332	.....	A	Revise wrist joint	*11.41	NA	2.45	NA	5.83	1.61	NA	18.85
25335	.....	A	Realignment of hand	*12.88	NA	3.45	NA	7.37	1.56	NA	21.81

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25337	.....	A	Reconstruct ulna/radioulnar	9.50	NA	3.45	NA	6.61	1.45	NA	17.56
25350	.....	A	Revision of radius	*8.78	NA	3.23	NA	6.14	1.26	NA	16.18
25355	.....	A	Revision of radius	*10.17	NA	3.23	NA	6.49	1.49	NA	18.15
25360	.....	A	Revision of ulna	*8.43	NA	3.23	NA	6.00	0.99	NA	15.42
25365	.....	A	Revise radius & ulna	*12.40	NA	3.23	NA	7.00	1.57	NA	20.97
25370	.....	A	Revise radius or ulna	*13.36	NA	3.23	NA	7.28	1.92	NA	22.56
25375	.....	A	Revise radius & ulna	*13.04	NA	3.23	NA	6.98	0.87	NA	20.89
25390	.....	A	Shorten radius/ulna	*10.40	NA	3.23	NA	6.54	1.50	NA	18.44
25391	.....	A	Lengthen radius/ulna	*13.65	NA	3.23	NA	7.35	1.93	NA	22.93
25392	.....	A	Shorten radius & ulna	*13.95	NA	3.23	NA	7.44	2.04	NA	23.43
25393	.....	A	Lengthen radius & ulna	*15.87	NA	3.34	NA	8.06	2.32	NA	26.25
25400	.....	A	Repair radius or ulna	*10.92	NA	3.23	NA	6.71	1.75	NA	19.38
25405	.....	A	Repair/graft radius or ulna	*14.38	NA	3.34	NA	7.67	2.02	NA	24.07
25415	.....	A	Repair radius & ulna	*13.35	NA	3.23	NA	7.28	1.92	NA	22.55
25420	.....	A	Repair/graft radius & ulna	*16.33	NA	3.34	NA	8.15	2.28	NA	26.76
25425	.....	A	Repair/graft radius or ulna	*13.21	NA	4.73	NA	9.07	1.87	NA	24.15
25426	.....	A	Repair/graft radius & ulna	*15.82	NA	3.34	NA	8.01	2.13	NA	25.96
25440	.....	A	Repair/graft wrist bone	*10.44	NA	2.45	NA	5.60	1.50	NA	17.54
25441	.....	A	Reconstruct wrist joint	*12.90	NA	2.45	NA	6.22	1.89	NA	21.01
25442	.....	A	Reconstruct wrist joint	*10.85	NA	2.45	NA	5.63	1.22	NA	17.70
25443	.....	A	Reconstruct wrist joint	*10.39	NA	3.45	NA	6.82	1.52	NA	18.73
25444	.....	A	Reconstruct wrist joint	*11.15	NA	3.45	NA	7.02	1.66	NA	19.83
25445	.....	A	Reconstruct wrist joint	*9.69	NA	3.45	NA	6.71	1.72	NA	18.12
25446	.....	A	Wrist replacement	*16.55	NA	2.45	NA	7.37	3.49	NA	27.41
25447	.....	A	Repair wrist joint(s)	*10.37	NA	2.45	NA	5.59	1.56	NA	17.52
25449	.....	A	Remove wrist joint implant	*14.49	NA	3.45	NA	7.64	1.16	NA	23.29
25450	.....	A	Revision of wrist joint	*7.87	NA	3.23	NA	5.92	1.19	NA	14.98
25455	.....	A	Revision of wrist joint	*9.49	NA	3.23	NA	6.33	1.42	NA	17.24
25490	.....	A	Reinforce radius	*9.54	NA	3.23	NA	6.34	1.42	NA	17.30
25491	.....	A	Reinforce ulna	*9.96	NA	3.23	NA	6.45	1.49	NA	17.90
25492	.....	A	Reinforce radius and ulna	*12.33	NA	3.23	NA	7.04	1.84	NA	21.21
25500	.....	A	Treat fracture of radius	*2.45	1.83	1.15	2.84	2.00	0.29	5.58	4.74
25505	.....	A	Treat fracture of radius	*5.21	2.61	1.71	4.43	3.34	0.51	10.15	9.06
25515	.....	A	Repair fracture of radius	*9.18	NA	2.34	NA	5.14	1.22	NA	15.54
25520	.....	A	Repair fracture of radius	6.01	2.51	1.71	4.58	3.61	0.94	11.53	10.56
25525	.....	A	Repair fracture of radius	11.69	NA	2.34	NA	5.82	1.83	NA	19.34
25526	.....	A	Repair fracture of radius	12.43	NA	3.34	NA	7.22	1.94	NA	21.59
25530	.....	A	Treat fracture of ulna	*2.09	1.83	1.15	2.77	1.94	0.35	5.21	4.38
25535	.....	A	Treat fracture of ulna	*5.14	2.61	1.71	4.42	3.33	0.54	10.10	9.01
25545	.....	A	Repair fracture of ulna	*8.90	NA	2.34	NA	5.07	1.20	NA	15.17
25560	.....	A	Treat fracture radius & ulna	*2.44	1.83	1.15	2.83	2.00	0.27	5.54	4.71
25565	.....	A	Treat fracture radius & ulna	*5.63	2.61	1.71	4.57	3.47	0.70	10.90	9.80
25574	.....	A	Treat fracture radius & ulna	6.03	NA	2.34	NA	4.56	1.73	NA	12.32
25575	.....	A	Repair fracture radius/ulna	*10.45	NA	2.34	NA	5.52	1.73	NA	17.70
25600	.....	A	Treat fracture radius/ulna	*2.63	1.83	1.15	2.90	2.07	0.42	5.95	5.12
25605	.....	A	Treat fracture radius/ulna	*5.81	2.61	1.71	4.59	3.49	0.61	11.01	9.91
25611	.....	A	Repair fracture radius/ulna	*7.77	NA	2.57	NA	5.04	0.97	NA	13.78
25620	.....	A	Repair fracture radius/ulna	*8.55	NA	2.34	NA	4.98	1.14	NA	14.67
25622	.....	A	Treat wrist bone fracture	*2.61	1.83	1.15	2.88	2.05	0.33	5.82	4.99
25624	.....	A	Treat wrist bone fracture	*4.53	2.61	1.71	4.30	3.20	0.57	9.40	8.30
25628	.....	A	Repair wrist bone fracture	*8.43	NA	2.34	NA	4.96	1.16	NA	14.55
25630	.....	A	Treat wrist bone fracture	*2.88	1.83	1.15	2.93	2.10	0.30	6.11	5.28
25635	.....	A	Treat wrist bone fracture	*4.39	2.61	1.71	4.25	3.16	0.50	9.14	8.05
25645	.....	A	Repair wrist bone fracture	*7.25	NA	2.34	NA	4.65	0.95	NA	12.85
25650	.....	A	Repair wrist bone fracture	*3.05	1.83	1.15	2.98	2.15	0.36	6.39	5.56
25660	.....	A	Treat wrist dislocation	*4.76	NA	1.71	NA	3.19	0.26	NA	8.21
25670	.....	A	Repair wrist dislocation	*7.92	NA	2.34	NA	4.84	1.12	NA	13.88
25675	.....	A	Treat wrist dislocation	*4.67	2.61	1.71	4.28	3.18	0.34	9.29	8.19
25676	.....	A	Repair wrist dislocation	*8.04	NA	2.34	NA	4.86	1.11	NA	14.01
25680	.....	A	Treat wrist fracture	*5.99	NA	2.21	NA	4.09	0.36	NA	10.44
25685	.....	A	Repair wrist fracture	*9.78	NA	2.34	NA	5.31	1.44	NA	16.53
25690	.....	A	Treat wrist dislocation	*5.50	NA	2.21	NA	4.06	0.73	NA	10.29
25695	.....	A	Repair wrist dislocation	*8.34	NA	2.34	NA	4.94	1.17	NA	14.45
25800	.....	A	Fusion of wrist joint	*9.76	NA	2.45	NA	5.51	1.80	NA	17.07
25805	.....	A	Fusion/graft of wrist joint	*11.28	NA	2.45	NA	5.91	2.09	NA	19.28
25810	.....	A	Fusion/graft of wrist joint	*10.57	NA	2.45	NA	5.75	2.06	NA	18.38
25820	.....	A	Fusion of hand bones	*7.45	NA	2.45	NA	4.94	1.48	NA	13.87
25825	.....	A	Fusion hand bones with graft	*9.27	NA	2.45	NA	5.45	1.99	NA	16.71
25830	.....	A	Fusion radioulnar jnt/ulna	*10.06	NA	3.23	NA	6.46	1.45	NA	17.97
25900	.....	A	Amputation of forearm	*9.01	NA	2.98	NA	5.89	1.31	NA	16.21
25905	.....	A	Amputation of forearm	*9.12	NA	3.10	NA	6.03	1.15	NA	16.30
25907	.....	A	Amputation follow-up surgery	*7.80	NA	3.23	NA	5.87	1.00	NA	14.67
25909	.....	A	Amputation follow-up surgery	*8.96	NA	3.23	NA	6.13	1.06	NA	16.15
25915	.....	A	Amputation of forearm	*17.08	NA	3.34	NA	8.38	2.59	NA	28.05

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
25920	.....	A	Amputate hand at wrist	*8.68	NA	2.45	NA	5.15	1.20	NA	15.03
25922	.....	A	Amputate hand at wrist	*7.42	NA	2.45	NA	4.83	1.02	NA	13.27
25924	.....	A	Amputation follow-up surgery	*8.46	NA	2.45	NA	5.10	1.22	NA	14.78
25927	.....	A	Amputation of hand	*8.80	NA	2.72	NA	5.51	1.22	NA	15.53
25929	.....	A	Amputation follow-up surgery	*7.59	NA	1.90	NA	4.18	0.96	NA	12.73
25931	.....	A	Amputation follow-up surgery	*7.81	NA	2.96	NA	5.52	0.90	NA	14.23
26010	.....	A	Drainage of finger abscess	*1.54	2.11	1.71	2.92	2.43	0.05	4.51	4.02
26011	.....	A	Drainage of finger abscess	*2.19	2.78	2.38	3.92	3.44	0.24	6.35	5.87
26020	.....	A	Drain hand tendon sheath	*4.67	NA	4.14	NA	6.20	0.63	NA	11.50
26025	.....	A	Drainage of palm bursa	*4.82	NA	4.14	NA	6.27	0.76	NA	11.85
26030	.....	A	Drainage of palm bursa(s)	*5.93	NA	4.14	NA	6.56	0.98	NA	13.47
26034	.....	A	Treat hand bone lesion	*6.23	NA	4.73	NA	7.28	0.71	NA	14.22
26035	.....	A	Decompress fingers/hand	*9.51	NA	4.81	NA	8.13	0.86	NA	18.50
26037	.....	A	Decompress fingers/hand	*7.25	NA	3.55	NA	6.14	1.05	NA	14.44
26040	.....	A	Release palm contracture	*3.33	NA	2.85	NA	4.31	0.49	NA	8.13
26045	.....	A	Release palm contracture	*5.56	NA	2.85	NA	4.87	0.81	NA	11.24
26055	.....	A	Incise finger tendon sheath	*2.69	2.39	2.12	3.63	3.30	0.56	6.88	6.55
26060	.....	A	Incision of finger tendon	*2.81	NA	2.13	NA	3.25	0.17	NA	6.23
26070	.....	A	Explore/treat hand joint	*3.69	NA	4.39	NA	6.25	0.42	NA	10.36
26075	.....	A	Explore/treat finger joint	*3.79	NA	4.39	NA	6.32	0.62	NA	10.73
26080	.....	A	Explore/treat finger joint	*4.24	NA	4.39	NA	6.39	0.51	NA	11.14
26100	.....	A	Biopsy hand joint lining	*3.67	NA	2.13	NA	3.50	0.45	NA	7.62
26105	.....	A	Biopsy finger joint lining	*3.71	NA	2.85	NA	4.44	0.67	NA	8.82
26110	.....	A	Biopsy finger joint lining	*3.53	NA	2.85	NA	4.36	0.50	NA	8.39
26115	.....	A	Removal of hand lesion	*3.86	2.39	2.13	3.83	3.52	0.34	8.03	7.72
26116	.....	A	Removal of hand lesion	*5.53	NA	2.85	NA	4.83	0.62	NA	10.98
26117	.....	A	Remove tumor, hand/finger	*8.55	NA	2.85	NA	5.55	0.91	NA	15.01
26121	.....	A	Release palm contracture	*7.54	NA	2.96	NA	5.62	1.61	NA	14.77
26123	.....	A	Release palm contracture	*9.29	NA	2.96	NA	5.98	1.53	NA	16.80
26125	.....	A	Release palm contracture	4.61	NA	0.00	NA	1.11	0.45	NA	6.17
26130	.....	A	Remove wrist joint lining	*5.42	NA	3.08	NA	5.13	0.86	NA	11.41
26135	.....	A	Revise finger joint, each	*6.96	NA	3.08	NA	5.46	0.82	NA	13.24
26140	.....	A	Revise finger joint, each	*6.17	NA	3.19	NA	5.40	0.75	NA	12.32
26145	.....	A	Tendon excision, palm/finger	*6.32	NA	3.19	NA	5.45	0.80	NA	12.57
26160	.....	A	Remove tendon sheath lesion	*3.15	2.39	2.13	3.69	3.37	0.40	7.24	6.92
26170	.....	A	Removal of palm tendon, each	*4.77	NA	2.13	NA	3.74	0.45	NA	8.96
26180	.....	A	Removal of finger tendon	*5.18	NA	2.13	NA	3.89	0.71	NA	9.78
26185	.....	A	Remove finger bone	*5.25	NA	3.00	NA	4.90	0.41	NA	10.56
26200	.....	A	Remove hand bone lesion	*5.51	NA	2.85	NA	4.84	0.72	NA	11.07
26205	.....	A	Remove/graft bone lesion	*7.70	NA	2.96	NA	5.53	1.03	NA	14.26
26210	.....	A	Removal of finger lesion	*5.15	NA	3.08	NA	5.02	0.64	NA	10.81
26215	.....	A	Remove/graft finger lesion	*7.10	NA	2.96	NA	5.38	0.94	NA	13.42
26230	.....	A	Partial removal of hand bone	*6.33	NA	3.81	NA	6.18	0.69	NA	13.20
26235	.....	A	Partial removal, finger bone	*6.19	NA	3.81	NA	6.16	0.71	NA	13.06
26236	.....	A	Partial removal, finger bone	*5.32	NA	3.81	NA	5.96	0.66	NA	11.94
26250	.....	A	Extensive hand surgery	*7.55	NA	3.19	NA	5.78	1.07	NA	14.40
26255	.....	A	Extensive hand surgery	*12.43	NA	3.30	NA	7.08	1.54	NA	21.05
26260	.....	A	Extensive finger surgery	*7.03	NA	3.19	NA	5.64	0.97	NA	13.64
26261	.....	A	Extensive finger surgery	*9.09	NA	3.30	NA	6.30	1.31	NA	16.70
26262	.....	A	Partial removal of finger	*5.67	NA	2.85	NA	4.89	0.76	NA	11.32
26320	.....	A	Removal of implant from hand	*3.98	NA	2.85	NA	4.47	0.57	NA	9.02
26350	.....	A	Repair finger/hand tendon	*5.99	NA	3.64	NA	5.96	0.99	NA	12.94
26352	.....	A	Repair/graft hand tendon	*7.68	NA	3.64	NA	6.36	1.10	NA	15.14
26356	.....	A	Repair finger/hand tendon	*8.07	NA	3.64	NA	6.47	1.24	NA	15.78
26357	.....	A	Repair finger/hand tendon	*8.58	NA	3.64	NA	6.57	1.19	NA	16.34
26358	.....	A	Repair/graft hand tendon	*9.14	NA	3.64	NA	6.71	1.27	NA	17.12
26370	.....	A	Repair finger/hand tendon	*7.11	NA	3.64	NA	6.24	1.13	NA	14.48
26372	.....	A	Repair/graft hand tendon	*8.76	NA	3.64	NA	6.61	1.15	NA	16.52
26373	.....	A	Repair finger/hand tendon	*8.16	NA	3.64	NA	6.46	1.11	NA	15.73
26390	.....	A	Revise hand/finger tendon	*9.19	NA	2.85	NA	5.76	1.23	NA	16.18
26392	.....	A	Repair/graft hand tendon	*10.26	NA	3.64	NA	6.96	1.26	NA	18.48
26410	.....	A	Repair hand tendon	*4.63	NA	3.19	NA	5.01	0.51	NA	10.15
26412	.....	A	Repair/graft hand tendon	*6.31	NA	3.19	NA	5.48	0.97	NA	12.76
26415	.....	A	Excision, hand/finger tendon	*8.34	NA	3.19	NA	5.91	0.90	NA	15.15
26416	.....	A	Graft hand or finger tendon	*9.37	NA	3.19	NA	6.25	1.41	NA	17.03
26418	.....	A	Repair finger tendon	*4.25	NA	3.19	NA	4.95	0.59	NA	9.79
26420	.....	A	Repair/graft finger tendon	*6.77	NA	3.19	NA	5.58	0.96	NA	13.31
26426	.....	A	Repair finger/hand tendon	*6.15	NA	3.19	NA	5.47	1.07	NA	12.69
26428	.....	A	Repair/graft finger tendon	*7.21	NA	3.19	NA	5.69	1.00	NA	13.90
26432	.....	A	Repair finger tendon	*4.02	NA	2.85	NA	4.47	0.51	NA	9.00
26433	.....	A	Repair finger tendon	*4.56	NA	2.85	NA	4.62	0.66	NA	9.84
26434	.....	A	Repair/graft finger tendon	*6.09	NA	2.85	NA	5.00	0.84	NA	11.93
26437	.....	A	Realignment of tendons	*5.82	NA	2.85	NA	4.90	0.68	NA	11.40
26440	.....	A	Release palm/finger tendon	*5.02	NA	3.64	NA	5.66	0.59	NA	11.27

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
26442	.....	A	Release palm & finger tendon	*8.16	NA	3.64	NA	6.35	0.59	NA	15.10
26445	.....	A	Release hand/finger tendon	*4.31	NA	3.64	NA	5.50	0.54	NA	10.35
26449	.....	A	Release forearm/hand tendon	*7.00	NA	3.64	NA	6.18	0.96	NA	14.14
26450	.....	A	Incision of palm tendon	*3.67	NA	2.13	NA	3.48	0.36	NA	7.51
26455	.....	A	Incision of finger tendon	*3.64	NA	2.13	NA	3.47	0.33	NA	7.44
26460	.....	A	Incise hand/finger tendon	*3.46	NA	2.13	NA	3.42	0.30	NA	7.18
26471	.....	A	Fusion of finger tendons	*5.73	NA	2.85	NA	4.88	0.67	NA	11.28
26474	.....	A	Fusion of finger tendons	*5.32	NA	2.85	NA	4.81	0.75	NA	10.88
26476	.....	A	Tendon lengthening	*5.18	NA	2.85	NA	4.67	0.27	NA	10.12
26477	.....	A	Tendon shortening	*5.15	NA	2.85	NA	4.77	0.73	NA	10.65
26478	.....	A	Lengthening of hand tendon	*5.80	NA	2.85	NA	4.91	0.72	NA	11.43
26479	.....	A	Shortening of hand tendon	*5.74	NA	2.85	NA	4.92	0.86	NA	11.52
26480	.....	A	Transplant hand tendon	*6.69	NA	3.64	NA	6.14	1.11	NA	13.94
26483	.....	A	Transplant/graft hand tendon	*8.29	NA	3.64	NA	6.56	1.40	NA	16.25
26485	.....	A	Transplant palm tendon	*7.70	NA	3.64	NA	6.36	1.08	NA	15.14
26489	.....	A	Transplant/graft palm tendon	*9.55	NA	3.64	NA	6.64	0.51	NA	16.70
26490	.....	A	Revise thumb tendon	*8.41	NA	2.85	NA	5.60	1.28	NA	15.29
26492	.....	A	Tendon transfer with graft	*9.62	NA	2.85	NA	5.85	1.21	NA	16.68
26494	.....	A	Hand tendon/muscle transfer	*8.47	NA	2.85	NA	5.60	1.23	NA	15.30
26496	.....	A	Revise thumb tendon	*9.59	NA	2.85	NA	5.91	1.53	NA	17.03
26497	.....	A	Finger tendon transfer	*9.57	NA	2.85	NA	5.88	1.38	NA	16.83
26498	.....	A	Finger tendon transfer	*14.00	NA	2.85	NA	6.99	2.04	NA	23.03
26499	.....	A	Revision of finger	*8.98	NA	2.85	NA	5.72	1.25	NA	15.95
26500	.....	A	Hand tendon reconstruction	*5.96	NA	2.85	NA	4.91	0.60	NA	11.47
26502	.....	A	Hand tendon reconstruction	*7.14	NA	2.85	NA	5.25	0.95	NA	13.34
26504	.....	A	Hand tendon reconstruction	*7.47	NA	2.85	NA	5.36	1.11	NA	13.94
26508	.....	A	Release thumb contracture	*6.01	NA	2.85	NA	4.95	0.72	NA	11.68
26510	.....	A	Thumb tendon transfer	*5.43	NA	2.85	NA	4.82	0.68	NA	10.93
26516	.....	A	Fusion of knuckle joint	*7.15	NA	2.85	NA	5.19	0.67	NA	13.01
26517	.....	A	Fusion of knuckle joints	*8.83	NA	2.85	NA	5.68	1.23	NA	15.74
26518	.....	A	Fusion of knuckle joints	*9.02	NA	2.85	NA	5.72	1.22	NA	15.96
26520	.....	A	Release knuckle contracture	*5.30	NA	3.53	NA	5.61	0.71	NA	11.62
26525	.....	A	Release finger contracture	*5.33	NA	3.53	NA	5.60	0.62	NA	11.55
26530	.....	A	Revise knuckle joint	*6.69	NA	3.53	NA	5.95	0.85	NA	13.49
26531	.....	A	Revise knuckle with implant	*7.91	NA	3.53	NA	6.27	1.11	NA	15.29
26535	.....	A	Revise finger joint	*5.24	NA	3.53	NA	5.57	0.58	NA	11.39
26536	.....	A	Revise/implant finger joint	*6.37	NA	3.53	NA	5.95	1.19	NA	13.51
26540	.....	A	Repair hand joint	*6.43	NA	2.85	NA	5.13	1.12	NA	12.68
26541	.....	A	Repair hand joint with graft	*8.62	NA	2.85	NA	5.69	1.47	NA	15.78
26542	.....	A	Repair hand joint with graft	*6.78	NA	2.85	NA	5.18	0.97	NA	12.93
26545	.....	A	Reconstruct finger joint	*6.92	NA	2.85	NA	5.20	0.94	NA	13.06
26546	.....	A	Repair non-union hand	8.50	NA	3.25	NA	6.12	1.33	NA	15.95
26548	.....	A	Reconstruct finger joint	*8.03	NA	2.85	NA	5.46	1.00	NA	14.49
26550	.....	A	Construct thumb replacement	*21.24	NA	3.64	NA	9.80	3.24	NA	34.28
26551	.....	A	Great toe-hand transfer	*46.58	NA	3.74	NA	16.28	6.92	NA	69.78
26553	.....	A	Single toe-hand transfer	*46.27	NA	3.74	NA	16.20	6.87	NA	69.34
26554	.....	A	Double toe-hand transfer	*54.95	NA	3.74	NA	18.39	8.20	NA	81.54
26555	.....	A	Positional change of finger	*16.63	NA	3.64	NA	8.63	2.52	NA	27.78
26556	.....	A	Toe joint transfer	*47.26	NA	3.74	NA	16.44	6.99	NA	70.69
26560	.....	A	Repair of web finger	*5.38	NA	2.85	NA	4.80	0.66	NA	10.84
26561	.....	A	Repair of web finger	*10.92	NA	2.85	NA	6.21	1.56	NA	18.69
26562	.....	A	Repair of web finger	*9.68	NA	2.85	NA	5.78	0.82	NA	16.28
26565	.....	A	Correct metacarpal flaw	*6.74	NA	2.85	NA	5.14	0.85	NA	12.73
26567	.....	A	Correct finger deformity	*6.82	NA	2.85	NA	5.12	0.67	NA	12.61
26568	.....	A	Lengthen metacarpal/finger	*9.08	NA	3.64	NA	6.66	1.06	NA	16.80
26580	.....	A	Repair hand deformity	*18.18	NA	2.85	NA	8.06	2.76	NA	29.00
26585	.....	A	Repair finger deformity	*14.05	NA	2.85	NA	7.02	2.12	NA	23.19
26590	.....	A	Repair finger deformity	*17.96	NA	2.85	NA	8.01	2.72	NA	28.69
26591	.....	A	Repair muscles of hand	*3.25	NA	2.85	NA	4.28	0.39	NA	7.92
26593	.....	A	Release muscles of hand	*5.31	NA	2.85	NA	4.79	0.70	NA	10.80
26596	.....	A	Excision constricting tissue	*8.95	NA	2.13	NA	4.85	1.35	NA	15.15
26597	.....	A	Release of scar contracture	*9.82	NA	2.85	NA	5.93	1.37	NA	17.12
26600	.....	A	Treat metacarpal fracture	*1.96	1.83	1.15	2.71	1.88	0.22	4.89	4.06
26605	.....	A	Treat metacarpal fracture	*2.85	2.41	1.64	3.65	2.70	0.36	6.86	5.91
26607	.....	A	Treat metacarpal fracture	*5.36	NA	2.54	NA	4.39	0.57	NA	10.32
26608	.....	A	Treat metacarpal fracture	5.12	NA	2.57	NA	4.38	0.57	NA	10.07
26615	.....	A	Repair metacarpal fracture	*5.33	NA	2.34	NA	4.20	0.80	NA	10.33
26641	.....	A	Treat thumb dislocation	*3.94	2.61	1.71	4.07	2.98	0.14	8.15	7.06
26645	.....	A	Treat thumb fracture	*4.41	2.61	1.71	4.22	3.13	0.33	8.96	7.87
26650	.....	A	Repair thumb fracture	*5.72	NA	2.57	NA	4.52	0.64	NA	10.88
26665	.....	A	Repair thumb fracture	*7.60	NA	2.34	NA	4.76	1.09	NA	13.45
26670	.....	A	Treat hand dislocation	*3.69	2.51	1.71	3.89	2.92	0.10	7.68	6.71
26675	.....	A	Treat hand dislocation	*4.64	2.09	1.28	3.69	2.71	0.60	8.93	7.95
26676	.....	A	Pin hand dislocation	*5.52	NA	2.57	NA	4.49	0.67	NA	10.68

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
26685	.....	A	Repair hand dislocation	*6.98	NA	2.34	NA	4.59	0.91	NA	12.48
26686	.....	A	Repair hand dislocation	*7.94	NA	2.34	NA	4.82	1.04	NA	13.80
26700	.....	A	Treat knuckle dislocation	*3.69	1.55	1.10	2.72	2.17	0.10	6.51	5.96
26705	.....	A	Treat knuckle dislocation	*4.19	2.09	1.28	3.52	2.54	0.27	7.98	7.00
26706	.....	A	Pin knuckle dislocation	*5.12	NA	1.61	NA	3.25	0.75	NA	9.12
26715	.....	A	Repair knuckle dislocation	*5.74	NA	2.34	NA	4.26	0.66	NA	10.66
26720	.....	A	Treat finger fracture, each	*1.66	1.10	0.83	1.74	1.40	0.15	3.55	3.21
26725	.....	A	Treat finger fracture, each	*3.33	1.55	1.10	2.67	2.12	0.23	6.23	5.68
26727	.....	A	Treat finger fracture, each	*5.23	NA	2.57	NA	4.36	0.38	NA	9.97
26735	.....	A	Repair finger fracture, each	*5.98	NA	2.34	NA	4.30	0.61	NA	10.89
26740	.....	A	Treat finger fracture, each	*1.94	1.37	1.10	2.12	1.80	0.16	4.22	3.90
26742	.....	A	Treat finger fracture, each	*3.85	2.61	1.71	4.09	3.00	0.32	8.26	7.17
26746	.....	A	Repair finger fracture, each	*5.81	NA	2.34	NA	4.30	0.80	NA	10.91
26750	.....	A	Treat finger fracture, each	*1.70	1.37	1.10	2.06	1.74	0.10	3.86	3.54
26755	.....	A	Treat finger fracture, each	*3.10	1.55	1.10	2.60	2.05	0.15	5.85	5.30
26756	.....	A	Pin finger fracture, each	*4.39	NA	2.57	NA	4.16	0.33	NA	8.88
26765	.....	A	Repair finger fracture, each	*4.17	NA	2.34	NA	3.87	0.45	NA	8.49
26770	.....	A	Treat finger dislocation	*3.02	1.55	1.10	2.57	2.02	0.08	5.67	5.12
26775	.....	A	Treat finger dislocation	*3.71	2.09	1.28	3.40	2.41	0.17	7.28	6.29
26776	.....	A	Pin finger dislocation	*4.80	NA	2.57	NA	4.26	0.35	NA	9.41
26785	.....	A	Repair finger dislocation	*4.21	NA	2.34	NA	3.88	0.48	NA	8.57
26820	.....	A	Thumb fusion with graft	*8.26	NA	2.96	NA	5.65	1.05	NA	14.96
26841	.....	A	Fusion of thumb	*7.13	NA	2.85	NA	5.26	1.00	NA	13.39
26842	.....	A	Thumb fusion with graft	*8.24	NA	2.96	NA	5.72	1.37	NA	15.33
26843	.....	A	Fusion of hand joint	*7.61	NA	2.85	NA	5.39	1.10	NA	14.10
26844	.....	A	Fusion/graft of hand joint	*8.73	NA	2.96	NA	5.79	1.19	NA	15.71
26850	.....	A	Fusion of knuckle	*6.97	NA	2.85	NA	5.17	0.76	NA	12.90
26852	.....	A	Fusion of knuckle with graft	*8.46	NA	2.96	NA	5.69	1.00	NA	15.15
26860	.....	A	Fusion of finger joint	*4.69	NA	2.85	NA	4.65	0.68	NA	10.02
26861	.....	A	Fusion of finger joint,added	1.74	NA	0.00	NA	0.48	0.43	NA	2.65
26862	.....	A	Fusion/graft of finger joint	*7.37	NA	2.96	NA	5.42	0.85	NA	13.64
26863	.....	A	Fuse/graft added joint	3.90	NA	0.00	NA	0.98	0.57	NA	5.45
26910	.....	A	Amputate metacarpal bone	*7.60	NA	2.85	NA	5.35	0.93	NA	13.88
26951	.....	A	Amputation of finger/thumb	*4.59	NA	2.85	NA	4.59	0.49	NA	9.67
26952	.....	A	Amputation of finger/thumb	*6.31	NA	2.60	NA	4.70	0.69	NA	11.70
26990	.....	A	Drainage of pelvis lesion	*7.48	NA	5.11	NA	7.99	0.51	NA	15.98
26991	.....	A	Drainage of pelvis bursa	*6.68	2.77	2.60	4.91	4.69	0.29	11.88	11.66
26992	.....	A	Drainage of bone lesion	*13.02	NA	5.11	NA	9.32	1.05	NA	23.39
27000	.....	A	Incision of hip tendon	*5.62	NA	2.02	NA	3.74	0.24	NA	9.60
27001	.....	A	Incision of hip tendon	*6.94	NA	2.02	NA	4.06	0.38	NA	11.38
27003	.....	A	Incision of hip tendon	*7.34	NA	2.35	NA	4.71	1.08	NA	13.13
27005	.....	A	Incision of hip tendon	*9.66	NA	2.35	NA	5.10	0.54	NA	15.30
27006	.....	A	Incision of hip tendons	*9.68	NA	2.35	NA	5.16	0.77	NA	15.61
27025	.....	A	Incision of hip/thigh fascia	*11.16	NA	2.35	NA	5.54	1.02	NA	17.72
27030	.....	A	Drainage of hip joint	*13.01	NA	2.35	NA	6.13	1.86	NA	21.00
27033	.....	A	Exploration of hip joint	*13.39	NA	2.35	NA	6.21	1.85	NA	21.45
27035	.....	A	Denervation of hip joint	*16.69	NA	3.00	NA	7.79	2.21	NA	26.69
27036	.....	A	Excision of hip joint/muscle	*12.88	NA	2.57	NA	6.36	1.87	NA	21.11
27040	.....	A	Biopsy of soft tissues	*2.87	1.72	1.31	2.75	2.26	0.11	5.73	5.24
27041	.....	A	Biopsy of soft tissues	*9.89	NA	1.90	NA	4.57	0.44	NA	14.90
27047	.....	A	Remove hip/pelvis lesion	*7.45	2.37	2.19	4.60	4.37	0.32	12.37	12.14
27048	.....	A	Remove hip/pelvis lesion	*6.25	NA	2.60	NA	4.72	0.82	NA	11.79
27049	.....	A	Remove tumor, hip/pelvis	*13.66	NA	3.40	NA	7.55	1.87	NA	23.08
27050	.....	A	Biopsy of sacroiliac joint	*4.36	NA	2.19	NA	3.82	0.90	NA	9.08
27052	.....	A	Biopsy of hip joint	*6.23	NA	2.35	NA	4.58	1.59	NA	12.40
27054	.....	A	Removal of hip joint lining	*8.54	NA	2.71	NA	5.67	2.26	NA	16.47
27060	.....	A	Removal of ischial bursa	*5.43	NA	2.19	NA	4.01	0.68	NA	10.12
27062	.....	A	Remove femur lesion/bursa	*5.37	NA	2.02	NA	3.79	0.70	NA	9.86
27065	.....	A	Removal of hip bone lesion	*5.90	NA	2.60	NA	4.66	0.90	NA	11.46
27066	.....	A	Removal of hip bone lesion	*10.33	NA	3.00	NA	6.20	1.30	NA	17.83
27067	.....	A	Remove/graft hip bone lesion	*13.83	NA	3.00	NA	7.10	1.93	NA	22.86
27070	.....	A	Partial removal of hip bone	*10.72	NA	5.11	NA	8.85	1.21	NA	20.78
27071	.....	A	Partial removal of hip bone	*11.46	NA	5.11	NA	9.06	1.45	NA	21.97
27075	.....	A	Extensive hip surgery	*17.23	NA	3.40	NA	8.43	2.32	NA	27.98
27076	.....	A	Extensive hip surgery	*22.12	NA	3.40	NA	9.57	2.61	NA	34.30
27077	.....	A	Extensive hip surgery	*23.13	NA	3.40	NA	9.93	3.24	NA	36.30
27078	.....	A	Extensive hip surgery	*13.44	NA	3.40	NA	7.46	1.67	NA	22.57
27079	.....	A	Extensive hip surgery	*13.75	NA	3.40	NA	7.52	1.66	NA	22.93
27080	.....	A	Removal of tail bone	*6.39	NA	2.19	NA	4.26	0.87	NA	11.52
27086	.....	A	Remove hip foreign body	*1.87	1.67	1.49	2.46	2.24	0.07	4.40	4.18
27087	.....	A	Remove hip foreign body	*8.54	NA	2.19	NA	4.67	0.60	NA	13.81
27090	.....	A	Removal of hip prosthesis	*11.15	NA	2.35	NA	5.63	1.46	NA	18.24
27091	.....	A	Removal of hip prosthesis	*22.14	NA	2.35	NA	8.41	3.16	NA	33.71
27093	.....	A	Injection for hip x-ray	1.30	4.22	0.09	5.45	0.42	0.11	6.86	1.83

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
27095	.....	A	Injection for hip x-ray	1.50	NA	0.09	NA	0.47	0.13	NA	2.10
27097	.....	A	Revision of hip tendon	*8.80	NA	2.35	NA	5.07	1.26	NA	15.13
27098	.....	A	Transfer tendon to pelvis	*8.83	NA	2.35	NA	5.08	1.26	NA	15.17
27100	.....	A	Transfer of abdominal muscle	*11.08	NA	3.00	NA	6.39	1.42	NA	18.89
27105	.....	A	Transfer of spinal muscle	*11.77	NA	2.71	NA	6.18	1.36	NA	19.31
27110	.....	A	Transfer of iliopsoas muscle	*13.26	NA	3.00	NA	6.96	1.86	NA	22.08
27111	.....	A	Transfer of iliopsoas muscle	*12.15	NA	2.71	NA	6.33	1.65	NA	20.13
27120	.....	A	Reconstruction of hip socket	*18.01	NA	2.60	NA	7.76	2.95	NA	28.72
27122	.....	A	Reconstruction of hip socket	*14.98	NA	2.71	NA	7.23	2.94	NA	25.15
27125	.....	A	Partial hip replacement	*14.69	NA	2.62	NA	7.07	3.01	NA	24.77
27130	.....	A	Total hip replacement	*20.12	NA	2.62	NA	8.60	4.58	NA	33.30
27132	.....	A	Total hip replacement	*23.30	NA	2.62	NA	9.41	5.09	NA	37.80
27134	.....	A	Revise hip joint replacement	*28.52	NA	2.60	NA	10.72	5.96	NA	45.20
27137	.....	A	Revise hip joint replacement	*21.17	NA	2.62	NA	8.89	4.82	NA	34.88
27138	.....	A	Revise hip joint replacement	*22.17	NA	2.62	NA	9.05	4.58	NA	35.80
27140	.....	A	Transplant of femur ridge	*12.24	NA	2.35	NA	5.93	1.71	NA	19.88
27146	.....	A	Incision of hip bone	*17.43	NA	3.00	NA	7.77	1.35	NA	26.55
27147	.....	A	Revision of hip bone	*20.58	NA	3.00	NA	8.76	2.76	NA	32.10
27151	.....	A	Incision of hip bones	*22.51	NA	3.00	NA	9.22	2.90	NA	34.63
27156	.....	A	Revision of hip bones	*24.63	NA	3.00	NA	9.72	3.08	NA	37.43
27158	.....	A	Revision of pelvis	*19.74	NA	3.40	NA	9.05	2.64	NA	31.43
27161	.....	A	Incision of neck of femur	*16.71	NA	2.35	NA	7.04	2.31	NA	26.06
27165	.....	A	Incision/fixation of femur	*17.91	NA	2.35	NA	7.37	2.63	NA	27.91
27170	.....	A	Repair/graft femur head/neck	*16.07	NA	2.35	NA	6.97	2.65	NA	25.69
27175	.....	A	Treat slipped epiphysis	*8.46	NA	1.43	NA	3.63	0.18	NA	12.27
27176	.....	A	Treat slipped epiphysis	*12.05	NA	1.92	NA	5.35	1.70	NA	19.10
27177	.....	A	Repair slipped epiphysis	*15.08	NA	1.92	NA	6.09	2.05	NA	23.22
27178	.....	A	Repair slipped epiphysis	*11.99	NA	1.92	NA	5.30	1.55	NA	18.84
27179	.....	A	Revise head/neck of femur	11.69	NA	1.88	NA	1.88	1.83	NA	15.40
27181	.....	A	Repair slipped epiphysis	*14.68	NA	1.92	NA	6.02	2.16	NA	22.86
27185	.....	A	Revision of femur epiphysis	*9.18	NA	2.35	NA	5.07	0.87	NA	15.12
27187	.....	A	Reinforce hip bones	*13.54	NA	2.71	NA	6.87	2.76	NA	23.17
27193	.....	A	Treat pelvic ring fracture	4.64	1.94	1.42	3.46	2.83	0.39	8.49	7.86
27194	.....	A	Treat pelvic ring fracture	8.73	1.94	1.42	4.38	3.75	0.50	13.61	12.98
27200	.....	A	Treat tail bone fracture	*1.84	1.10	0.83	1.78	1.45	0.17	3.79	3.46
27202	.....	A	Repair tail bone fracture	*7.04	NA	2.16	NA	4.37	0.89	NA	12.30
27215	.....	A	Pelvic fracture(s) treatment	9.39	NA	2.46	NA	5.56	2.33	NA	17.28
27216	.....	A	Treat pelvic ring fracture	14.20	NA	3.27	NA	7.24	0.66	NA	22.10
27217	.....	A	Treat pelvic ring fracture	13.19	NA	2.46	NA	6.39	2.33	NA	21.91
27218	.....	A	Treat pelvic ring fracture	18.83	NA	2.46	NA	7.63	2.33	NA	28.79
27220	.....	A	Treat hip socket fracture	*6.18	1.94	1.42	3.85	3.22	0.64	10.67	10.04
27222	.....	A	Treat hip socket fracture	*12.70	NA	1.64	NA	5.01	1.03	NA	18.74
27226	.....	A	Treat hip wall fracture	13.93	NA	2.46	NA	6.60	2.52	NA	23.05
27227	.....	A	Treat hip fracture(s)	*23.45	NA	2.26	NA	8.60	3.20	NA	35.25
27228	.....	A	Treat hip fracture(s)	*27.16	NA	2.26	NA	9.41	3.20	NA	39.77
27230	.....	A	Treat fracture of thigh	*5.50	2.16	1.77	3.93	3.46	0.41	9.84	9.37
27232	.....	A	Treat fracture of thigh	*10.68	NA	1.83	NA	4.90	1.46	NA	17.04
27235	.....	A	Repair of thigh fracture	*12.16	NA	2.07	NA	5.75	2.60	NA	20.51
27236	.....	A	Repair of thigh fracture	*15.60	NA	2.07	NA	6.53	2.71	NA	24.84
27238	.....	A	Treatment of thigh fracture	*5.52	NA	1.77	NA	3.53	0.71	NA	9.76
27240	.....	A	Treatment of thigh fracture	*12.50	NA	1.83	NA	5.31	1.53	NA	19.34
27244	.....	A	Repair of thigh fracture	*15.94	NA	2.07	NA	6.59	2.62	NA	25.15
27245	.....	A	Repair of thigh fracture	18.72	NA	2.07	NA	7.20	2.62	NA	28.54
27246	.....	A	Treatment of thigh fracture	*4.71	2.19	1.77	3.83	3.32	0.60	9.14	8.63
27248	.....	A	Repair of thigh fracture	*10.45	NA	2.07	NA	5.27	2.11	NA	17.83
27250	.....	A	Treat hip dislocation	*6.95	NA	1.77	NA	3.78	0.45	NA	11.18
27252	.....	A	Treat hip dislocation	*10.39	NA	1.61	NA	4.39	0.68	NA	15.46
27253	.....	A	Repair of hip dislocation	*12.92	NA	1.92	NA	5.63	2.11	NA	20.66
27254	.....	A	Repair of hip dislocation	*18.26	NA	2.26	NA	7.25	2.27	NA	27.78
27256	.....	A	Treatment of hip dislocation	*4.12	NA	1.24	NA	2.49	0.31	NA	6.92
27257	.....	A	Treatment of hip dislocation	*5.22	NA	1.21	NA	2.78	0.73	NA	8.73
27258	.....	A	Repair of hip dislocation	*15.43	NA	2.71	NA	7.18	2.25	NA	24.86
27259	.....	A	Repair of hip dislocation	*21.55	NA	2.71	NA	8.64	2.82	NA	33.01
27265	.....	A	Treatment of hip dislocation	*5.05	NA	1.77	NA	3.39	0.54	NA	8.98
27266	.....	A	Treatment of hip dislocation	*7.49	NA	1.77	NA	3.96	0.71	NA	12.16
27275	.....	A	Manipulation of hip joint	*2.27	NA	1.21	NA	2.04	0.30	NA	4.61
27280	.....	A	Fusion of sacroiliac joint	*13.39	NA	3.00	NA	6.97	1.77	NA	22.13
27282	.....	A	Fusion of pubic bones	*11.34	NA	3.00	NA	6.51	1.69	NA	19.54
27284	.....	A	Fusion of hip joint	*16.76	NA	2.71	NA	7.50	2.40	NA	26.66
27286	.....	A	Fusion of hip joint	*16.79	NA	2.71	NA	7.48	2.26	NA	26.53
27290	.....	A	Amputation of leg at hip	*23.28	NA	2.60	NA	9.30	4.70	NA	37.28
27295	.....	A	Amputation of leg at hip	*18.65	NA	2.35	NA	7.60	2.95	NA	29.20
27301	.....	A	Drain thigh/knee lesion	*6.49	4.67	4.36	7.20	6.83	0.40	14.09	13.72
27303	.....	A	Drainage of bone lesion	*8.28	NA	4.36	NA	7.34	0.96	NA	16.58

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
27305	.....	A	Incise thigh tendon & fascia	*5.92	NA	2.67	NA	4.70	0.68	NA	11.30
27306	.....	A	Incision of thigh tendon	*4.62	NA	2.25	NA	3.83	0.32	NA	8.77
27307	.....	A	Incision of thigh tendons	*5.80	NA	2.25	NA	4.12	0.48	NA	10.40
27310	.....	A	Exploration of knee joint	*9.27	NA	2.36	NA	5.24	1.51	NA	16.02
27315	.....	A	Partial removal, thigh nerve	*6.97	NA	1.77	NA	3.90	0.96	NA	11.83
27320	.....	A	Partial removal, thigh nerve	*6.30	NA	1.77	NA	3.70	0.73	NA	10.73
27323	.....	A	Biopsy thigh soft tissues	*2.28	1.65	1.36	2.54	2.18	0.13	4.95	4.59
27324	.....	A	Biopsy thigh soft tissues	*4.90	NA	2.25	NA	3.92	0.45	NA	9.27
27327	.....	A	Removal of thigh lesion	*4.47	2.55	2.25	4.17	3.81	0.40	9.04	8.68
27328	.....	A	Removal of thigh lesion	*5.57	NA	2.25	NA	4.13	0.73	NA	10.43
27329	.....	A	Remove tumor, thigh/knee	*14.14	NA	3.53	NA	7.86	2.14	NA	24.14
27330	.....	A	Biopsy knee joint lining	*4.97	NA	1.80	NA	3.55	1.19	NA	9.71
27331	.....	A	Explore/treat knee joint	*5.88	NA	2.09	NA	4.16	1.49	NA	11.53
27332	.....	A	Removal of knee cartilage	*8.27	NA	2.09	NA	4.74	1.73	NA	14.74
27333	.....	A	Removal of knee cartilage	*7.30	NA	2.09	NA	4.70	2.52	NA	14.52
27334	.....	A	Remove knee joint lining	*8.70	NA	2.36	NA	5.18	1.77	NA	15.65
27335	.....	A	Remove knee joint lining	*10.00	NA	2.36	NA	5.52	2.05	NA	17.57
27340	.....	A	Removal of kneecap bursa	*4.18	NA	1.80	NA	3.25	0.62	NA	8.05
27345	.....	A	Removal of knee cyst	*5.92	NA	2.09	NA	4.05	0.95	NA	10.92
27350	.....	A	Removal of kneecap	*8.17	NA	2.10	NA	4.69	1.54	NA	14.40
27355	.....	A	Remove femur lesion	*7.65	NA	2.67	NA	5.20	1.23	NA	14.08
27356	.....	A	Remove femur lesion/graft	*9.48	NA	2.67	NA	5.62	1.34	NA	16.44
27357	.....	A	Remove femur lesion/graft	*10.53	NA	2.67	NA	5.87	1.43	NA	17.83
27358	.....	A	Remove femur lesion/fixation	4.74	NA	0.00	NA	1.20	0.72	NA	6.66
27360	.....	A	Partial removal leg bone(s)	*10.50	NA	5.11	NA	8.84	1.40	NA	20.74
27365	.....	A	Extensive leg surgery	*16.27	NA	2.64	NA	7.31	2.43	NA	26.01
27370	.....	A	Injection for knee x-ray	0.96	4.22	0.09	5.36	0.33	0.05	6.37	1.34
27372	.....	A	Removal of foreign body	*5.07	2.28	1.90	4.01	3.54	0.54	9.62	9.15
27380	.....	A	Repair of kneecap tendon	*7.16	NA	2.13	NA	4.45	1.29	NA	12.90
27381	.....	A	Repair/graft kneecap tendon	*10.34	NA	2.13	NA	5.26	1.82	NA	17.42
27385	.....	A	Repair of thigh muscle	*7.76	NA	2.13	NA	4.61	1.42	NA	13.79
27386	.....	A	Repair/graft of thigh muscle	*10.56	NA	2.41	NA	5.70	2.02	NA	18.28
27390	.....	A	Incision of thigh tendon	*5.33	NA	2.22	NA	4.03	0.71	NA	10.07
27391	.....	A	Incision of thigh tendons	*7.20	NA	2.22	NA	4.48	0.90	NA	12.58
27392	.....	A	Incision of thigh tendons	*9.20	NA	2.65	NA	5.53	1.28	NA	16.01
27393	.....	A	Lengthening of thigh tendon	*6.39	NA	2.22	NA	4.31	0.93	NA	11.63
27394	.....	A	Lengthening of thigh tendons	*8.50	NA	2.65	NA	5.30	0.94	NA	14.74
27395	.....	A	Lengthening of thigh tendons	*11.73	NA	3.07	NA	6.67	1.65	NA	20.05
27396	.....	A	Transplant of thigh tendon	*7.86	NA	2.67	NA	5.22	1.11	NA	14.19
27397	.....	A	Transplants of thigh tendons	*11.28	NA	2.67	NA	6.04	1.45	NA	18.77
27400	.....	A	Revise thigh muscles/tendons	*9.02	NA	2.67	NA	5.50	1.24	NA	15.76
27403	.....	A	Repair of knee cartilage	*8.33	NA	2.09	NA	4.69	1.44	NA	14.46
27405	.....	A	Repair of knee ligament	*8.65	NA	2.36	NA	5.14	1.67	NA	15.46
27407	.....	A	Repair of knee ligament	*10.28	NA	2.36	NA	5.44	1.42	NA	17.14
27409	.....	A	Repair of knee ligaments	*12.90	NA	2.36	NA	6.25	2.48	NA	21.63
27418	.....	A	Repair degenerated kneecap	*10.85	NA	2.36	NA	5.66	1.85	NA	18.36
27420	.....	A	Revision of unstable kneecap	*9.83	NA	2.10	NA	5.09	1.74	NA	16.66
27422	.....	A	Revision of unstable kneecap	*9.78	NA	2.10	NA	5.10	1.83	NA	16.71
27424	.....	A	Revision/removal of kneecap	*9.81	NA	2.10	NA	5.12	1.89	NA	16.82
27425	.....	A	Lateral retinacular release	*5.22	NA	2.09	NA	3.93	1.08	NA	10.23
27427	.....	A	Reconstruction, knee	*9.36	NA	2.10	NA	5.10	2.25	NA	16.71
27428	.....	A	Reconstruction, knee	*14.00	NA	2.36	NA	6.54	2.71	NA	23.25
27429	.....	A	Reconstruction, knee	*15.52	NA	2.36	NA	6.68	1.83	NA	24.03
27430	.....	A	Revision of thigh muscles	*9.67	NA	2.14	NA	5.06	1.50	NA	16.23
27435	.....	A	Incision of knee joint	*9.49	NA	2.09	NA	4.87	1.13	NA	15.49
27437	.....	A	Revise kneecap	*8.46	NA	2.40	NA	5.12	1.55	NA	15.13
27438	.....	A	Revise kneecap with implant	*11.23	NA	2.40	NA	5.86	2.14	NA	19.23
27440	.....	A	Revision of knee joint	*10.43	NA	2.44	NA	5.71	2.10	NA	18.24
27441	.....	A	Revision of knee joint	*10.82	NA	2.44	NA	5.67	1.51	NA	18.00
27442	.....	A	Revision of knee joint	*11.89	NA	2.44	NA	6.24	3.05	NA	21.18
27443	.....	A	Revision of knee joint	*10.93	NA	2.44	NA	6.09	3.34	NA	20.36
27445	.....	A	Revision of knee joint	*17.68	NA	2.44	NA	7.76	4.21	NA	29.65
27446	.....	A	Revision of knee joint	*15.84	NA	2.44	NA	7.29	3.87	NA	27.00
27447	.....	A	Total knee replacement	*21.48	NA	2.44	NA	8.76	4.95	NA	35.19
27448	.....	A	Incision of thigh	*11.06	NA	2.67	NA	6.13	2.09	NA	19.28
27450	.....	A	Incision of thigh	*13.98	NA	2.67	NA	6.83	2.36	NA	23.17
27454	.....	A	Realignment of thigh bone	*17.56	NA	2.67	NA	7.72	2.82	NA	28.10
27455	.....	A	Realignment of knee	*12.82	NA	2.48	NA	6.25	1.95	NA	21.02
27457	.....	A	Realignment of knee	*13.45	NA	2.05	NA	5.91	2.14	NA	21.50
27465	.....	A	Shortening of thigh bone	*13.87	NA	2.67	NA	6.73	2.00	NA	22.60
27466	.....	A	Lengthening of thigh bone	*16.33	NA	3.09	NA	7.84	2.27	NA	26.44
27468	.....	A	Shorten/lengthen thighs	*18.97	NA	3.09	NA	8.52	2.75	NA	30.24
27470	.....	A	Repair of thigh	*16.07	NA	3.09	NA	7.85	2.60	NA	26.52
27472	.....	A	Repair/graft of thigh	*17.72	NA	3.09	NA	8.34	3.16	NA	29.22

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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 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
27475	.....	A	Surgery to stop leg growth	*8.64	NA	2.17	NA	4.82	1.27	NA	14.73
27477	.....	A	Surgery to stop leg growth	*9.85	NA	2.17	NA	5.37	2.57	NA	17.79
27479	.....	A	Surgery to stop leg growth	*12.80	NA	2.17	NA	5.86	1.89	NA	20.55
27485	.....	A	Surgery to stop leg growth	*8.84	NA	2.17	NA	4.87	1.30	NA	15.01
27486	.....	A	Revise knee joint replace	*19.27	NA	2.45	NA	8.14	4.26	NA	31.67
27487	.....	A	Revise knee joint replace	*25.27	NA	2.45	NA	9.82	5.97	NA	41.06
27488	.....	A	Removal of knee prosthesis	*15.74	NA	2.45	NA	6.99	2.58	NA	25.31
27495	.....	A	Reinforce thigh	*15.55	NA	3.09	NA	7.79	2.82	NA	26.16
27496	.....	A	Decompression of thigh/knee	4.75	NA	2.24	NA	3.94	0.74	NA	9.43
27497	.....	A	Decompression of thigh/knee	5.81	NA	2.24	NA	4.20	0.91	NA	10.92
27498	.....	A	Decompression of thigh/knee	6.63	NA	2.24	NA	4.41	1.04	NA	12.08
27499	.....	A	Decompression of thigh/knee	7.64	NA	2.24	NA	4.67	1.19	NA	13.50
27500	.....	A	Treatment of thigh fracture	*5.92	3.33	2.10	5.54	4.04	0.82	12.28	10.78
27501	.....	A	Treatment of thigh fracture	5.29	3.77	2.54	5.93	4.43	0.82	12.04	10.54
27502	.....	A	Treatment of thigh fracture	*10.58	NA	2.54	NA	5.68	1.21	NA	17.47
27503	.....	A	Treatment of thigh fracture	9.51	NA	2.54	NA	5.44	1.21	NA	16.16
27506	.....	A	Repair of thigh fracture	*17.45	NA	2.24	NA	7.12	2.56	NA	27.13
27507	.....	A	Treatment of thigh fracture	12.85	NA	2.24	NA	6.11	2.56	NA	21.52
27508	.....	A	Treatment of thigh fracture	*5.83	2.20	1.42	4.10	3.15	0.65	10.58	9.63
27509	.....	A	Treatment of thigh fracture	6.77	NA	2.29	NA	4.42	0.65	NA	11.84
27510	.....	A	Treatment of thigh fracture	*9.13	NA	1.42	NA	3.97	1.09	NA	14.19
27511	.....	A	Treatment of thigh fracture	12.50	NA	2.53	NA	6.38	2.56	NA	21.44
27513	.....	A	Treatment of thigh fracture	*17.92	NA	2.53	NA	7.57	2.56	NA	28.05
27514	.....	A	Repair of thigh fracture	*17.30	NA	2.53	NA	7.42	2.53	NA	27.25
27516	.....	A	Repair of thigh growth plate	*5.37	2.61	1.71	4.51	3.42	0.71	10.59	9.50
27517	.....	A	Repair of thigh growth plate	*8.78	2.61	1.71	5.38	4.29	1.28	15.44	14.35
27519	.....	A	Repair of thigh growth plate	*15.02	NA	2.53	NA	6.82	2.05	NA	23.89
27520	.....	A	Treat kneecap fracture	*2.86	2.20	1.42	3.41	2.45	0.45	6.72	5.76
27524	.....	A	Repair of kneecap fracture	*10.00	NA	1.75	NA	4.69	1.65	NA	16.34
27530	.....	A	Treatment of knee fracture	*3.78	2.20	1.42	3.62	2.67	0.51	7.91	6.96
27532	.....	A	Treatment of knee fracture	*7.30	1.69	1.15	3.86	3.20	0.91	12.07	11.41
27535	.....	A	Treatment of knee fracture	10.36	NA	2.53	NA	5.76	1.88	NA	18.00
27536	.....	A	Repair of knee fracture	*15.65	NA	1.75	NA	5.98	1.88	NA	23.51
27538	.....	A	Treat knee fracture(s)	*4.87	2.61	1.71	4.36	3.27	0.51	9.74	8.65
27540	.....	A	Repair of knee fracture	*13.10	NA	1.75	NA	5.39	1.74	NA	20.23
27550	.....	A	Treat knee dislocation	*5.76	2.51	1.71	4.40	3.43	0.36	10.52	9.55
27552	.....	A	Treat knee dislocation	*7.90	NA	1.96	NA	4.23	0.53	NA	12.66
27556	.....	A	Repair of knee dislocation	*14.41	NA	2.91	NA	7.14	1.95	NA	23.50
27557	.....	A	Repair of knee dislocation	*16.77	NA	2.91	NA	7.76	2.43	NA	26.96
27558	.....	A	Repair of knee dislocation	16.75	NA	2.91	NA	7.75	2.43	NA	26.93
27560	.....	A	Treat kneecap dislocation	*3.82	2.20	1.42	3.55	2.60	0.16	7.53	6.58
27562	.....	A	Treat kneecap dislocation	*5.79	NA	1.61	NA	3.40	0.76	NA	9.95
27566	.....	A	Repair kneecap dislocation	*12.23	NA	1.75	NA	5.18	1.67	NA	19.08
27570	.....	A	Fixation of knee joint	*1.74	NA	1.21	NA	1.92	0.28	NA	3.94
27580	.....	A	Fusion of knee	*19.37	NA	2.59	NA	7.96	2.56	NA	29.89
27590	.....	A	Amputate leg at thigh	*12.03	NA	3.53	NA	7.33	1.80	NA	21.16
27591	.....	A	Amputate leg at thigh	*12.68	NA	3.53	NA	7.54	2.11	NA	22.33
27592	.....	A	Amputate leg at thigh	*10.02	NA	3.53	NA	6.85	1.61	NA	18.48
27594	.....	A	Amputation follow-up surgery	*6.92	NA	2.67	NA	4.92	0.68	NA	12.52
27596	.....	A	Amputation follow-up surgery	*10.60	NA	3.53	NA	6.93	1.42	NA	18.95
27598	.....	A	Amputate lower leg at knee	*10.53	NA	3.08	NA	6.45	1.78	NA	18.76
27600	.....	A	Decompression of lower leg	*5.65	NA	2.21	NA	4.07	0.64	NA	10.36
27601	.....	A	Decompression of lower leg	*5.64	NA	2.21	NA	4.08	0.67	NA	10.39
27602	.....	A	Decompression of lower leg	*7.35	NA	2.21	NA	4.47	0.77	NA	12.59
27603	.....	A	Drain lower leg lesion	*4.94	5.78	3.50	8.21	5.44	0.41	13.56	10.79
27604	.....	A	Drain lower leg bursa	*4.47	4.93	2.66	7.02	4.25	0.14	11.63	8.86
27605	.....	A	Incision of achilles tendon	*2.87	3.65	1.38	5.11	2.34	0.14	8.12	5.35
27606	.....	A	Incision of achilles tendon	*4.14	3.65	1.38	5.43	2.66	0.35	9.92	7.15
27607	.....	A	Treat lower leg bone lesion	*7.97	NA	4.75	NA	7.75	0.98	NA	16.70
27610	.....	A	Explore/treat ankle joint	*8.34	NA	2.80	NA	5.49	1.13	NA	14.96
27612	.....	A	Exploration of ankle joint	*7.33	NA	2.42	NA	4.85	1.30	NA	13.48
27613	.....	A	Biopsy lower leg soft tissue	*2.17	1.44	0.59	2.25	1.22	0.10	4.52	3.49
27614	.....	A	Biopsy lower leg soft tissue	*5.66	4.52	2.25	6.84	4.07	0.38	12.88	10.11
27615	.....	A	Remove tumor, lower leg	*12.56	NA	4.13	NA	8.09	1.42	NA	22.07
27618	.....	A	Remove lower leg lesion	*5.09	4.52	2.25	6.70	3.93	0.32	12.11	9.34
27619	.....	A	Remove lower leg lesion	*8.40	4.93	2.66	8.00	5.23	0.67	17.07	14.30
27620	.....	A	Explore, treat ankle joint	*5.98	NA	2.42	NA	4.48	0.96	NA	11.42
27625	.....	A	Remove ankle joint lining	*8.30	NA	2.80	NA	5.51	1.27	NA	15.08
27626	.....	A	Remove ankle joint lining	*8.91	NA	2.80	NA	5.64	1.25	NA	15.80
27630	.....	A	Removal of tendon lesion	*4.80	4.52	2.25	6.67	3.90	0.46	11.93	9.16
27635	.....	A	Remove lower leg bone lesion	*7.78	NA	3.08	NA	5.73	1.27	NA	14.78
27637	.....	A	Remove/graft leg bone lesion	*9.85	NA	3.08	NA	6.22	1.40	NA	17.47
27638	.....	A	Remove/graft leg bone lesion	*10.57	NA	3.08	NA	6.40	1.52	NA	18.49
27640	.....	A	Partial removal of tibia	*11.37	NA	4.89	NA	8.80	1.57	NA	21.74

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
27641	.....	A	Partial removal of fibula	*9.24	NA	4.89	NA	8.24	1.18	NA	18.66
27645	.....	A	Extensive lower leg surgery	*14.17	NA	4.13	NA	8.57	1.98	NA	24.72
27646	.....	A	Extensive lower leg surgery	*12.66	NA	4.13	NA	8.18	1.71	NA	22.55
27647	.....	A	Extensive ankle/heel surgery	*12.24	NA	3.17	NA	6.84	1.35	NA	20.43
27648	.....	A	Injection for ankle x-ray	0.96	4.22	0.09	5.36	0.33	0.05	6.37	1.34
27650	.....	A	Repair achilles tendon	*9.69	NA	2.21	NA	5.13	1.41	NA	16.23
27652	.....	A	Repair/graft achilles tendon	*10.33	NA	2.21	NA	5.30	1.56	NA	17.19
27654	.....	A	Repair of achilles tendon	*10.02	NA	2.66	NA	5.80	1.65	NA	17.47
27656	.....	A	Repair leg fascia defect	*4.57	4.52	2.25	6.63	3.86	0.54	11.74	8.97
27658	.....	A	Repair of leg tendon, each	*4.98	5.35	3.08	7.74	4.97	0.60	13.32	10.55
27659	.....	A	Repair of leg tendon, each	*6.81	5.35	3.08	8.20	5.43	0.86	15.87	13.10
27664	.....	A	Repair of leg tendon, each	*4.59	5.35	3.08	7.64	4.87	0.52	12.75	9.98
27665	.....	A	Repair of leg tendon, each	*5.40	5.35	3.08	7.87	5.10	0.76	14.03	11.26
27675	.....	A	Repair lower leg tendons	*7.18	NA	2.42	NA	4.73	0.94	NA	12.85
27676	.....	A	Repair lower leg tendons	*8.42	NA	2.42	NA	5.05	1.14	NA	14.61
27680	.....	A	Release of lower leg tendon	*5.74	NA	2.42	NA	4.35	0.61	NA	10.70
27681	.....	A	Release of lower leg tendons	*6.82	NA	2.42	NA	4.64	0.86	NA	12.32
27685	.....	A	Revision of lower leg tendon	*6.50	4.93	2.66	7.53	4.76	0.41	14.44	11.67
27686	.....	A	Revise lower leg tendons	*7.46	4.93	2.66	7.84	5.07	0.90	16.20	13.43
27687	.....	A	Revision of calf tendon	*6.24	NA	2.66	NA	4.78	0.76	NA	11.78
27690	.....	A	Revise lower leg tendon	*8.71	NA	2.80	NA	5.52	0.88	NA	15.11
27691	.....	A	Revise lower leg tendon	*9.96	NA	2.80	NA	5.87	1.23	NA	17.06
27692	.....	A	Revise additional leg tendon	1.87	NA	0.00	NA	0.47	0.29	NA	2.63
27695	.....	A	Repair of ankle ligament	*6.51	NA	2.80	NA	5.13	1.32	NA	12.96
27696	.....	A	Repair of ankle ligaments	*8.27	NA	2.80	NA	5.48	1.16	NA	14.91
27698	.....	A	Repair of ankle ligament	*9.36	NA	2.42	NA	5.41	1.86	NA	16.63
27700	.....	A	Revision of ankle joint	*9.29	NA	2.42	NA	5.32	1.51	NA	16.12
27702	.....	A	Reconstruct ankle joint	*13.67	NA	2.42	NA	6.82	3.99	NA	24.48
27703	.....	A	Reconstruction, ankle joint	*15.87	NA	2.42	NA	6.93	2.25	NA	25.05
27704	.....	A	Removal of ankle implant	*7.62	NA	2.42	NA	4.84	0.98	NA	13.44
27705	.....	A	Incision of tibia	*10.38	NA	2.66	NA	5.90	1.76	NA	18.04
27707	.....	A	Incision of fibula	*4.37	NA	2.66	NA	4.37	0.79	NA	9.53
27709	.....	A	Incision of tibia & fibula	*9.95	NA	2.66	NA	5.89	2.14	NA	17.98
27712	.....	A	Realignment of lower leg	*14.25	NA	2.66	NA	6.72	1.63	NA	22.60
27715	.....	A	Revision of lower leg	*14.39	NA	3.08	NA	7.32	1.88	NA	23.59
27720	.....	A	Repair of tibia	*11.79	NA	3.08	NA	6.83	2.25	NA	20.87
27722	.....	A	Repair/graft of tibia	*11.82	NA	3.08	NA	6.70	1.64	NA	20.16
27724	.....	A	Repair/graft of tibia	*14.99	NA	3.08	NA	7.66	2.87	NA	25.52
27725	.....	A	Repair of lower leg	*15.59	NA	3.08	NA	7.50	1.53	NA	24.62
27727	.....	A	Repair of lower leg	*14.01	NA	3.08	NA	7.22	1.84	NA	23.07
27730	.....	A	Repair of tibia epiphysis	*7.41	4.93	2.66	7.82	5.05	0.84	16.07	13.30
27732	.....	A	Repair of fibula epiphysis	*5.32	4.93	2.66	7.35	4.58	0.79	13.46	10.69
27734	.....	A	Repair lower leg epiphyses	*8.48	NA	2.66	NA	5.37	1.23	NA	15.08
27740	.....	A	Repair of leg epiphyses	8.75	4.84	2.00	4.84	2.00	1.36	14.95	12.11
27742	.....	A	Repair of leg epiphyses	*10.30	4.93	2.66	8.60	5.83	1.52	20.42	17.65
27745	.....	A	Reinforce tibia	*10.07	NA	2.66	NA	5.75	1.39	NA	17.21
27750	.....	A	Treatment of tibia fracture	*3.19	2.20	1.42	3.49	2.53	0.50	7.18	6.22
27752	.....	A	Treatment of tibia fracture	*5.84	2.61	1.71	4.64	3.54	0.81	11.29	10.19
27756	.....	A	Repair of tibia fracture	*6.78	NA	3.08	NA	5.61	1.70	NA	14.09
27758	.....	A	Repair of tibia fracture	*11.67	NA	2.65	NA	6.27	2.22	NA	20.16
27759	.....	A	Repair of tibia fracture	12.60	NA	2.65	NA	6.48	2.22	NA	21.30
27760	.....	A	Treatment of ankle fracture	*3.01	2.20	1.42	3.42	2.47	0.37	6.80	5.85
27762	.....	A	Treatment of ankle fracture	*5.25	2.61	1.71	4.44	3.35	0.50	10.19	9.10
27766	.....	A	Repair of ankle fracture	*8.36	NA	1.97	NA	4.50	1.26	NA	14.12
27780	.....	A	Treatment of fibula fracture	*2.65	1.94	1.42	3.00	2.36	0.26	5.91	5.27
27781	.....	A	Treatment of fibula fracture	*4.40	2.30	1.42	3.88	2.80	0.49	8.77	7.69
27784	.....	A	Repair of fibula fracture	*7.11	NA	2.21	NA	4.44	0.87	NA	12.42
27786	.....	A	Treatment of ankle fracture	*2.84	2.20	1.42	3.39	2.43	0.38	6.61	5.65
27788	.....	A	Treatment of ankle fracture	*4.45	2.30	1.42	3.89	2.81	0.50	8.84	7.76
27792	.....	A	Repair of ankle fracture	*7.66	NA	1.97	NA	4.33	1.17	NA	13.16
27808	.....	A	Treatment of ankle fracture	*2.83	2.61	1.71	3.89	2.79	0.39	7.11	6.01
27810	.....	A	Treatment of ankle fracture	*5.13	2.61	1.71	4.48	3.39	0.80	10.41	9.32
27814	.....	A	Repair of ankle fracture	*10.68	NA	2.37	NA	5.58	1.60	NA	17.86
27816	.....	A	Treatment of ankle fracture	*2.89	2.51	1.71	3.81	2.84	0.55	7.25	6.28
27818	.....	A	Treatment of ankle fracture	*5.50	2.61	1.71	4.62	3.52	1.06	11.18	10.08
27822	.....	A	Repair of ankle fracture	*9.20	NA	3.59	NA	6.80	1.88	NA	17.88
27823	.....	A	Repair of ankle fracture	*11.80	NA	3.59	NA	7.41	2.05	NA	21.26
27824	.....	A	Treat lower leg fracture	2.71	2.61	1.71	3.89	2.80	0.55	7.15	6.06
27825	.....	A	Treat lower leg fracture	5.08	2.61	1.71	4.52	3.43	1.06	10.66	9.57
27826	.....	A	Treat lower leg fracture	7.43	NA	3.59	NA	6.41	1.88	NA	15.72
27827	.....	A	Treat lower leg fracture	*14.06	NA	3.59	NA	7.86	1.88	NA	23.80
27828	.....	A	Treat lower leg fracture	*16.23	NA	3.59	NA	8.38	2.05	NA	26.66
27829	.....	A	Treat lower leg joint	4.87	NA	2.89	NA	4.89	1.37	NA	11.13
27830	.....	A	Treat lower leg dislocation	*3.79	2.20	1.42	3.61	2.66	0.46	7.86	6.91

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
27831	.....	A	Treat lower leg dislocation	*4.56	NA	1.61	NA	3.09	0.59	NA	8.24
27832	.....	A	Repair lower leg dislocation	*6.49	NA	2.21	NA	4.31	0.89	NA	11.69
27840	.....	A	Treat ankle dislocation	*4.58	NA	1.87	NA	3.33	0.21	NA	8.12
27842	.....	A	Treat ankle dislocation	*6.21	NA	1.28	NA	3.00	0.34	NA	9.55
27846	.....	A	Repair ankle dislocation	*9.79	NA	2.37	NA	5.34	1.37	NA	16.50
27848	.....	A	Repair ankle dislocation	*11.20	NA	2.89	NA	6.27	1.32	NA	18.79
27860	.....	A	Fixation of ankle joint	*2.34	NA	1.21	NA	2.04	0.23	NA	4.61
27870	.....	A	Fusion of ankle joint	*13.91	NA	2.80	NA	6.95	2.22	NA	23.08
27871	.....	A	Fusion of tibiofibular joint	*9.17	NA	2.67	NA	5.53	1.21	NA	15.91
27880	.....	A	Amputation of lower leg	*11.85	NA	3.08	NA	6.70	1.60	NA	20.15
27881	.....	A	Amputation of lower leg	*12.34	NA	3.08	NA	6.86	1.87	NA	21.07
27882	.....	A	Amputation of lower leg	*8.94	NA	4.13	NA	7.30	1.42	NA	17.66
27884	.....	A	Amputation follow-up surgery	*8.21	NA	3.08	NA	5.68	0.61	NA	14.50
27886	.....	A	Amputation follow-up surgery	*9.32	NA	3.08	NA	6.09	1.34	NA	16.75
27888	.....	A	Amputation of foot at ankle	*9.67	NA	2.80	NA	5.90	1.65	NA	17.22
27889	.....	A	Amputation of foot at ankle	*9.98	NA	2.80	NA	5.94	1.55	NA	17.47
27892	.....	A	Decompression of leg	6.03	NA	2.21	NA	4.16	0.64	NA	10.83
27893	.....	A	Decompression of leg	5.99	NA	2.21	NA	4.15	0.67	NA	10.81
27894	.....	A	Decompression of leg	*10.49	NA	2.21	NA	5.16	0.77	NA	16.42
28001	.....	A	Drainage of bursa of foot	*2.73	3.61	1.33	5.01	2.24	0.05	7.79	5.02
28002	.....	A	Treatment of foot infection	*4.62	3.61	1.33	5.48	2.71	0.33	10.43	7.66
28003	.....	A	Treatment of foot infection	*8.41	6.05	3.78	9.35	6.58	0.59	18.35	15.58
28005	.....	A	Treat foot bone lesion	*8.68	NA	3.78	NA	6.64	0.61	NA	15.93
28008	.....	A	Incision of foot fascia	*4.45	4.97	2.70	7.10	4.33	0.29	11.84	9.07
28010	.....	A	Incision of toe tendon	*2.84	4.62	2.33	6.32	3.54	0.33	9.49	6.71
28011	.....	A	Incision of toe tendons	*4.14	4.62	2.33	6.58	3.79	0.19	10.91	8.12
28020	.....	A	Exploration of a foot joint	*5.01	4.62	2.33	6.85	4.06	0.56	12.42	9.63
28022	.....	A	Exploration of a foot joint	*4.67	4.62	2.33	6.72	3.94	0.31	11.70	8.92
28024	.....	A	Exploration of a toe joint	*4.38	4.62	2.33	6.64	3.86	0.24	11.26	8.48
28030	.....	A	Removal of foot nerve	*6.15	NA	1.77	NA	3.60	0.42	NA	10.17
28035	.....	A	Decompression of tibia nerve	*5.09	4.97	2.70	7.37	4.60	0.90	13.36	10.59
28043	.....	A	Excision of foot lesion	*3.54	4.31	2.04	6.07	3.30	0.20	9.81	7.04
28045	.....	A	Excision of foot lesion	*4.72	4.62	2.33	6.76	3.98	0.46	11.94	9.16
28046	.....	A	Resection of tumor, foot	*10.18	5.54	3.26	9.16	6.38	0.79	20.13	17.35
28050	.....	A	Biopsy of foot joint lining	*4.25	4.62	2.33	6.67	3.89	0.53	11.45	8.67
28052	.....	A	Biopsy of foot joint lining	*3.94	4.62	2.33	6.58	3.80	0.43	10.95	8.17
28054	.....	A	Biopsy of toe joint lining	*3.45	4.62	2.33	6.44	3.66	0.28	10.17	7.39
28060	.....	A	Partial removal foot fascia	*5.23	4.97	2.70	7.32	4.55	0.53	13.08	10.31
28062	.....	A	Removal of foot fascia	*6.52	4.97	2.70	7.68	4.91	0.86	15.06	12.29
28070	.....	A	Removal of foot joint lining	*5.10	4.62	2.33	6.85	4.07	0.48	12.43	9.65
28072	.....	A	Removal of foot joint lining	*4.58	4.62	2.33	6.72	3.94	0.42	11.72	8.94
28080	.....	A	Removal of foot lesion	*3.58	4.97	2.70	6.94	4.17	0.45	10.97	8.20
28086	.....	A	Excise foot tendon sheath	*4.78	4.62	2.33	6.77	3.99	0.46	12.01	9.23
28088	.....	A	Excise foot tendon sheath	*3.86	4.62	2.33	6.56	3.78	0.40	10.82	8.04
28090	.....	A	Removal of foot lesion	*4.41	4.62	2.33	6.66	3.87	0.29	11.36	8.57
28092	.....	A	Removal of toe lesions	*3.64	4.62	2.33	6.48	3.70	0.25	10.37	7.59
28100	.....	A	Removal of ankle/heel lesion	*5.66	4.97	2.70	7.42	4.65	0.56	13.64	10.87
28102	.....	A	Remove/graft foot lesion	*7.73	NA	2.70	NA	5.17	0.85	NA	13.75
28103	.....	A	Remove/graft foot lesion	*6.50	4.97	2.70	7.64	4.87	0.69	14.83	12.06
28104	.....	A	Removal of foot lesion	*5.12	4.97	2.70	7.29	4.52	0.49	12.90	10.13
28106	.....	A	Remove/graft foot lesion	*7.16	NA	2.70	NA	5.03	0.79	NA	12.98
28107	.....	A	Remove/graft foot lesion	*5.56	4.97	2.70	7.38	4.61	0.48	13.42	10.65
28108	.....	A	Removal of toe lesions	*4.16	4.62	2.33	6.62	3.84	0.38	11.16	8.38
28110	.....	A	Part removal of metatarsal	*4.08	5.54	3.26	7.74	4.95	0.39	12.21	9.42
28111	.....	A	Part removal of metatarsal	*5.01	5.54	3.26	8.00	5.21	0.65	13.66	10.87
28112	.....	A	Part removal of metatarsal	*4.49	5.54	3.26	7.84	5.06	0.45	12.78	10.00
28113	.....	A	Part removal of metatarsal	*4.79	5.54	3.26	7.91	5.13	0.48	13.18	10.40
28114	.....	A	Removal of metatarsal heads	*9.79	5.70	3.41	9.40	6.62	1.42	20.61	17.83
28116	.....	A	Revision of foot	*7.75	4.62	2.33	7.45	4.67	0.57	15.77	12.99
28118	.....	A	Removal of heel bone	*5.96	4.97	2.70	7.51	4.74	0.66	14.13	11.36
28119	.....	A	Removal of heel spur	*5.39	4.97	2.70	7.37	4.60	0.57	13.33	10.56
28120	.....	A	Part removal of ankle/heel	*5.40	6.04	3.77	8.70	5.93	0.67	14.77	12.00
28122	.....	A	Partial removal of foot bone	*7.29	6.04	3.77	9.08	6.31	0.54	16.91	14.14
28124	.....	A	Partial removal of toe	*4.81	6.04	3.77	8.50	5.73	0.37	13.68	10.91
28126	.....	A	Partial removal of toe	*3.52	5.54	3.26	7.61	4.82	0.36	11.49	8.70
28130	.....	A	Removal of ankle bone	*8.11	NA	2.42	NA	4.93	0.88	NA	13.92
28140	.....	A	Removal of metatarsal	*6.91	4.97	2.70	7.71	4.94	0.62	15.24	12.47
28150	.....	A	Removal of toe	*4.09	5.54	3.26	7.74	4.95	0.38	12.21	9.42
28153	.....	A	Partial removal of toe	*3.66	5.54	3.26	7.64	4.86	0.36	11.66	8.88
28160	.....	A	Partial removal of toe	*3.74	5.54	3.26	7.66	4.88	0.38	11.78	9.00
28171	.....	A	Extensive foot surgery	*9.60	NA	3.26	NA	6.27	0.88	NA	16.75
28173	.....	A	Extensive foot surgery	*8.80	5.54	3.26	8.85	6.06	0.74	18.39	15.60
28175	.....	A	Extensive foot surgery	*6.05	5.54	3.26	8.21	5.43	0.58	14.84	12.06
28190	.....	A	Removal of foot foreign body	*1.96	3.61	1.33	4.84	2.07	0.05	6.85	4.08

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
28192	.....	A	Removal of foot foreign body	*4.64	4.31	2.04	6.32	3.55	0.24	11.20	8.43
28193	.....	A	Removal of foot foreign body	*5.73	4.97	2.70	7.38	4.61	0.30	13.41	10.64
28200	.....	A	Repair of foot tendon	*4.60	4.97	2.70	7.18	4.41	0.50	12.28	9.51
28202	.....	A	Repair/graft of foot tendon	*6.84	4.97	2.70	7.73	4.96	0.77	15.34	12.57
28208	.....	A	Repair of foot tendon	*4.37	4.97	2.70	7.08	4.31	0.28	11.73	8.96
28210	.....	A	Repair/graft of foot tendon	*6.35	4.97	2.70	7.58	4.81	0.60	14.53	11.76
28220	.....	A	Release of foot tendon	*4.53	4.97	2.70	7.15	4.38	0.43	12.11	9.34
28222	.....	A	Release of foot tendons	*5.62	4.97	2.70	7.43	4.66	0.63	13.68	10.91
28225	.....	A	Release of foot tendon	*3.66	4.97	2.70	6.92	4.15	0.25	10.83	8.06
28226	.....	A	Release of foot tendons	*4.53	4.97	2.70	7.14	4.37	0.40	12.07	9.30
28230	.....	A	Incision of foot tendon(s)	*4.24	4.97	2.70	7.04	4.27	0.22	11.50	8.73
28232	.....	A	Incision of toe tendon	*3.39	4.97	2.70	6.84	4.07	0.15	10.38	7.61
28234	.....	A	Incision of foot tendon	*3.37	4.97	2.70	6.83	4.06	0.14	10.34	7.57
28238	.....	A	Revision of foot tendon	*7.73	4.97	2.70	7.94	5.17	0.85	16.52	13.75
28240	.....	A	Release of big toe	*4.36	4.97	2.70	7.07	4.30	0.23	11.66	8.89
28250	.....	A	Revision of foot fascia	*5.92	4.97	2.70	7.47	4.70	0.50	13.89	11.12
28260	.....	A	Release of midfoot joint	*7.96	4.97	2.70	7.91	5.14	0.48	16.35	13.58
28261	.....	A	Revision of foot tendon	*11.73	4.97	2.70	8.76	5.99	0.58	21.07	18.30
28262	.....	A	Revision of foot and ankle	*15.83	5.54	3.26	10.54	7.76	1.44	27.81	25.03
28264	.....	A	Release of midfoot joint	*10.35	5.54	3.26	9.28	6.50	1.17	20.80	18.02
28270	.....	A	Release of foot contracture	*4.76	5.54	3.26	7.85	5.07	0.23	12.84	10.06
28272	.....	A	Release of toe joint, each	*3.80	4.97	2.70	6.93	4.16	0.18	10.91	8.14
28280	.....	A	Fusion of toes	*5.19	4.62	2.33	6.83	4.05	0.30	12.32	9.54
28285	.....	A	Repair of hammertoe	*4.59	5.54	3.26	7.85	5.07	0.39	12.83	10.05
28286	.....	A	Repair of hammertoe	*4.56	5.54	3.26	7.84	5.06	0.38	12.78	10.00
28288	.....	A	Partial removal of foot bone	*4.74	5.54	3.26	7.89	5.11	0.43	13.06	10.28
28290	.....	A	Correction of bunion	*5.66	5.54	3.26	8.13	5.35	0.63	14.42	11.64
28292	.....	A	Correction of bunion	*7.04	5.54	3.26	8.46	5.68	0.74	16.24	13.46
28293	.....	A	Correction of bunion	*9.15	5.54	3.26	8.98	6.19	0.98	19.11	16.32
28294	.....	A	Correction of bunion	*8.56	5.54	3.26	8.82	6.04	0.86	18.24	15.46
28296	.....	A	Correction of bunion	*9.18	5.54	3.26	8.98	6.20	0.98	19.14	16.36
28297	.....	A	Correction of bunion	*9.18	5.54	3.26	9.00	6.22	1.05	19.23	16.45
28298	.....	A	Correction of bunion	*7.94	5.54	3.26	8.67	5.89	0.79	17.40	14.62
28299	.....	A	Correction of bunion	*8.88	5.54	3.26	8.94	6.16	1.08	18.90	16.12
28300	.....	A	Incision of heel bone	*9.54	4.62	2.33	7.89	5.11	0.79	18.22	15.44
28302	.....	A	Incision of ankle bone	*9.55	4.62	2.33	7.96	5.18	1.12	18.63	15.85
28304	.....	A	Incision of midfoot bones	*9.16	4.62	2.33	7.79	5.00	0.70	17.65	14.86
28305	.....	A	Incise/graft midfoot bones	*10.50	4.62	2.33	8.15	5.37	1.03	19.68	16.90
28306	.....	A	Incision of metatarsal	*5.86	4.62	2.33	7.01	4.23	0.47	13.34	10.56
28307	.....	A	Incision of metatarsal	*6.33	4.62	2.33	7.18	4.40	0.76	14.27	11.49
28308	.....	A	Incision of metatarsal	*5.29	4.62	2.33	6.89	4.11	0.50	12.68	9.90
28309	.....	A	Incision of metatarsals	*12.78	NA	2.70	NA	6.31	1.00	NA	20.09
28310	.....	A	Revision of big toe	*5.43	5.54	3.26	8.04	5.26	0.42	13.89	11.11
28312	.....	A	Revision of toe	*4.55	5.54	3.26	7.85	5.07	0.45	12.85	10.07
28313	.....	A	Repair deformity of toe	*5.01	5.54	3.26	7.92	5.14	0.31	13.24	10.46
28315	.....	A	Removal of sesamoid bone	*4.86	4.87	2.59	7.09	4.31	0.41	12.36	9.58
28320	.....	A	Repair of foot bones	*9.18	NA	2.33	NA	5.08	1.03	NA	15.29
28322	.....	A	Repair of metatarsals	*8.34	4.62	2.33	7.57	4.79	0.52	16.43	13.65
28340	.....	A	Resect enlarged toe tissue	*6.98	4.97	2.70	7.79	5.02	0.91	15.68	12.91
28341	.....	A	Resect enlarged toe	*8.41	4.97	2.70	8.11	5.34	0.96	17.48	14.71
28344	.....	A	Repair extra toe(s)	*4.26	4.62	2.33	6.69	3.91	0.60	11.55	8.77
28345	.....	A	Repair webbed toe(s)	*5.92	4.97	2.70	7.52	4.75	0.73	14.17	11.40
28360	.....	A	Reconstruct cleft foot	*13.34	NA	3.26	NA	7.32	1.95	NA	22.61
28400	.....	A	Treatment of heel fracture	*2.16	2.76	1.97	3.93	2.96	0.40	6.49	5.52
28405	.....	A	Treatment of heel fracture	*4.57	2.85	1.97	4.61	3.53	0.58	9.76	8.68
28406	.....	A	Treatment of heel fracture	*6.31	NA	2.57	NA	4.72	0.93	NA	11.96
28415	.....	A	Repair of heel fracture	*15.97	NA	3.59	NA	8.18	1.39	NA	25.54
28420	.....	A	Repair/graft heel fracture	*16.64	NA	3.59	NA	8.37	1.63	NA	26.64
28430	.....	A	Treatment of ankle fracture	*2.09	2.51	1.71	3.59	2.62	0.35	6.03	5.06
28435	.....	A	Treatment of ankle fracture	*3.40	2.61	1.71	4.03	2.94	0.50	7.93	6.84
28436	.....	A	Treatment of ankle fracture	*4.71	NA	2.57	NA	4.31	0.68	NA	9.70
28445	.....	A	Repair of ankle fracture	*9.33	NA	2.70	NA	5.64	1.40	NA	16.37
28450	.....	A	Treat midfoot fracture, each	*1.90	2.61	1.71	3.65	2.56	0.25	5.80	4.71
28455	.....	A	Treat midfoot fracture, each	*3.09	2.85	1.97	4.23	3.15	0.34	7.66	6.58
28456	.....	A	Repair midfoot fracture	*2.68	NA	2.57	NA	3.80	0.38	NA	6.86
28465	.....	A	Repair midfoot fracture,each	*7.01	NA	2.89	NA	5.24	0.81	NA	13.06
28470	.....	A	Treat metatarsal fracture	1.76	2.20	1.42	3.12	2.16	0.23	5.11	4.15
28475	.....	A	Treat metatarsal fracture	2.74	2.61	1.71	3.85	2.75	0.30	6.89	5.79
28476	.....	A	Repair metatarsal fracture	*3.38	NA	2.57	NA	3.97	0.45	NA	7.80
28485	.....	A	Repair metatarsal fracture	*5.71	NA	3.59	NA	5.75	0.60	NA	12.06
28490	.....	A	Treat big toe fracture	*1.09	1.37	1.10	1.93	1.60	0.10	3.12	2.79
28495	.....	A	Treat big toe fracture	*1.58	1.55	1.10	2.26	1.72	0.13	3.97	3.43
28496	.....	A	Repair big toe fracture	*2.33	4.90	2.21	6.55	3.27	0.31	9.19	5.91
28505	.....	A	Repair big toe fracture	*3.81	7.12	2.89	9.61	4.46	0.43	13.85	8.70

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
28510	.....	A	Treatment of toe fracture	*1.09	1.37	1.10	1.92	1.60	0.09	3.10	2.78
28515	.....	A	Treatment of toe fracture	*1.46	1.55	1.10	2.23	1.69	0.11	3.80	3.26
28525	.....	A	Repair of toe fracture	*3.32	7.12	2.89	9.47	4.32	0.29	13.08	7.93
28530	.....	A	Treat sesamoid bone fracture	*1.06	2.20	1.42	2.94	1.98	0.10	4.10	3.14
28531	.....	A	Treat sesamoid bone fracture	2.01	7.12	2.89	9.19	4.04	0.32	11.52	6.37
28540	.....	A	Treat foot dislocation	*2.04	2.51	1.71	3.52	2.55	0.06	5.62	4.65
28545	.....	A	Treat foot dislocation	*2.45	2.75	1.96	3.92	2.95	0.14	6.51	5.54
28546	.....	A	Treat foot dislocation	*3.20	4.90	2.21	6.77	3.49	0.45	10.42	7.14
28555	.....	A	Repair foot dislocation	*6.30	7.12	2.89	10.22	5.07	0.73	17.25	12.10
28570	.....	A	Treat foot dislocation	*1.66	2.51	1.71	3.46	2.49	0.17	5.29	4.32
28575	.....	A	Treat foot dislocation	*3.31	2.75	1.96	4.17	3.20	0.42	7.90	6.93
28576	.....	A	Treat foot dislocation	3.75	4.90	2.21	6.89	3.61	0.42	11.06	7.78
28585	.....	A	Repair foot dislocation	*7.99	7.12	2.89	10.55	5.40	0.55	19.09	13.94
28600	.....	A	Treat foot dislocation	*1.89	2.51	1.71	3.49	2.52	0.08	5.46	4.49
28605	.....	A	Treat foot dislocation	*2.71	2.75	1.96	4.02	3.05	0.34	7.07	6.10
28606	.....	A	Treat foot dislocation	*4.90	4.90	2.21	7.17	3.89	0.55	12.62	9.34
28615	.....	A	Repair foot dislocation	*7.77	NA	2.89	NA	5.40	0.78	NA	13.95
28630	.....	A	Treat toe dislocation	*1.70	1.37	1.10	2.06	1.74	0.11	3.87	3.55
28635	.....	A	Treat toe dislocation	*1.91	1.56	1.18	2.36	1.90	0.18	4.45	3.99
28636	.....	A	Treat toe dislocation	*2.77	3.81	1.11	5.34	2.05	0.42	8.53	5.24
28645	.....	A	Repair toe dislocation	*4.22	5.89	2.16	8.19	3.64	0.38	12.79	8.24
28660	.....	A	Treat toe dislocation	*1.23	1.88	1.22	2.58	1.77	0.06	3.87	3.06
28665	.....	A	Treat toe dislocation	*1.92	1.56	1.18	2.35	1.89	0.11	4.38	3.92
28666	.....	A	Treat toe dislocation	*2.66	3.81	1.11	5.32	2.02	0.40	8.38	5.08
28675	.....	A	Repair of toe dislocation	*2.92	5.89	2.16	7.91	3.36	0.41	11.24	6.69
28705	.....	A	Fusion of foot bones	*15.21	NA	2.70	NA	7.14	2.35	NA	24.70
28715	.....	A	Fusion of foot bones	*13.10	NA	2.70	NA	6.58	1.89	NA	21.57
28725	.....	A	Fusion of foot bones	*11.61	NA	2.70	NA	6.15	1.44	NA	19.20
28730	.....	A	Fusion of foot bones	*10.76	NA	2.70	NA	5.94	1.33	NA	18.03
28735	.....	A	Fusion of foot bones	*10.85	NA	2.70	NA	5.97	1.37	NA	18.19
28737	.....	A	Revision of foot bones	*9.64	NA	2.70	NA	5.65	1.13	NA	16.42
28740	.....	A	Fusion of foot bones	*8.02	4.97	2.70	7.98	5.21	0.72	16.72	13.95
28750	.....	A	Fusion of big toe joint	*7.30	4.97	2.70	7.84	5.07	0.82	15.96	13.19
28755	.....	A	Fusion of big toe joint	*4.74	4.97	2.70	7.20	4.43	0.45	12.39	9.62
28760	.....	A	Fusion of big toe joint	*7.75	4.97	2.70	7.90	5.13	0.65	16.30	13.53
28800	.....	A	Amputation of midfoot	*8.21	NA	2.70	NA	5.35	1.19	NA	14.75
28805	.....	A	Amputation thru metatarsal	*8.39	NA	2.70	NA	5.39	1.21	NA	14.99
28810	.....	A	Amputation toe & metatarsal	*6.21	NA	2.70	NA	4.82	0.75	NA	11.78
28820	.....	A	Amputation of toe	*4.41	4.97	2.70	7.13	4.36	0.46	12.00	9.23
28825	.....	A	Partial amputation of toe	*3.59	4.97	2.70	6.94	4.17	0.41	10.94	8.17
29000	.....	A	Application of body cast	2.25	1.92	0.15	2.87	0.73	0.21	5.33	3.19
29010	.....	A	Application of body cast	2.06	1.92	0.15	2.86	0.71	0.34	5.26	3.11
29015	.....	A	Application of body cast	2.41	1.92	0.15	2.94	0.79	0.33	5.68	3.53
29020	.....	A	Application of body cast	2.11	1.92	0.15	2.85	0.70	0.23	5.19	3.04
29025	.....	A	Application of body cast	2.40	1.92	0.15	2.89	0.74	0.14	5.43	3.28
29035	.....	A	Application of body cast	1.77	1.92	0.15	2.79	0.64	0.32	4.88	2.73
29040	.....	A	Application of body cast	2.22	1.92	0.15	2.89	0.74	0.30	5.41	3.26
29044	.....	A	Application of body cast	2.12	2.27	0.15	3.31	0.73	0.34	5.77	3.19
29046	.....	A	Application of body cast	2.41	2.27	0.15	3.38	0.79	0.36	6.15	3.56
29049	.....	A	Application of figure eight	0.89	1.15	0.15	1.61	0.39	0.06	2.56	1.34
29055	.....	A	Application of shoulder cast	1.78	1.57	0.15	2.34	0.61	0.17	4.29	2.56
29058	.....	A	Application of shoulder cast	1.31	1.15	0.15	1.71	0.49	0.09	3.11	1.89
29065	.....	A	Application of long arm cast	0.87	1.15	0.15	1.62	0.41	0.13	2.62	1.41
29075	.....	A	Application of forearm cast	0.77	1.15	0.15	1.59	0.38	0.10	2.46	1.25
29085	.....	A	Apply hand/wrist cast	0.87	1.15	0.15	1.61	0.39	0.08	2.56	1.34
29105	.....	A	Apply long arm splint	0.87	0.92	0.15	1.33	0.39	0.08	2.28	1.34
29125	.....	A	Apply forearm splint	0.59	0.92	0.15	1.26	0.33	0.05	1.90	0.97
29126	.....	A	Apply forearm splint	0.77	0.92	0.15	1.30	0.37	0.06	2.13	1.20
29130	.....	A	Application of finger splint	0.50	0.47	0.15	0.69	0.30	0.02	1.21	0.82
29131	.....	A	Application of finger splint	0.55	0.47	0.15	0.70	0.32	0.06	1.31	0.93
29200	.....	A	Strapping of chest	0.65	0.63	0.15	0.92	0.34	0.03	1.60	1.02
29220	.....	A	Strapping of low back	0.64	0.63	0.15	0.92	0.34	0.05	1.61	1.03
29240	.....	A	Strapping of shoulder	0.71	0.63	0.15	0.93	0.35	0.03	1.67	1.09
29260	.....	A	Strapping of elbow or wrist	0.55	0.54	0.15	0.79	0.31	0.03	1.37	0.89
29280	.....	A	Strapping of hand or finger	0.51	0.53	0.15	0.76	0.30	0.02	1.29	0.83
29305	.....	A	Application of hip cast	2.03	1.84	0.15	2.76	0.70	0.31	5.10	3.04
29325	.....	A	Application of hip casts	2.32	1.84	0.15	2.82	0.76	0.28	5.42	3.36
29345	.....	A	Application of long leg cast	1.40	1.20	0.15	1.81	0.53	0.16	3.37	2.09
29355	.....	A	Application of long leg cast	1.53	1.29	0.15	1.95	0.56	0.17	3.65	2.26
29358	.....	A	Apply long leg cast brace	1.43	1.15	0.15	1.79	0.57	0.33	3.55	2.33
29365	.....	A	Application of long leg cast	1.18	1.29	0.15	1.87	0.48	0.14	3.19	1.80
29405	.....	A	Apply short leg cast	0.86	1.24	0.15	1.73	0.40	0.12	2.71	1.38
29425	.....	A	Apply short leg cast	1.01	1.24	0.15	1.77	0.44	0.14	2.92	1.59
29435	.....	A	Apply short leg cast	1.18	1.29	0.15	1.88	0.48	0.18	3.24	1.84

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
29440	.....	A	Addition of walker to cast	0.57	0.71	0.15	1.00	0.32	0.03	1.60	0.92
29445	.....	A	Apply rigid leg cast	1.78	1.29	0.15	2.03	0.64	0.28	4.09	2.70
29450	.....	A	Application of leg cast	1.02	1.24	0.15	1.75	0.42	0.04	2.81	1.48
29505	.....	A	Application long leg splint	0.69	1.02	0.15	1.41	0.35	0.07	2.17	1.11
29515	.....	A	Application lower leg splint	0.73	1.02	0.15	1.42	0.36	0.06	2.21	1.15
29520	.....	A	Strapping of hip	0.54	0.63	0.15	0.89	0.31	0.03	1.46	0.88
29530	.....	A	Strapping of knee	0.57	0.54	0.15	0.79	0.32	0.05	1.41	0.94
29540	.....	A	Strapping of ankle	0.51	0.54	0.15	0.78	0.30	0.03	1.32	0.84
29550	.....	A	Strapping of toes	0.47	0.50	0.15	0.72	0.30	0.03	1.22	0.80
29580	.....	A	Application of paste boot	0.57	0.67	0.15	0.95	0.32	0.04	1.56	0.93
29590	.....	A	Application of foot splint	0.76	0.47	0.15	0.74	0.36	0.03	1.53	1.15
29700	.....	A	Removal/revision of cast	0.57	0.47	0.15	0.71	0.32	0.05	1.33	0.94
29705	.....	A	Removal/revision of cast	0.76	0.47	0.15	0.75	0.36	0.05	1.56	1.17
29710	.....	A	Removal/revision of cast	1.34	0.47	0.15	0.88	0.50	0.07	2.29	1.91
29715	.....	A	Removal/revision of cast	0.94	1.15	0.15	1.64	0.42	0.12	2.70	1.48
29720	.....	A	Repair of body cast	0.68	0.79	0.15	1.13	0.34	0.04	1.85	1.06
29730	.....	A	Windowing of cast	0.75	0.47	0.15	0.74	0.36	0.04	1.53	1.15
29740	.....	A	Wedging of cast	1.12	0.71	0.15	1.13	0.44	0.06	2.31	1.62
29750	.....	A	Wedging of clubfoot cast	1.26	0.71	0.15	1.16	0.48	0.07	2.49	1.81
29800	.....	A	Jaw arthroscopy/surgery	5.28	NA	2.71	NA	4.56	0.46	NA	10.30
29804	.....	A	Jaw arthroscopy/surgery	7.99	NA	4.67	NA	7.76	1.46	NA	17.21
29815	.....	A	Shoulder arthroscopy	*5.89	NA	2.12	NA	4.04	0.76	NA	10.69
29819	.....	A	Shoulder arthroscopy/surgery	*7.62	NA	2.51	NA	5.10	1.73	NA	14.45
29820	.....	A	Shoulder arthroscopy/surgery	*7.07	NA	2.51	NA	4.98	1.73	NA	13.78
29821	.....	A	Shoulder arthroscopy/surgery	*7.72	NA	2.51	NA	5.21	2.13	NA	15.06
29822	.....	A	Shoulder arthroscopy/surgery	*7.43	NA	2.51	NA	5.06	1.74	NA	14.23
29823	.....	A	Shoulder arthroscopy/surgery	*8.17	NA	2.51	NA	5.35	2.32	NA	15.84
29825	.....	A	Shoulder arthroscopy/surgery	*7.62	NA	2.51	NA	5.17	2.05	NA	14.84
29826	.....	A	Shoulder arthroscopy/surgery	*8.99	NA	2.51	NA	5.53	2.31	NA	16.83
29830	.....	A	Elbow arthroscopy	*5.76	NA	1.55	NA	3.33	0.83	NA	9.92
29834	.....	A	Elbow arthroscopy/surgery	*6.28	NA	1.76	NA	3.73	0.96	NA	10.97
29835	.....	A	Elbow arthroscopy/surgery	*6.48	NA	1.76	NA	3.79	0.99	NA	11.26
29836	.....	A	Elbow arthroscopy/surgery	*7.55	NA	1.76	NA	4.05	1.15	NA	12.75
29837	.....	A	Elbow arthroscopy/surgery	*6.87	NA	1.76	NA	3.89	1.06	NA	11.82
29838	.....	A	Elbow arthroscopy/surgery	*7.71	NA	1.76	NA	4.09	1.14	NA	12.94
29840	.....	A	Wrist arthroscopy	*5.54	NA	2.45	NA	4.31	0.54	NA	10.39
29843	.....	A	Wrist arthroscopy/surgery	*6.01	NA	2.45	NA	4.50	0.91	NA	11.42
29844	.....	A	Wrist arthroscopy/surgery	*6.37	NA	2.45	NA	4.58	0.95	NA	11.90
29845	.....	A	Wrist arthroscopy/surgery	*7.52	NA	2.45	NA	4.88	1.15	NA	13.55
29846	.....	A	Wrist arthroscopy/surgery	*6.75	NA	3.45	NA	6.17	2.20	NA	15.12
29847	.....	A	Wrist arthroscopy/surgery	*7.08	NA	3.45	NA	5.97	0.97	NA	14.02
29848	.....	A	Wrist arthroscopy/surgery	*5.44	NA	2.45	NA	4.31	0.62	NA	10.37
29850	.....	A	Knee arthroscopy/surgery	7.96	NA	2.31	NA	4.94	1.74	NA	14.64
29851	.....	A	Knee arthroscopy/surgery	12.38	NA	2.31	NA	5.91	1.74	NA	20.03
29855	.....	A	Tibial arthroscopy/surgery	9.48	NA	2.28	NA	5.27	1.88	NA	16.63
29856	.....	A	Tibial arthroscopy/surgery	13.28	NA	2.28	NA	6.10	1.88	NA	21.26
29870	.....	A	Knee arthroscopy, diagnostic	*5.07	NA	1.75	NA	3.39	0.64	NA	9.10
29871	.....	A	Knee arthroscopy/drainage	*6.55	NA	2.31	NA	4.46	0.96	NA	11.97
29874	.....	A	Knee arthroscopy/surgery	*7.05	NA	2.04	NA	4.36	1.52	NA	12.93
29875	.....	A	Knee arthroscopy/surgery	*6.31	NA	2.04	NA	4.22	1.61	NA	12.14
29876	.....	A	Knee arthroscopy/surgery	*7.92	NA	2.31	NA	4.98	1.95	NA	14.85
29877	.....	A	Knee arthroscopy/surgery	*7.35	NA	2.04	NA	4.49	1.81	NA	13.65
29879	.....	A	Knee arthroscopy/surgery	*8.04	NA	2.04	NA	4.73	2.19	NA	14.96
29880	.....	A	Knee arthroscopy/surgery	*8.50	NA	2.04	NA	4.83	2.22	NA	15.55
29881	.....	A	Knee arthroscopy/surgery	*7.76	NA	2.04	NA	4.58	1.82	NA	14.16
29882	.....	A	Knee arthroscopy/surgery	*8.65	NA	2.04	NA	4.80	1.90	NA	15.35
29883	.....	A	Knee arthroscopy/surgery	*9.46	NA	2.04	NA	5.17	2.80	NA	17.43
29884	.....	A	Knee arthroscopy/surgery	*7.33	NA	2.31	NA	4.77	1.56	NA	13.66
29885	.....	A	Knee arthroscopy/surgery	*9.09	NA	2.31	NA	5.11	1.35	NA	15.55
29886	.....	A	Knee arthroscopy/surgery	*7.54	NA	2.31	NA	4.72	1.12	NA	13.38
29887	.....	A	Knee arthroscopy/surgery	*9.04	NA	2.31	NA	5.17	1.71	NA	15.92
29888	.....	A	Knee arthroscopy/surgery	*13.90	NA	2.31	NA	6.56	3.18	NA	23.64
29889	.....	A	Knee arthroscopy/surgery	*15.13	NA	2.31	NA	6.50	1.68	NA	23.31
29894	.....	A	Ankle arthroscopy/surgery	*7.21	NA	2.42	NA	4.86	1.47	NA	13.54
29895	.....	A	Ankle arthroscopy/surgery	*6.99	NA	2.42	NA	4.82	1.51	NA	13.32
29897	.....	A	Ankle arthroscopy/surgery	*7.18	NA	2.42	NA	4.92	1.77	NA	13.87
29898	.....	A	Ankle arthroscopy/surgery	*8.32	NA	2.42	NA	5.20	1.91	NA	15.43
30000	.....	A	Drainage of nose lesion	*1.43	0.96	0.66	1.49	1.13	0.05	2.97	2.61
30020	.....	A	Drainage of nose lesion	*1.43	0.96	0.66	1.49	1.13	0.06	2.98	2.62
30100	.....	A	Intranasal biopsy	0.94	0.50	0.13	0.83	0.38	0.08	1.85	1.40
30110	.....	A	Removal of nose polyp(s)	*1.63	1.00	0.93	1.60	1.52	0.14	3.37	3.29
30115	.....	A	Removal of nose polyp(s)	*4.35	NA	1.42	NA	2.75	0.30	NA	7.40
30117	.....	A	Removal of intranasal lesion	*3.16	1.32	1.02	2.37	2.00	0.31	5.84	5.47
30118	.....	A	Removal of intranasal lesion	*9.69	NA	1.78	NA	4.50	0.92	NA	15.11

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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 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
30120	.....	A	Revision of nose	*5.27	1.56	1.56	3.27	3.27	1.00	9.54	9.54
30124	.....	A	Removal of nose lesion	*3.10	NA	1.42	NA	2.44	0.16	NA	5.70
30125	.....	A	Removal of nose lesion	*7.16	NA	1.75	NA	3.86	0.73	NA	11.75
30130	.....	A	Removal of turbinate bones	*3.38	NA	1.42	NA	2.50	0.17	NA	6.05
30140	.....	A	Removal of turbinate bones	*3.43	NA	1.75	NA	2.96	0.34	NA	6.73
30150	.....	A	Partial removal of nose	*9.14	NA	1.82	NA	4.46	1.07	NA	14.67
30160	.....	A	Removal of nose	*9.58	NA	1.82	NA	4.70	1.73	NA	16.01
30200	.....	A	Injection treatment of nose	0.78	0.49	0.13	0.78	0.34	0.04	1.60	1.16
30210	.....	A	Nasal sinus therapy	*1.08	0.92	0.92	1.36	1.36	0.03	2.47	2.47
30220	.....	A	Insert nasal septal button	*1.54	0.95	0.93	1.53	1.50	0.16	3.23	3.20
30300	.....	A	Remove nasal foreign body	*1.04	1.03	0.46	1.49	0.80	0.05	2.58	1.89
30310	.....	A	Remove nasal foreign body	*1.96	NA	0.69	NA	1.31	0.18	NA	3.45
30320	.....	A	Remove nasal foreign body	*4.52	NA	1.65	NA	3.10	0.43	NA	8.05
30400	.....	R	Reconstruction of nose	*9.83	NA	1.82	NA	4.67	1.36	NA	15.86
30410	.....	R	Reconstruction of nose	*12.98	NA	1.82	NA	5.51	2.01	NA	20.50
30420	.....	R	Reconstruction of nose	*15.88	NA	1.82	NA	6.19	2.22	NA	24.29
30430	.....	R	Revision of nose	*7.21	NA	1.75	NA	3.86	0.66	NA	11.73
30435	.....	R	Revision of nose	*11.71	NA	1.82	NA	5.03	1.10	NA	17.84
30450	.....	R	Revision of nose	*18.65	NA	1.82	NA	6.51	0.91	NA	26.07
30460	.....	A	Revision of nose	9.48	NA	1.82	NA	4.50	0.93	NA	14.91
30462	.....	A	Revision of nose	18.98	NA	1.82	NA	6.79	1.87	NA	27.64
30520	.....	A	Repair of nasal septum	*5.70	NA	1.65	NA	3.47	0.96	NA	10.13
30540	.....	A	Repair nasal defect	*7.75	NA	1.78	NA	4.02	0.70	NA	12.47
30545	.....	A	Repair nasal defect	*11.38	NA	1.78	NA	4.87	0.93	NA	17.18
30560	.....	A	Release of nasal adhesions	*1.26	0.95	0.69	1.44	1.13	0.06	2.76	2.45
30580	.....	A	Repair upper jaw fistula	*6.69	1.95	1.78	3.96	3.76	0.57	11.22	11.02
30600	.....	A	Repair mouth/nose fistula	*6.02	1.76	1.62	3.55	3.37	0.36	9.93	9.75
30620	.....	A	Intranasal reconstruction	*5.97	NA	1.78	NA	3.72	1.10	NA	10.79
30630	.....	A	Repair nasal septum defect	*7.12	NA	1.78	NA	3.89	0.71	NA	11.72
30801	.....	A	Cauterization inner nose	1.02	1.09	1.09	1.56	1.56	0.05	2.63	2.63
30802	.....	A	Cauterization inner nose	1.98	1.09	1.09	1.79	1.79	0.11	3.88	3.88
30901	.....	A	Control of nosebleed	1.21	0.91	0.13	1.38	0.44	0.06	2.65	1.71
30903	.....	A	Control of nosebleed	1.54	0.99	0.13	1.56	0.52	0.08	3.18	2.14
30905	.....	A	Control of nosebleed	1.97	2.02	0.16	2.93	0.67	0.17	5.07	2.81
30906	.....	A	Repeat control of nosebleed	2.45	2.02	0.16	3.02	0.76	0.11	5.58	3.32
30915	.....	A	Ligation nasal sinus artery	*7.20	NA	1.81	NA	3.90	0.52	NA	11.62
30920	.....	A	Ligation upper jaw artery	*9.83	NA	1.77	NA	4.60	1.32	NA	15.75
30930	.....	A	Therapy fracture of nose	*1.26	NA	1.09	NA	1.62	0.08	NA	2.96
31000	.....	A	Irrigation maxillary sinus	*1.15	1.00	1.00	1.48	1.48	0.05	2.68	2.68
31002	.....	A	Irrigation sphenoid sinus	*1.91	NA	1.09	NA	1.76	0.05	NA	3.72
31020	.....	A	Exploration maxillary sinus	*2.94	1.62	1.36	2.68	2.36	0.29	5.91	5.59
31030	.....	A	Exploration maxillary sinus	*5.92	1.40	1.02	3.19	2.73	0.86	9.97	9.51
31032	.....	A	Explore sinus,remove polyps	*6.57	NA	1.75	NA	3.79	0.99	NA	11.35
31040	.....	A	Exploration behind upper jaw	*9.42	NA	1.78	NA	4.43	0.86	NA	14.71
31050	.....	A	Exploration sphenoid sinus	*5.28	NA	1.43	NA	3.04	0.64	NA	8.96
31051	.....	A	Sphenoid sinus surgery	*7.11	NA	1.62	NA	3.72	0.85	NA	11.68
31070	.....	A	Exploration of frontal sinus	*4.28	NA	1.65	NA	3.06	0.50	NA	7.84
31075	.....	A	Exploration of frontal sinus	*9.16	NA	1.82	NA	4.47	1.10	NA	14.73
31080	.....	A	Removal of frontal sinus	*11.42	NA	1.82	NA	4.97	1.12	NA	17.51
31081	.....	A	Removal of frontal sinus	*12.75	NA	1.82	NA	5.30	1.30	NA	19.35
31084	.....	A	Removal of frontal sinus	*13.51	NA	1.82	NA	5.54	1.62	NA	20.67
31085	.....	A	Removal of frontal sinus	*14.20	NA	1.82	NA	5.72	1.76	NA	21.68
31086	.....	A	Removal of frontal sinus	*12.86	NA	1.82	NA	5.29	1.15	NA	19.30
31087	.....	A	Removal of frontal sinus	*13.10	NA	1.82	NA	5.38	1.33	NA	19.81
31090	.....	A	Exploration of sinuses	*9.53	NA	2.01	NA	5.00	2.12	NA	16.65
31200	.....	A	Removal of ethmoid sinus	*4.97	NA	1.78	NA	3.37	0.48	NA	8.82
31201	.....	A	Removal of ethmoid sinus	*8.37	NA	1.78	NA	4.17	0.75	NA	13.29
31205	.....	A	Removal of ethmoid sinus	*10.24	NA	1.78	NA	4.59	0.81	NA	15.64
31225	.....	A	Removal of upper jaw	*19.23	NA	2.58	NA	7.87	2.37	NA	29.47
31230	.....	A	Removal of upper jaw	*21.94	NA	2.58	NA	8.49	2.48	NA	32.91
31231	.....	A	Nasal endoscopy, dx	1.10	0.83	0.10	1.28	0.40	0.15	2.53	1.65
31233	.....	A	Nasal/sinus endoscopy, dx	2.18	0.84	0.10	1.56	0.67	0.31	4.05	3.16
31235	.....	A	Nasal/sinus endoscopy, dx	2.64	0.84	0.10	1.65	0.76	0.26	4.55	3.66
31237	.....	A	Nasal/sinus endoscopy, surg	2.98	0.86	0.10	1.78	0.86	0.37	5.13	4.21
31238	.....	A	Nasal/sinus endoscopy, surg	3.26	0.95	0.10	1.97	0.94	0.45	5.68	4.65
31239	.....	A	Nasal/sinus endoscopy, surg	*8.70	NA	1.36	NA	3.82	1.18	NA	13.70
31240	.....	A	Nasal/sinus endoscopy, surg	2.61	NA	0.10	NA	0.78	0.37	NA	3.76
31254	.....	A	Revision of ethmoid sinus	4.65	NA	0.10	NA	1.29	0.69	NA	6.63
31255	.....	A	Removal of ethmoid sinus	6.96	NA	0.10	NA	1.90	1.14	NA	10.00
31256	.....	A	Exploration maxillary sinus	3.29	NA	0.10	NA	0.93	0.41	NA	4.63
31267	.....	A	Endoscopy, maxillary sinus	5.46	NA	0.10	NA	1.50	0.81	NA	7.77
31276	.....	A	Sinus surgical endoscopy	8.85	NA	0.10	NA	2.22	0.73	NA	11.80
31287	.....	A	Nasal/sinus endoscopy, surg	3.92	NA	0.10	NA	1.13	0.65	NA	5.70
31288	.....	A	Nasal/sinus endoscopy, surg	4.58	NA	0.10	NA	1.30	0.78	NA	6.66

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
31290	.....	A	Nasal/sinus endoscopy, surg	*17.24	NA	1.36	NA	5.82	1.80	NA	24.86
31291	.....	A	Nasal/sinus endoscopy, surg	*18.19	NA	1.36	NA	6.05	1.88	NA	26.12
31292	.....	A	Nasal/sinus endoscopy, surg	*14.76	NA	1.36	NA	5.20	1.45	NA	21.41
31293	.....	A	Nasal/sinus endoscopy, surg	*16.21	NA	1.36	NA	5.55	1.59	NA	23.35
31294	.....	A	Nasal/sinus endoscopy, surg	*19.06	NA	1.36	NA	6.23	1.83	NA	27.12
31300	.....	A	Removal of larynx lesion	*14.29	NA	5.31	NA	9.88	1.28	NA	25.45
31320	.....	A	Diagnostic incision larynx	*5.26	NA	5.31	NA	7.73	0.48	NA	13.47
31360	.....	A	Removal of larynx	*17.08	NA	5.31	NA	10.69	2.19	NA	29.96
31365	.....	A	Removal of larynx	*24.16	NA	5.31	NA	12.44	3.10	NA	39.70
31367	.....	A	Partial removal of larynx	*21.86	NA	6.36	NA	12.95	1.88	NA	36.69
31368	.....	A	Partial removal of larynx	*27.09	NA	7.42	NA	15.65	3.06	NA	45.80
31370	.....	A	Partial removal of larynx	*21.38	NA	6.36	NA	12.85	1.88	NA	36.11
31375	.....	A	Partial removal of larynx	*20.21	NA	5.31	NA	11.24	1.56	NA	33.01
31380	.....	A	Partial removal of larynx	*20.21	NA	5.31	NA	11.31	1.88	NA	33.40
31382	.....	A	Partial removal of larynx	*20.52	NA	6.36	NA	12.64	1.78	NA	34.94
31390	.....	A	Removal of larynx & pharynx	*27.53	NA	7.42	NA	15.96	4.05	NA	47.54
31395	.....	A	Reconstruct larynx & pharynx	*31.09	NA	9.53	NA	19.39	4.42	NA	54.90
31400	.....	A	Revision of larynx	*10.31	NA	5.31	NA	8.93	0.91	NA	20.15
31420	.....	A	Removal of epiglottis	*10.22	NA	5.31	NA	8.89	0.84	NA	19.95
31500	.....	A	Insert emergency airway	2.33	NA	0.05	NA	0.60	0.14	NA	3.07
31502	.....	A	Change of windpipe airway	0.65	0.85	0.10	1.19	0.28	0.07	1.91	1.00
31505	.....	A	Diagnostic laryngoscopy	0.61	0.83	0.10	1.15	0.27	0.05	1.81	0.93
31510	.....	A	Laryngoscopy with biopsy	1.92	0.89	0.10	1.52	0.56	0.07	3.51	2.55
31511	.....	A	Remove foreign body, larynx	2.16	0.91	0.10	1.60	0.62	0.10	3.86	2.88
31512	.....	A	Removal of larynx lesion	2.07	0.89	0.10	1.58	0.62	0.20	3.85	2.89
31513	.....	A	Injection into vocal cord	2.10	NA	0.10	NA	0.67	0.38	NA	3.15
31515	.....	A	Laryngoscopy for aspiration	1.80	0.75	0.10	1.34	0.55	0.14	3.28	2.49
31520	.....	A	Diagnostic laryngoscopy	2.56	NA	0.10	NA	0.72	0.18	NA	3.46
31525	.....	A	Diagnostic laryngoscopy	2.63	0.75	0.10	1.54	0.75	0.23	4.40	3.61
31526	.....	A	Diagnostic laryngoscopy	2.57	NA	0.10	NA	0.77	0.38	NA	3.72
31527	.....	A	Laryngoscopy for treatment	3.27	NA	0.10	NA	0.91	0.30	NA	4.48
31528	.....	A	Laryngoscopy and dilatation	2.37	NA	0.10	NA	0.71	0.30	NA	3.38
31529	.....	A	Laryngoscopy and dilatation	2.68	NA	0.10	NA	0.77	0.25	NA	3.70
31530	.....	A	Operative laryngoscopy	3.39	NA	0.10	NA	0.95	0.39	NA	4.73
31531	.....	A	Operative laryngoscopy	3.59	NA	0.10	NA	1.04	0.60	NA	5.23
31535	.....	A	Operative laryngoscopy	3.16	NA	0.10	NA	0.92	0.45	NA	4.53
31536	.....	A	Operative laryngoscopy	3.56	NA	0.10	NA	1.03	0.59	NA	5.18
31540	.....	A	Operative laryngoscopy	4.13	NA	0.10	NA	1.16	0.61	NA	5.90
31541	.....	A	Operative laryngoscopy	4.53	NA	0.10	NA	1.28	0.75	NA	6.56
31560	.....	A	Operative laryngoscopy	5.46	NA	0.10	NA	1.43	0.51	NA	7.40
31561	.....	A	Operative laryngoscopy	6.00	NA	0.10	NA	1.68	1.08	NA	8.76
31570	.....	A	Laryngoscopy with injection	3.87	0.75	0.10	1.89	1.10	0.60	6.36	5.57
31571	.....	A	Laryngoscopy with injection	4.27	NA	0.10	NA	1.21	0.69	NA	6.17
31575	.....	A	Diagnostic laryngoscopy	1.10	0.84	0.10	1.30	0.40	0.17	2.57	1.67
31576	.....	A	Laryngoscopy with biopsy	1.97	0.45	0.10	1.05	0.63	0.33	3.35	2.93
31577	.....	A	Remove foreign body, larynx	2.47	0.47	0.10	1.19	0.75	0.37	4.03	3.59
31578	.....	A	Removal of larynx lesion	2.84	0.48	0.10	1.31	0.85	0.48	4.63	4.17
31579	.....	A	Diagnostic laryngoscopy	2.26	0.91	0.10	1.66	0.68	0.26	4.18	3.20
31580	.....	A	Revision of larynx	*12.38	NA	5.31	NA	9.54	1.63	NA	23.55
31582	.....	A	Revision of larynx	*21.62	NA	5.31	NA	11.63	1.94	NA	35.19
31584	.....	A	Repair of larynx fracture	*19.64	NA	4.91	NA	10.58	1.34	NA	31.56
31585	.....	A	Repair of larynx fracture	*4.64	NA	3.77	NA	5.70	0.40	NA	10.74
31586	.....	A	Repair of larynx fracture	*8.03	NA	4.91	NA	7.90	0.71	NA	16.64
31587	.....	A	Revision of larynx	*11.99	NA	4.13	NA	7.83	0.79	NA	20.61
31588	.....	A	Revision of larynx	*13.11	NA	5.31	NA	9.60	1.16	NA	23.87
31590	.....	A	Reinnervate larynx	*6.97	NA	4.98	NA	7.74	0.62	NA	15.33
31595	.....	A	Larynx nerve surgery	*8.34	NA	3.95	NA	6.81	0.74	NA	15.89
31600	.....	A	Incision of windpipe	3.62	NA	0.16	NA	1.13	0.65	NA	5.40
31601	.....	A	Incision of windpipe	4.45	NA	0.16	NA	1.32	0.66	NA	6.43
31603	.....	A	Incision of windpipe	4.15	NA	0.16	NA	1.25	0.66	NA	6.06
31605	.....	A	Incision of windpipe	3.58	NA	0.16	NA	1.09	0.50	NA	5.17
31610	.....	A	Incision of windpipe	*8.76	NA	4.04	NA	7.05	0.92	NA	16.73
31611	.....	A	Surgery/speech prosthesis	*5.64	NA	4.25	NA	6.64	1.04	NA	13.32
31612	.....	A	Puncture/clear windpipe	0.91	1.18	0.11	1.67	0.36	0.12	2.70	1.39
31613	.....	A	Repair windpipe opening	*4.59	NA	4.09	NA	6.05	0.28	NA	10.92
31614	.....	A	Repair windpipe opening	*7.12	NA	5.10	NA	7.94	0.73	NA	15.79
31615	.....	A	Visualization of windpipe	2.09	1.84	0.16	2.75	0.70	0.22	5.06	3.01
31622	.....	A	Diagnostic bronchoscopy	2.80	1.81	0.16	2.89	0.89	0.34	6.03	4.03
31625	.....	A	Bronchoscopy with biopsy	3.37	1.81	0.16	3.02	1.01	0.35	6.74	4.73
31628	.....	A	Bronchoscopy with biopsy	3.81	1.81	0.16	3.12	1.12	0.38	7.31	5.31
31629	.....	A	Bronchoscopy with biopsy	3.37	NA	0.16	NA	1.01	0.34	NA	4.72
31630	.....	A	Bronchoscopy with repair	3.82	NA	0.16	NA	1.15	0.50	NA	5.47
31631	.....	A	Bronchoscopy with dilation	4.37	NA	0.16	NA	1.26	0.48	NA	6.11
31635	.....	A	Remove foreign body, airway	3.68	NA	0.16	NA	1.12	0.53	NA	5.33

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
31640	.....	A	Bronchoscopy & remove lesion	4.94	NA	0.16	NA	1.43	0.67	NA	7.04
31641	.....	A	Bronchoscopy, treat blockage	5.03	NA	0.16	NA	1.49	0.85	NA	7.37
31645	.....	A	Bronchoscopy, clear airways	3.16	NA	0.16	NA	0.96	0.30	NA	4.42
31646	.....	A	Bronchoscopy,reclear airways	2.72	NA	0.16	NA	0.85	0.27	NA	3.84
31656	.....	A	Bronchoscopy,inject for xray	2.17	NA	0.16	NA	0.74	0.31	NA	3.22
31700	.....	A	Insertion of airway catheter	1.34	1.84	0.16	2.58	0.53	0.17	4.09	2.04
31708	.....	A	Instill airway contrast dye	1.41	NA	0.10	NA	0.45	0.09	NA	1.95
31710	.....	A	Insertion of airway catheter	1.30	NA	0.16	NA	0.51	0.12	NA	1.93
31715	.....	A	Injection for bronchus x-ray	1.11	NA	0.16	NA	0.45	0.04	NA	1.60
31717	.....	A	Bronchial brush biopsy	2.12	1.84	0.16	2.73	0.68	0.06	4.91	2.86
31720	.....	A	Clearance of airways	1.06	1.08	0.11	1.57	0.39	0.09	2.72	1.54
31725	.....	A	Clearance of airways	1.96	NA	0.11	NA	0.60	0.15	NA	2.71
31730	.....	A	Intro windpipe wire/tube	2.85	1.01	0.11	1.90	0.81	0.23	4.98	3.89
31750	.....	A	Repair of windpipe	*13.02	NA	5.14	NA	9.35	1.09	NA	23.46
31755	.....	A	Repair of windpipe	*15.93	NA	6.32	NA	11.51	1.44	NA	28.88
31760	.....	A	Repair of windpipe	*22.35	NA	2.42	NA	8.41	2.55	NA	33.31
31766	.....	A	Reconstruction of windpipe	*30.43	NA	2.42	NA	9.87	1.12	NA	41.42
31770	.....	A	Repair/graft of bronchus	*22.51	NA	2.85	NA	8.86	2.08	NA	33.45
31775	.....	A	Reconstruct bronchus	*23.54	NA	2.85	NA	9.06	1.92	NA	34.52
31780	.....	A	Reconstruct windpipe	*17.72	NA	2.39	NA	7.26	2.08	NA	27.06
31781	.....	A	Reconstruct windpipe	*23.53	NA	2.50	NA	8.63	1.96	NA	34.12
31785	.....	A	Remove windpipe lesion	*17.23	NA	2.42	NA	6.99	1.17	NA	25.39
31786	.....	A	Remove windpipe lesion	*23.98	NA	2.47	NA	8.75	2.24	NA	34.97
31800	.....	A	Repair of windpipe injury	*7.43	NA	2.42	NA	4.75	0.76	NA	12.94
31805	.....	A	Repair of windpipe injury	*13.13	NA	2.47	NA	6.19	1.41	NA	20.73
31820	.....	A	Closure of windpipe lesion	*4.49	3.42	3.42	5.26	5.26	0.46	10.21	10.21
31825	.....	A	Repair of windpipe defect	*6.81	4.44	4.44	7.03	7.03	0.58	14.42	14.42
31830	.....	A	Revise windpipe scar	*4.50	3.42	3.42	5.25	5.25	0.42	10.17	10.17
32000	.....	A	Drainage of chest	1.54	2.01	0.11	2.80	0.49	0.08	4.42	2.11
32002	.....	A	Treatment of collapsed lung	2.19	NA	0.11	NA	0.66	0.22	NA	3.07
32005	.....	A	Treat lung lining chemically	2.19	NA	0.16	NA	0.71	0.15	NA	3.05
32020	.....	A	Insertion of chest tube	3.98	NA	0.16	NA	1.16	0.43	NA	5.57
32035	.....	A	Exploration of chest	*8.67	NA	2.39	NA	5.09	1.25	NA	15.01
32036	.....	A	Exploration of chest	*9.68	NA	2.39	NA	5.33	1.32	NA	16.33
32095	.....	A	Biopsy through chest wall	*8.36	NA	2.39	NA	5.07	1.45	NA	14.88
32100	.....	A	Exploration/biopsy of chest	*11.84	NA	2.39	NA	5.97	2.10	NA	19.91
32110	.....	A	Explore/repair chest	*13.62	NA	2.47	NA	6.43	2.01	NA	22.06
32120	.....	A	Re-exploration of chest	*11.54	NA	2.39	NA	5.82	1.72	NA	19.08
32124	.....	A	Explore chest,free adhesions	*12.72	NA	2.39	NA	6.19	2.21	NA	21.12
32140	.....	A	Removal of lung lesion(s)	*13.93	NA	2.39	NA	6.50	2.42	NA	22.85
32141	.....	A	Remove/treat lung lesions	*14.00	NA	2.47	NA	6.63	2.53	NA	23.16
32150	.....	A	Removal of lung lesion(s)	*14.15	NA	2.39	NA	6.46	2.01	NA	22.62
32151	.....	A	Remove lung foreign body	*14.21	NA	2.39	NA	6.33	1.37	NA	21.91
32160	.....	A	Open chest heart massage	*9.30	NA	2.39	NA	5.29	1.52	NA	16.11
32200	.....	A	Drainage of lung lesion	*15.29	NA	2.39	NA	6.47	0.93	NA	22.69
32215	.....	A	Treat chest lining	*11.33	NA	2.39	NA	5.68	1.28	NA	18.29
32220	.....	A	Release of lung	*19.27	NA	2.47	NA	7.89	3.01	NA	30.17
32225	.....	A	Partial release of lung	*13.96	NA	2.47	NA	6.56	2.28	NA	22.80
32310	.....	A	Removal of chest lining	*13.44	NA	2.47	NA	6.41	2.10	NA	21.95
32320	.....	A	Free/remove chest lining	*20.54	NA	2.47	NA	8.25	3.40	NA	32.19
32400	.....	A	Needle biopsy chest lining	1.76	NA	0.16	NA	0.61	0.12	NA	2.49
32402	.....	A	Open biopsy chest lining	*7.56	NA	2.39	NA	4.87	1.34	NA	13.77
32405	.....	A	Biopsy, lung or mediastinum	1.93	1.61	0.16	2.42	0.66	0.18	4.53	2.77
32420	.....	A	Puncture/clear lung	2.18	NA	0.11	NA	0.64	0.13	NA	2.95
32440	.....	A	Removal of lung	*21.02	NA	2.42	NA	8.34	3.55	NA	32.91
32442	.....	A	Sleeve pneumonectomy	*26.24	NA	2.47	NA	9.52	3.50	NA	39.26
32445	.....	A	Removal of lung	*25.09	NA	2.47	NA	9.35	3.88	NA	38.32
32480	.....	A	Partial removal of lung	*18.32	NA	2.39	NA	7.64	3.23	NA	29.19
32482	.....	A	Bilobectomy	*19.71	NA	2.39	NA	7.94	3.23	NA	30.88
32484	.....	A	Segmentectomy	*20.69	NA	2.39	NA	8.16	3.23	NA	32.08
32486	.....	A	Sleeve lobectomy	*23.92	NA	2.42	NA	8.90	3.23	NA	36.05
32488	.....	A	Completion pneumonectomy	*25.71	NA	2.42	NA	9.35	3.46	NA	38.52
32491	.....	N	Lung volume reduction	+*25.06	NA	2.35	NA	9.02	3.02	NA	37.10
32500	.....	A	Partial removal of lung	*14.30	NA	2.39	NA	6.61	2.56	NA	23.47
32501	.....	A	Repair bronchus (add-on)	4.69	NA	0.00	NA	1.18	0.70	NA	6.57
32520	.....	A	Remove lung & revise chest	*21.68	NA	2.39	NA	8.53	3.93	NA	34.14
32522	.....	A	Remove lung & revise chest	*24.20	NA	2.42	NA	9.18	4.19	NA	37.57
32525	.....	A	Remove lung & revise chest	*26.50	NA	2.42	NA	9.77	4.61	NA	40.88
32540	.....	A	Removal of lung lesion	*14.64	NA	2.47	NA	6.66	2.05	NA	23.35
32601	.....	A	Thoracoscopy, diagnostic	5.46	NA	0.16	NA	1.52	0.57	NA	7.55
32602	.....	A	Thoracoscopy, diagnostic	5.96	NA	0.16	NA	1.64	0.64	NA	8.24
32603	.....	A	Thoracoscopy, diagnostic	7.81	NA	0.16	NA	2.03	0.57	NA	10.41
32604	.....	A	Thoracoscopy, diagnostic	8.78	NA	0.16	NA	2.26	0.64	NA	11.68
32605	.....	A	Thoracoscopy, diagnostic	6.93	NA	0.16	NA	1.84	0.57	NA	9.34

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT[1]/ HCPCS[2]	MOD	Status	Description	Physician work RVUs[3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
32606	.....	A	Thoracoscopy, diagnostic	8.40	NA	0.16	NA	2.18	0.64	NA	11.22
32650	.....	A	Thoracoscopy, surgical	*10.75	NA	2.30	NA	5.44	1.28	NA	17.47
32651	.....	A	Thoracoscopy, surgical	*12.91	NA	2.30	NA	6.13	2.28	NA	21.32
32652	.....	A	Thoracoscopy, surgical	*18.66	NA	2.37	NA	7.64	3.01	NA	29.31
32653	.....	A	Thoracoscopy, surgical	*12.87	NA	2.37	NA	6.15	2.01	NA	21.03
32654	.....	A	Thoracoscopy, surgical	*12.44	NA	1.84	NA	5.41	2.01	NA	19.86
32655	.....	A	Thoracoscopy, surgical	*13.10	NA	2.37	NA	6.32	2.53	NA	21.95
32656	.....	A	Thoracoscopy, surgical	*12.91	NA	2.30	NA	6.15	2.36	NA	21.42
32657	.....	A	Thoracoscopy, surgical	*13.65	NA	2.30	NA	6.36	2.56	NA	22.57
32658	.....	A	Thoracoscopy, surgical	*11.63	NA	2.30	NA	5.91	2.52	NA	20.06
32659	.....	A	Thoracoscopy, surgical	*11.59	NA	2.30	NA	5.92	2.61	NA	20.12
32660	.....	A	Thoracoscopy, surgical	*17.43	NA	2.30	NA	7.41	3.56	NA	28.40
32661	.....	A	Thoracoscopy, surgical	*13.25	NA	2.30	NA	6.03	1.47	NA	20.75
32662	.....	A	Thoracoscopy, surgical	*16.44	NA	2.30	NA	7.01	2.74	NA	26.19
32663	.....	A	Thoracoscopy, surgical	*18.47	NA	2.30	NA	7.56	3.23	NA	29.26
32664	.....	A	Thoracoscopy, surgical	*14.20	NA	2.30	NA	6.36	2.04	NA	22.60
32665	.....	A	Thoracoscopy, surgical	*15.54	NA	2.30	NA	6.79	2.64	NA	24.97
32800	.....	A	Repair lung hernia	*13.69	NA	2.39	NA	6.26	1.58	NA	21.53
32810	.....	A	Close chest after drainage	*13.05	NA	2.39	NA	6.04	1.19	NA	20.28
32815	.....	A	Close bronchial fistula	*23.15	NA	2.42	NA	8.60	2.62	NA	34.37
32820	.....	A	Reconstruct injured chest	*21.48	NA	2.42	NA	8.37	3.24	NA	33.09
32851	.....	A	Lung transplant, single	*38.63	NA	4.30	NA	14.80	4.99	NA	58.42
32852	.....	A	Lung transplant w/bypass	*41.80	NA	4.30	NA	15.58	5.41	NA	62.79
32853	.....	A	Lung transplant, double	*47.81	NA	4.30	NA	17.08	6.24	NA	71.13
32854	.....	A	Lung transplant w/bypass	*50.98	NA	2.39	NA	15.55	6.67	NA	73.20
32900	.....	A	Removal of rib(s)	*20.27	NA	2.39	NA	7.72	1.63	NA	29.62
32905	.....	A	Revise & repair chest wall	*20.75	NA	2.39	NA	8.03	2.60	NA	31.38
32906	.....	A	Revise & repair chest wall	*26.77	NA	2.47	NA	9.51	2.92	NA	39.20
32940	.....	A	Revision of lung	*19.43	NA	2.39	NA	7.56	1.75	NA	28.74
32960	.....	A	Therapeutic pneumothorax	1.84	0.91	0.11	1.54	0.57	0.13	3.51	2.54
33010	.....	A	Drainage of heart sac	2.24	NA	0.11	NA	0.66	0.14	NA	3.04
33011	.....	A	Repeat drainage of heart sac	2.24	NA	0.11	NA	0.65	0.12	NA	3.01
33015	.....	A	Incision of heart sac	*6.80	NA	0.84	NA	2.64	0.62	NA	10.06
33020	.....	A	Incision of heart sac	*12.61	NA	1.94	NA	5.67	2.52	NA	20.80
33025	.....	A	Incision of heart sac	*12.09	NA	1.94	NA	5.58	2.61	NA	20.28
33030	.....	A	Partial removal of heart sac	*18.71	NA	2.45	NA	7.94	3.92	NA	30.57
33031	.....	A	Partial removal of heart sac	*21.79	NA	2.45	NA	8.30	2.50	NA	32.59
33050	.....	A	Removal of heart sac lesion	*14.36	NA	2.39	NA	6.39	1.47	NA	22.22
33120	.....	A	Removal of heart lesion	*24.56	NA	2.90	NA	10.05	5.17	NA	39.78
33130	.....	A	Removal of heart lesion	*21.39	NA	2.45	NA	8.15	2.22	NA	31.76
33200	.....	A	Insertion of heart pacemaker	*12.48	NA	2.54	NA	6.24	1.90	NA	20.62
33201	.....	A	Insertion of heart pacemaker	*10.18	NA	2.54	NA	5.69	1.67	NA	17.54
33206	.....	A	Insertion of heart pacemaker	*6.67	NA	1.50	NA	3.58	1.34	NA	11.59
33207	.....	A	Insertion of heart pacemaker	*8.04	NA	1.50	NA	3.88	1.33	NA	13.25
33208	.....	A	Insertion of heart pacemaker	*8.13	NA	1.50	NA	3.94	1.54	NA	13.61
33210	.....	A	Insertion of heart electrode	3.30	NA	0.16	NA	0.98	0.27	NA	4.55
33211	.....	A	Insertion of heart electrode	3.40	NA	0.16	NA	1.00	0.27	NA	4.67
33212	.....	A	Insertion of pulse generator	*5.52	NA	0.94	NA	2.54	0.88	NA	8.94
33213	.....	A	Insertion of pulse generator	*6.37	NA	0.94	NA	2.73	0.88	NA	9.98
33214	.....	A	Upgrade of pacemaker system	*7.75	NA	1.50	NA	3.76	1.06	NA	12.57
33216	.....	A	Revision implanted electrode	*5.39	NA	1.50	NA	3.13	0.55	NA	9.07
33217	.....	A	Insert/revise electrode	*5.75	NA	1.50	NA	3.21	0.55	NA	9.51
33218	.....	A	Repair pacemaker electrodes	*5.44	NA	0.94	NA	2.47	0.62	NA	8.53
33220	.....	A	Repair pacemaker electrode	*5.52	NA	0.94	NA	2.49	0.62	NA	8.63
33222	.....	A	Pacemaker aicd pocket	*4.96	NA	0.65	NA	2.10	1.01	NA	8.07
33223	.....	A	Pacemaker aicd pocket	*6.46	NA	1.77	NA	3.80	1.01	NA	11.27
33233	.....	A	Removal of pacemaker system	*3.29	NA	0.63	NA	1.50	0.05	NA	4.84
33234	.....	A	Removal of pacemaker system	*7.82	NA	0.63	NA	2.53	0.23	NA	10.58
33235	.....	A	Removal pacemaker electrode	*9.40	NA	0.63	NA	2.90	0.33	NA	12.63
33236	.....	A	Remove electrode/thoracotomy	*12.60	NA	2.54	NA	5.99	0.62	NA	19.21
33237	.....	A	Remove electrode/thoracotomy	*13.71	NA	2.54	NA	6.34	1.13	NA	21.18
33238	.....	A	Remove electrode/thoracotomy	*15.22	NA	2.23	NA	6.49	2.01	NA	23.72
33240	.....	A	Insert/replace pulse gener	*7.60	NA	1.42	NA	3.58	0.88	NA	12.06
33241	.....	A	Remove pulse generator only	*3.24	NA	1.42	NA	2.53	0.43	NA	6.20
33242	.....	A	Repair pulse generator/leads	*6.17	NA	1.77	NA	3.85	1.54	NA	11.56
33243	.....	A	Remove generator/thoracotomy	*22.64	NA	0.98	NA	6.49	1.54	NA	30.67
33244	.....	A	Remove generator	*8.97	NA	1.77	NA	4.46	1.54	NA	14.97
33245	.....	A	Implant heart defibrillator	*14.30	NA	2.54	NA	6.74	2.36	NA	23.40
33246	.....	A	Implant heart defibrillator	*20.71	NA	2.54	NA	8.33	3.19	NA	32.23
33247	.....	A	Insert/replace leads	*10.21	NA	1.46	NA	4.53	2.36	NA	17.10
33249	.....	A	Insert/replace leads/gener	*13.28	NA	1.77	NA	5.77	3.19	NA	22.24
33250	.....	A	Ablate heart dysrhythm focus	*21.85	NA	2.45	NA	7.96	0.86	NA	30.67
33251	.....	A	Ablate heart dysrhythm focus	*24.88	NA	2.45	NA	9.13	3.21	NA	37.22
33253	.....	A	Reconstruct atria	*31.06	NA	2.40	NA	10.66	4.26	NA	45.98

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
33261	.....	A	Ablate heart dysrhythm focus	*24.88	NA	2.45	NA	9.03	2.73	NA	36.64
33300	.....	A	Repair of heart wound	*17.92	NA	2.45	NA	7.48	2.60	NA	28.00
33305	.....	A	Repair of heart wound	*21.44	NA	2.45	NA	8.35	3.07	NA	32.86
33310	.....	A	Exploratory heart surgery	*18.51	NA	2.45	NA	7.46	1.93	NA	27.90
33315	.....	A	Exploratory heart surgery	*22.37	NA	2.45	NA	8.44	2.57	NA	33.38
33320	.....	A	Repair major blood vessel(s)	*16.79	NA	2.45	NA	7.21	2.51	NA	26.51
33321	.....	A	Repair major vessel	*20.20	NA	2.45	NA	8.20	3.61	NA	32.01
33322	.....	A	Repair major blood vessel(s)	*20.62	NA	2.45	NA	8.29	3.61	NA	32.52
33330	.....	A	Insert major vessel graft	*21.43	NA	2.49	NA	8.15	1.93	NA	31.51
33332	.....	A	Insert major vessel graft	*23.96	NA	2.49	NA	8.80	2.39	NA	35.15
33335	.....	A	Insert major vessel graft	*30.01	NA	2.49	NA	10.13	2.39	NA	42.53
33400	.....	A	Repair of aortic valve	*25.34	NA	2.84	NA	9.64	2.83	NA	37.81
33401	.....	A	Valvuloplasty, open	*23.91	NA	2.87	NA	9.36	2.83	NA	36.10
33403	.....	A	Valvuloplasty, w/cp bypass	*24.89	NA	2.87	NA	9.58	2.83	NA	37.30
33404	.....	A	Prepare heart-aorta conduit	*28.54	NA	2.87	NA	10.98	5.59	NA	45.11
33405	.....	A	Replacement of aortic valve	*30.61	NA	2.45	NA	10.85	5.33	NA	46.79
33406	.....	A	Replacement, aortic valve	*32.30	NA	2.45	NA	11.69	7.45	NA	51.44
33411	.....	A	Replacement of aortic valve	*32.47	NA	2.45	NA	11.73	7.45	NA	51.65
33412	.....	A	Replacement of aortic valve	*34.79	NA	2.87	NA	12.76	7.45	NA	55.00
33413	.....	A	Replacement, aortic valve	*35.24	NA	3.32	NA	13.35	7.23	NA	55.82
33414	.....	A	Repair, aortic valve	*30.35	NA	2.87	NA	11.78	7.45	NA	49.58
33415	.....	A	Revision, subvalvular tissue	*27.15	NA	2.84	NA	10.58	5.33	NA	43.06
33416	.....	A	Revise ventricle muscle	*30.35	NA	2.45	NA	10.72	4.99	NA	46.06
33417	.....	A	Repair of aortic valve	*28.53	NA	2.84	NA	11.07	6.18	NA	45.78
33420	.....	A	Revision of mitral valve	*22.70	NA	2.45	NA	8.49	2.45	NA	33.64
33422	.....	A	Revision of mitral valve	*25.94	NA	2.45	NA	10.08	6.45	NA	42.47
33425	.....	A	Repair of mitral valve	*27.00	NA	2.45	NA	10.08	5.42	NA	42.50
33426	.....	A	Repair of mitral valve	*31.03	NA	2.49	NA	11.10	5.80	NA	47.93
33427	.....	A	Repair of mitral valve	*33.72	NA	2.49	NA	11.80	6.30	NA	51.82
33430	.....	A	Replacement of mitral valve	*31.43	NA	2.49	NA	11.25	6.11	NA	48.79
33460	.....	A	Revision of tricuspid valve	*23.60	NA	2.45	NA	9.19	4.73	NA	37.52
33463	.....	A	Valvuloplasty, tricuspid	*25.62	NA	2.45	NA	9.90	5.95	NA	41.47
33464	.....	A	Valvuloplasty, tricuspid	*27.33	NA	2.45	NA	10.27	5.95	NA	43.55
33465	.....	A	Replace tricuspid valve	*28.79	NA	2.45	NA	10.59	5.95	NA	45.33
33468	.....	A	Revision of tricuspid valve	*30.12	NA	3.39	NA	12.11	6.30	NA	48.53
33470	.....	A	Revision of pulmonary valve	19.52	NA	2.82	NA	2.82	2.45	NA	24.79
33471	.....	A	Valvotomy, pulmonary valve	*22.25	NA	2.87	NA	9.00	2.83	NA	34.08
33472	.....	A	Revision of pulmonary valve	*22.25	NA	2.87	NA	9.00	2.83	NA	34.08
33474	.....	A	Revision of pulmonary valve	20.91	NA	2.82	NA	2.82	2.83	NA	26.56
33475	.....	A	Replacement, pulmonary valve	*28.41	NA	2.84	NA	11.03	6.11	NA	45.55
33476	.....	A	Revision of heart chamber	*25.77	NA	2.33	NA	9.58	4.99	NA	40.34
33478	.....	A	Revision of heart chamber	*26.74	NA	2.33	NA	9.89	5.42	NA	42.05
33500	.....	A	Repair heart vessel fistula	*25.55	NA	2.33	NA	9.58	5.20	NA	40.33
33501	.....	A	Repair heart vessel fistula	16.14	NA	2.33	NA	6.93	2.51	NA	25.58
33502	.....	A	Coronary artery correction	*21.04	NA	3.39	NA	9.30	2.51	NA	32.85
33503	.....	A	Coronary artery graft	*21.78	NA	3.39	NA	10.05	5.20	NA	37.03
33504	.....	A	Coronary artery graft	*24.66	NA	3.39	NA	10.68	5.20	NA	40.54
33505	.....	A	Repair artery w/tunnel	*26.84	NA	3.39	NA	11.34	6.03	NA	44.21
33506	.....	A	Repair artery, translocation	*26.71	NA	3.39	NA	11.31	6.03	NA	44.05
33510	.....	A	CABG, vein, single	*25.12	NA	2.45	NA	9.62	5.20	NA	39.94
33511	.....	A	CABG, vein, two	*27.40	NA	2.45	NA	10.23	5.71	NA	43.34
33512	.....	A	CABG, vein, three	*29.67	NA	2.45	NA	10.84	6.22	NA	46.73
33513	.....	A	CABG, vein, four	*31.95	NA	2.45	NA	11.45	6.73	NA	50.13
33514	.....	A	CABG, vein, five	*34.29	NA	2.45	NA	12.08	7.23	NA	53.60
33516	.....	A	CABG, vein, six+	*36.65	NA	2.45	NA	12.71	7.74	NA	57.10
33517	.....	A	CABG, artery-vein, single	2.27	NA	0.13	NA	0.77	0.50	NA	3.54
33518	.....	A	CABG, artery-vein, two	4.55	NA	0.13	NA	1.38	1.02	NA	6.95
33519	.....	A	CABG, artery-vein, three	6.82	NA	0.13	NA	1.99	1.52	NA	10.33
33521	.....	A	CABG, artery-vein, four	9.10	NA	0.13	NA	2.60	2.03	NA	13.73
33522	.....	A	CABG, artery-vein, five	11.37	NA	0.13	NA	3.21	2.54	NA	17.12
33523	.....	A	CABG, artery-vein, six+	13.65	NA	0.13	NA	3.82	3.05	NA	20.52
33530	.....	A	Coronary artery, bypass/reop	5.86	NA	0.00	NA	1.76	2.18	NA	9.80
33533	.....	A	CABG, arterial, single	24.00	NA	2.45	NA	9.41	5.36	NA	38.77
33534	.....	A	CABG, arterial, two	26.99	NA	2.33	NA	10.08	6.03	NA	43.10
33535	.....	A	CABG, arterial, three	29.98	NA	2.33	NA	10.88	6.70	NA	47.56
33536	.....	A	CABG, arterial, four+	32.96	NA	2.33	NA	11.68	7.37	NA	52.01
33542	.....	A	Removal of heart lesion	*28.85	NA	2.90	NA	11.07	5.53	NA	45.45
33545	.....	A	Repair of heart damage	*36.78	NA	2.94	NA	13.02	6.28	NA	56.08
33572	.....	A	Open coronary endarterectomy	4.45	NA	0.00	NA	1.11	0.63	NA	6.19
33600	.....	A	Closure of valve	*29.51	NA	3.39	NA	11.94	6.11	NA	47.56
33602	.....	A	Closure of valve	*28.54	NA	3.39	NA	11.56	5.33	NA	45.43
33606	.....	A	Anastomosis/artery-aorta	29.28	NA	2.82	NA	2.82	7.45	NA	39.55
33608	.....	A	Repair anomaly w/conduit	*31.09	NA	2.87	NA	11.95	7.45	NA	50.49
33610	.....	A	Repair by enlargement	*30.61	NA	3.39	NA	12.47	7.45	NA	50.53

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
33611	.....	A	Repair double ventricle	*32.30	NA	2.84	NA	12.17	7.45	NA	51.92
33612	.....	A	Repair double ventricle	*33.26	NA	2.87	NA	12.42	7.45	NA	53.13
33615	.....	A	Repair (simple fontan)	*32.06	NA	3.39	NA	12.79	7.45	NA	52.30
33617	.....	A	Repair by modified fontan	*34.03	NA	3.42	NA	13.26	7.45	NA	54.74
33619	.....	A	Repair single ventricle	*37.57	NA	4.01	NA	14.89	8.04	NA	60.50
33641	.....	A	Repair heart septum defect	*21.39	NA	2.04	NA	8.24	4.87	NA	34.50
33645	.....	A	Revision of heart veins	*24.82	NA	2.33	NA	9.35	4.87	NA	39.04
33647	.....	A	Repair heart septum defects	*28.73	NA	2.84	NA	11.13	6.28	NA	46.14
33660	.....	A	Repair of heart defects	*25.54	NA	2.84	NA	10.25	5.42	NA	41.21
33665	.....	A	Repair of heart defects	*28.60	NA	2.84	NA	10.92	5.42	NA	44.94
33670	.....	A	Repair of heart chambers	*32.73	NA	2.87	NA	12.30	7.45	NA	52.48
33681	.....	A	Repair heart septum defect	*27.67	NA	2.84	NA	10.90	6.28	NA	44.85
33684	.....	A	Repair heart septum defect	*29.65	NA	2.84	NA	11.34	6.28	NA	47.27
33688	.....	A	Repair heart septum defect	*30.62	NA	2.84	NA	11.55	6.28	NA	48.45
33690	.....	A	Reinforce pulmonary artery	*19.55	NA	2.84	NA	8.69	4.29	NA	32.53
33692	.....	A	Repair of heart defects	*30.75	NA	2.84	NA	11.83	7.45	NA	50.03
33694	.....	A	Repair of heart defects	*31.73	NA	2.87	NA	12.09	7.45	NA	51.27
33697	.....	A	Repair of heart defects	*33.71	NA	2.84	NA	12.48	7.45	NA	53.64
33702	.....	A	Repair of heart defects	*26.54	NA	2.84	NA	10.45	5.33	NA	42.32
33710	.....	A	Repair of heart defects	28.35	NA	2.79	NA	2.79	6.28	NA	37.42
33720	.....	A	Repair of heart defect	*26.56	NA	2.84	NA	10.45	5.33	NA	42.34
33722	.....	A	Repair of heart defect	27.34	NA	2.79	NA	2.79	5.33	NA	35.46
33730	.....	A	Repair heart-vein defect(s)	*31.67	NA	2.87	NA	12.07	7.45	NA	51.19
33732	.....	A	Repair heart-vein defect	*28.16	NA	2.84	NA	10.82	5.42	NA	44.40
33735	.....	A	Revision of heart chamber	*21.39	NA	2.87	NA	9.26	4.87	NA	35.52
33736	.....	A	Revision of heart chamber	*23.52	NA	2.87	NA	9.72	4.87	NA	38.11
33737	.....	A	Revision of heart chamber	*21.76	NA	2.87	NA	9.34	4.87	NA	35.97
33750	.....	A	Major vessel shunt	*21.41	NA	2.87	NA	9.13	4.29	NA	34.83
33755	.....	A	Major vessel shunt	*21.79	NA	2.87	NA	9.22	4.29	NA	35.30
33762	.....	A	Major vessel shunt	*21.79	NA	2.87	NA	9.22	4.29	NA	35.30
33764	.....	A	Major vessel shunt & graft	*21.79	NA	2.87	NA	9.22	4.29	NA	35.30
33766	.....	A	Major vessel shunt	*22.76	NA	2.84	NA	9.39	4.29	NA	36.44
33767	.....	A	Atrial septectomy/septostomy	*24.50	NA	2.84	NA	9.90	4.87	NA	39.27
33770	.....	A	Repair great vessels defect	*33.29	NA	2.87	NA	12.43	7.45	NA	53.17
33771	.....	A	Repair great vessels defect	*34.65	NA	2.87	NA	12.73	7.45	NA	54.83
33774	.....	A	Repair great vessels defect	*30.98	NA	2.87	NA	11.48	5.42	NA	47.88
33775	.....	A	Repair great vessels defect	*32.20	NA	2.87	NA	11.74	5.42	NA	49.36
33776	.....	A	Repair great vessels defect	*34.04	NA	2.87	NA	12.34	6.28	NA	52.66
33777	.....	A	Repair great vessels defect	*33.46	NA	2.87	NA	12.02	5.42	NA	50.90
33778	.....	A	Repair great vessels defect	*35.82	NA	2.91	NA	13.01	7.37	NA	56.20
33779	.....	A	Repair great vessels defect	*36.21	NA	2.91	NA	13.10	7.37	NA	56.68
33780	.....	A	Repair great vessels defect	*36.94	NA	2.91	NA	13.26	7.37	NA	57.57
33781	.....	A	Repair great vessels defect	*36.45	NA	2.91	NA	13.15	7.37	NA	56.97
33786	.....	A	Repair arterial trunk	*34.84	NA	2.87	NA	12.77	7.45	NA	55.06
33788	.....	A	Revision of pulmonary artery	*26.62	NA	2.87	NA	10.47	5.20	NA	42.29
33800	.....	A	Aortic suspension	15.18	NA	2.84	NA	7.34	2.51	NA	25.03
33802	.....	A	Repair vessel defect	*17.66	NA	2.84	NA	8.27	4.29	NA	30.22
33803	.....	A	Repair vessel defect	*19.60	NA	2.84	NA	8.70	4.29	NA	32.59
33813	.....	A	Repair septal defect	*20.65	NA	2.84	NA	8.93	4.29	NA	33.87
33814	.....	A	Repair septal defect	*25.77	NA	2.84	NA	10.28	5.33	NA	41.38
33820	.....	A	Revise major vessel	*16.29	NA	2.33	NA	7.35	4.29	NA	27.93
33822	.....	A	Revise major vessel	*17.32	NA	2.84	NA	8.20	4.29	NA	29.81
33824	.....	A	Revise major vessel	*19.52	NA	2.45	NA	8.20	4.29	NA	32.01
33840	.....	A	Remove aorta constriction	19.52	NA	2.79	NA	2.79	5.59	NA	27.90
33845	.....	A	Remove aorta constriction	*22.12	NA	2.84	NA	9.54	5.59	NA	37.25
33851	.....	A	Remove aorta constriction	*21.27	NA	2.84	NA	9.35	5.59	NA	36.21
33852	.....	A	Repair septal defect	*23.71	NA	2.84	NA	9.88	5.59	NA	39.18
33853	.....	A	Repair septal defect	*31.72	NA	2.84	NA	12.05	7.45	NA	51.22
33860	.....	A	Ascending aorta graft	*33.96	NA	2.49	NA	11.82	6.18	NA	51.96
33861	.....	A	Ascending aorta graft	*34.52	NA	2.49	NA	11.95	6.18	NA	52.65
33863	.....	A	Ascending aorta graft	*36.47	NA	2.49	NA	12.37	6.18	NA	55.02
33870	.....	A	Transverse aortic arch graft	*40.31	NA	2.49	NA	13.62	8.04	NA	61.97
33875	.....	A	Thoracic aorta graft	*33.06	NA	2.49	NA	11.50	5.59	NA	50.15
33877	.....	A	Thoracoabdominal graft	*42.60	NA	3.54	NA	15.48	8.38	NA	66.46
33910	.....	A	Remove lung artery emboli	*24.59	NA	2.49	NA	9.02	2.77	NA	36.38
33915	.....	A	Remove lung artery emboli	*21.02	NA	2.45	NA	8.07	2.22	NA	31.31
33916	.....	A	Surgery of great vessel	*25.83	NA	2.87	NA	9.91	3.43	NA	39.17
33917	.....	A	Repair pulmonary artery	*24.50	NA	2.84	NA	10.21	6.30	NA	41.01
33918	.....	A	Repair pulmonary atresia	*26.45	NA	2.84	NA	10.40	5.20	NA	42.05
33919	.....	A	Repair pulmonary atresia	*32.67	NA	2.87	NA	12.29	7.45	NA	52.41
33920	.....	A	Repair pulmonary atresia	*31.95	NA	2.87	NA	12.13	7.45	NA	51.53
33922	.....	A	Transect pulmonary artery	*23.52	NA	2.87	NA	9.27	2.83	NA	35.62
33924	.....	A	Remove pulmonary shunt	5.50	NA	0.00	NA	1.38	0.78	NA	7.66
33935	.....	R	Transplantation, heart/lung	*60.96	NA	4.30	NA	21.56	13.54	NA	96.06

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
33945	.....	R	Transplantation of heart	*42.10	NA	4.30	NA	16.88	11.05	NA	70.03
33960	.....	A	External circulation assist	19.36	NA	0.16	NA	4.65	0.94	NA	24.95
33961	.....	A	External circulation assist	10.93	NA	0.16	NA	2.80	0.94	NA	14.67
33970	.....	A	Aortic circulation assist	6.75	NA	0.16	NA	1.90	1.00	NA	9.65
33971	.....	A	Aortic circulation assist	*9.69	NA	2.04	NA	4.81	0.91	NA	15.41
33973	.....	A	Insert balloon device	9.76	NA	0.16	NA	2.56	1.00	NA	13.32
33974	.....	A	Remove intra-aortic balloon	*14.41	NA	2.45	NA	6.34	0.91	NA	21.66
33975	.....	A	Implant ventricular device	*21.60	NA	3.50	NA	9.61	2.77	NA	33.98
33976	.....	A	Implant ventricular device	*29.10	NA	3.52	NA	11.49	3.78	NA	44.37
33977	.....	A	Remove ventricular device	*19.29	NA	2.07	NA	7.28	2.43	NA	29.00
33978	.....	A	Remove ventricular device	*21.73	NA	2.14	NA	7.98	2.77	NA	32.48
34001	.....	A	Removal of artery clot	*12.91	NA	1.49	NA	5.05	1.87	NA	19.83
34051	.....	A	Removal of artery clot	*15.21	NA	1.49	NA	5.49	1.59	NA	22.29
34101	.....	A	Removal of artery clot	*9.97	NA	1.49	NA	4.37	1.71	NA	16.05
34111	.....	A	Removal of arm artery clot	*8.07	NA	1.49	NA	3.93	1.59	NA	13.59
34151	.....	A	Removal of artery clot	15.23	NA	1.49	NA	5.67	2.39	NA	23.29
34201	.....	A	Removal of artery clot	*9.13	NA	1.49	NA	4.20	1.78	NA	15.11
34203	.....	A	Removal of leg artery clot	*12.21	NA	1.55	NA	4.94	1.72	NA	18.87
34401	.....	A	Removal of vein clot	*12.86	NA	1.31	NA	4.72	1.39	NA	18.97
34421	.....	A	Removal of vein clot	*9.93	NA	1.20	NA	3.97	1.51	NA	15.41
34451	.....	A	Removal of vein clot	*14.44	NA	1.31	NA	5.23	2.14	NA	21.81
34471	.....	A	Removal of vein clot	*10.18	NA	1.31	NA	3.95	0.55	NA	14.68
34490	.....	A	Removal of vein clot	*7.60	NA	1.59	NA	3.94	1.54	NA	13.08
34501	.....	A	Repair valve, femoral vein	*10.93	NA	1.46	NA	4.36	0.86	NA	16.15
34502	.....	A	Reconstruct, vena cava	*26.95	NA	1.28	NA	8.27	3.64	NA	38.86
34510	.....	A	Transposition of vein valve	*13.25	NA	1.46	NA	4.91	1.04	NA	19.20
34520	.....	A	Cross-over vein graft	*13.74	NA	1.29	NA	4.83	1.09	NA	19.66
34530	.....	A	Leg vein fusion	*17.61	NA	1.29	NA	5.75	1.44	NA	24.80
35001	.....	A	Repair defect of artery	*19.64	NA	1.29	NA	6.58	3.18	NA	29.40
35002	.....	A	Repair artery rupture, neck	*21.00	NA	1.41	NA	6.84	2.41	NA	30.25
35005	.....	A	Repair defect of artery	*18.12	NA	1.29	NA	6.03	2.19	NA	26.34
35011	.....	A	Repair defect of artery	*11.65	NA	1.31	NA	4.76	2.76	NA	19.17
35013	.....	A	Repair artery rupture, arm	*17.40	NA	1.31	NA	6.08	3.03	NA	26.51
35021	.....	A	Repair defect of artery	*19.65	NA	1.41	NA	6.69	3.06	NA	29.40
35022	.....	A	Repair artery rupture, chest	*23.18	NA	1.29	NA	7.27	2.80	NA	33.25
35045	.....	A	Repair defect of arm artery	*11.26	NA	1.90	NA	5.32	2.50	NA	19.08
35081	.....	A	Repair defect of artery	*28.01	NA	1.51	NA	8.89	4.18	NA	41.08
35082	.....	A	Repair artery rupture, aorta	*36.35	NA	1.51	NA	10.81	4.59	NA	51.75
35091	.....	A	Repair defect of artery	*35.40	NA	1.51	NA	10.52	4.25	NA	50.17
35092	.....	A	Repair artery rupture, aorta	*38.39	NA	1.42	NA	11.28	5.21	NA	54.88
35102	.....	A	Repair defect of artery	*30.76	NA	1.51	NA	9.52	4.32	NA	44.60
35103	.....	A	Repair artery rupture, groin	*33.57	NA	1.31	NA	10.10	5.21	NA	48.88
35111	.....	A	Repair defect of artery	*16.43	NA	1.31	NA	6.01	3.70	NA	26.14
35112	.....	A	Repair artery rupture,spleen	*18.69	NA	1.31	NA	6.18	2.22	NA	27.09
35121	.....	A	Repair defect of artery	*25.99	NA	1.51	NA	8.33	3.66	NA	37.98
35122	.....	A	Repair artery rupture, belly	*33.45	NA	1.31	NA	9.80	3.96	NA	47.21
35131	.....	A	Repair defect of artery	*18.55	NA	1.51	NA	6.59	3.15	NA	28.29
35132	.....	A	Repair artery rupture, groin	*21.95	NA	1.31	NA	7.19	3.58	NA	32.72
35141	.....	A	Repair defect of artery	*14.46	NA	1.42	NA	5.53	2.88	NA	22.87
35142	.....	A	Repair artery rupture, thigh	*15.86	NA	1.42	NA	5.91	3.24	NA	25.01
35151	.....	A	Repair defect of artery	*17.00	NA	1.31	NA	5.97	2.94	NA	25.91
35152	.....	A	Repair artery rupture, knee	*16.70	NA	1.31	NA	5.69	1.95	NA	24.34
35161	.....	A	Repair defect of artery	*18.76	NA	1.31	NA	6.40	3.15	NA	28.31
35162	.....	A	Repair artery rupture	*19.78	NA	1.31	NA	6.72	3.58	NA	30.08
35180	.....	A	Repair blood vessel lesion	*13.62	NA	1.29	NA	4.89	1.48	NA	19.99
35182	.....	A	Repair blood vessel lesion	*17.74	NA	1.31	NA	5.84	1.61	NA	25.19
35184	.....	A	Repair blood vessel lesion	*12.25	NA	1.31	NA	4.72	1.96	NA	18.93
35188	.....	A	Repair blood vessel lesion	*14.28	NA	1.31	NA	5.08	1.59	NA	20.95
35189	.....	A	Repair blood vessel lesion	*18.43	NA	1.31	NA	6.12	2.21	NA	26.76
35190	.....	A	Repair blood vessel lesion	*12.75	NA	1.31	NA	4.86	2.14	NA	19.75
35201	.....	A	Repair blood vessel lesion	*9.99	NA	1.29	NA	4.19	1.94	NA	16.12
35206	.....	A	Repair blood vessel lesion	*9.25	NA	1.90	NA	4.78	2.03	NA	16.06
35207	.....	A	Repair blood vessel lesion	*10.15	NA	1.90	NA	4.96	1.93	NA	17.04
35211	.....	A	Repair blood vessel lesion	*22.12	NA	2.45	NA	8.39	2.59	NA	33.10
35216	.....	A	Repair blood vessel lesion	*18.75	NA	2.49	NA	7.59	2.08	NA	28.42
35221	.....	A	Repair blood vessel lesion	*16.42	NA	1.31	NA	5.68	2.20	NA	24.30
35226	.....	A	Repair blood vessel lesion	*9.06	NA	1.42	NA	4.14	1.95	NA	15.15
35231	.....	A	Repair blood vessel lesion	*12.00	NA	1.29	NA	4.84	2.91	NA	19.75
35236	.....	A	Repair blood vessel lesion	*10.54	NA	1.90	NA	5.18	2.56	NA	18.28
35241	.....	A	Repair blood vessel lesion	*23.12	NA	2.49	NA	8.66	2.60	NA	34.38
35246	.....	A	Repair blood vessel lesion	*19.84	NA	2.49	NA	7.85	2.15	NA	29.84
35251	.....	A	Repair blood vessel lesion	*17.49	NA	1.31	NA	5.85	1.88	NA	25.22
35256	.....	A	Repair blood vessel lesion	*11.38	NA	1.42	NA	4.74	2.39	NA	18.51
35261	.....	A	Repair blood vessel lesion	*11.63	NA	1.29	NA	4.71	2.66	NA	19.00

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
35266	.....	A	Repair blood vessel lesion	*10.30	NA	1.90	NA	5.09	2.41	NA	17.80
35271	.....	A	Repair blood vessel lesion	*22.12	NA	2.49	NA	8.44	2.56	NA	33.12
35276	.....	A	Repair blood vessel lesion	*18.75	NA	2.49	NA	7.63	2.26	NA	28.64
35281	.....	A	Repair blood vessel lesion	*16.48	NA	1.31	NA	5.95	3.37	NA	25.80
35286	.....	A	Repair blood vessel lesion	*11.87	NA	1.42	NA	4.84	2.33	NA	19.04
35301	.....	A	Rechanneling of artery	*18.70	NA	1.29	NA	6.29	2.81	NA	27.80
35311	.....	A	Rechanneling of artery	*23.85	NA	1.41	NA	7.95	4.61	NA	36.41
35321	.....	A	Rechanneling of artery	*11.97	NA	1.31	NA	4.81	2.69	NA	19.47
35331	.....	A	Rechanneling of artery	*23.52	NA	1.51	NA	7.57	2.66	NA	33.75
35341	.....	A	Rechanneling of artery	*25.11	NA	1.51	NA	8.11	3.53	NA	36.75
35351	.....	A	Rechanneling of artery	*20.11	NA	1.31	NA	6.66	2.97	NA	29.74
35355	.....	A	Rechanneling of artery	*16.09	NA	1.51	NA	6.02	2.99	NA	25.10
35361	.....	A	Rechanneling of artery	*23.59	NA	1.51	NA	7.86	3.88	NA	35.33
35363	.....	A	Rechanneling of artery	*24.66	NA	1.51	NA	8.20	4.40	NA	37.26
35371	.....	A	Rechanneling of artery	*11.64	NA	1.31	NA	4.70	2.50	NA	18.84
35372	.....	A	Rechanneling of artery	*13.56	NA	1.42	NA	5.20	2.28	NA	21.04
35381	.....	A	Rechanneling of artery	*15.81	NA	1.55	NA	5.94	2.71	NA	24.46
35390	.....	A	Reoperation, carotid	3.19	NA	0.00	NA	0.78	0.39	NA	4.36
35450	.....	A	Repair arterial blockage	10.07	NA	0.16	NA	2.71	1.38	NA	14.16
35452	.....	A	Repair arterial blockage	6.91	NA	0.16	NA	1.85	0.61	NA	9.37
35454	.....	A	Repair arterial blockage	6.04	NA	0.16	NA	1.86	1.53	NA	9.43
35456	.....	A	Repair arterial blockage	7.35	NA	0.16	NA	2.18	1.69	NA	11.22
35458	.....	A	Repair arterial blockage	9.49	NA	0.16	NA	2.68	1.83	NA	14.00
35459	.....	A	Repair arterial blockage	8.63	NA	0.16	NA	2.46	1.69	NA	12.78
35460	.....	A	Repair venous blockage	6.04	NA	0.16	NA	1.68	0.74	NA	8.46
35470	.....	A	Repair arterial blockage	8.63	NA	0.16	NA	2.46	1.69	NA	12.78
35471	.....	A	Repair arterial blockage	10.07	NA	0.16	NA	2.71	1.38	NA	14.16
35472	.....	A	Repair arterial blockage	6.91	NA	0.16	NA	1.90	0.85	NA	9.66
35473	.....	A	Repair arterial blockage	6.04	NA	0.16	NA	1.86	1.53	NA	9.43
35474	.....	A	Repair arterial blockage	7.36	NA	0.16	NA	2.18	1.69	NA	11.23
35475	.....	R	Repair arterial blockage	9.49	NA	0.16	NA	2.68	1.83	NA	14.00
35476	.....	A	Repair venous blockage	6.04	NA	0.16	NA	1.68	0.74	NA	8.46
35480	.....	A	Atherectomy, open	11.08	NA	0.16	NA	2.93	1.38	NA	15.39
35481	.....	A	Atherectomy, open	7.61	NA	0.16	NA	2.00	0.61	NA	10.22
35482	.....	A	Atherectomy, open	6.65	NA	0.16	NA	1.99	1.53	NA	10.17
35483	.....	A	Atherectomy, open	8.10	NA	0.16	NA	2.34	1.69	NA	12.13
35484	.....	A	Atherectomy, open	10.44	NA	0.16	NA	2.89	1.83	NA	15.16
35485	.....	A	Atherectomy, open	9.49	NA	0.16	NA	2.51	1.06	NA	13.06
35490	.....	A	Atherectomy, percutaneous	11.08	NA	0.16	NA	2.93	1.38	NA	15.39
35491	.....	A	Atherectomy, percutaneous	7.61	NA	0.16	NA	2.00	0.61	NA	10.22
35492	.....	A	Atherectomy, percutaneous	6.65	NA	0.16	NA	1.99	1.53	NA	10.17
35493	.....	A	Atherectomy, percutaneous	8.10	NA	0.16	NA	2.34	1.69	NA	12.13
35494	.....	A	Atherectomy, percutaneous	10.44	NA	0.16	NA	2.89	1.83	NA	15.16
35495	.....	A	Atherectomy, percutaneous	9.49	NA	0.16	NA	2.51	1.06	NA	13.06
35501	.....	A	Artery bypass graft	*19.19	NA	1.29	NA	6.55	3.49	NA	29.23
35506	.....	A	Artery bypass graft	*19.67	NA	1.29	NA	6.68	3.64	NA	29.99
35507	.....	A	Artery bypass graft	*19.67	NA	1.29	NA	6.68	3.61	NA	29.96
35508	.....	A	Artery bypass graft	*18.65	NA	1.29	NA	6.41	3.43	NA	28.49
35509	.....	A	Artery bypass graft	*18.07	NA	1.29	NA	6.39	3.92	NA	28.38
35511	.....	A	Artery bypass graft	*16.83	NA	1.31	NA	5.71	1.92	NA	24.46
35515	.....	A	Artery bypass graft	*18.65	NA	1.29	NA	6.10	2.01	NA	26.76
35516	.....	A	Artery bypass graft	*16.32	NA	1.31	NA	5.95	3.54	NA	25.81
35518	.....	A	Artery bypass graft	*15.42	NA	1.31	NA	5.72	3.38	NA	24.52
35521	.....	A	Artery bypass graft	*16.17	NA	1.51	NA	6.11	3.34	NA	25.62
35526	.....	A	Artery bypass graft	*20.00	NA	1.41	NA	6.63	2.44	NA	29.07
35531	.....	A	Artery bypass graft	*25.61	NA	1.51	NA	8.30	3.90	NA	37.81
35533	.....	A	Artery bypass graft	*20.52	NA	1.51	NA	7.30	4.43	NA	32.25
35536	.....	A	Artery bypass graft	*23.11	NA	1.51	NA	7.81	4.17	NA	35.09
35541	.....	A	Artery bypass graft	*25.80	NA	1.51	NA	8.29	3.65	NA	37.74
35546	.....	A	Artery bypass graft	*25.54	NA	1.51	NA	8.37	4.26	NA	38.17
35548	.....	A	Artery bypass graft	*21.57	NA	1.51	NA	7.36	3.65	NA	32.58
35549	.....	A	Artery bypass graft	*23.35	NA	1.51	NA	7.89	4.26	NA	35.50
35551	.....	A	Artery bypass graft	*26.67	NA	1.51	NA	8.53	3.87	NA	39.07
35556	.....	A	Artery bypass graft	*21.76	NA	1.51	NA	7.42	3.71	NA	32.89
35558	.....	A	Artery bypass graft	*14.04	NA	1.54	NA	5.66	3.23	NA	22.93
35560	.....	A	Artery bypass graft	*23.56	NA	1.51	NA	7.86	3.93	NA	35.35
35563	.....	A	Artery bypass graft	*15.14	NA	1.31	NA	5.29	1.70	NA	22.13
35565	.....	A	Artery bypass graft	*15.14	NA	1.31	NA	5.69	3.51	NA	24.34
35566	.....	A	Artery bypass graft	*26.92	NA	3.04	NA	10.49	4.08	NA	41.49
35571	.....	A	Artery bypass graft	*18.58	NA	2.60	NA	8.09	3.87	NA	30.54
35582	.....	A	Vein bypass graft	*27.13	NA	1.31	NA	8.62	4.89	NA	40.64
35583	.....	A	Vein bypass graft	*22.37	NA	1.31	NA	7.41	4.13	NA	33.91
35585	.....	A	Vein bypass graft	*28.39	NA	2.39	NA	10.15	4.63	NA	43.17
35587	.....	A	Vein bypass graft	*19.05	NA	1.31	NA	6.68	4.13	NA	29.86

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
35601	.....	A	Artery bypass graft	*17.50	NA	1.29	NA	6.14	3.33	NA	26.97
35606	.....	A	Artery bypass graft	*18.71	NA	1.29	NA	6.45	3.51	NA	28.67
35612	.....	A	Artery bypass graft	*15.76	NA	1.31	NA	5.78	3.30	NA	24.84
35616	.....	A	Artery bypass graft	*15.70	NA	1.29	NA	5.77	3.42	NA	24.89
35621	.....	A	Artery bypass graft	*14.54	NA	1.51	NA	5.86	3.80	NA	24.20
35623	.....	A	Bypass graft, not vein	*16.62	NA	1.51	NA	5.89	1.88	NA	24.39
35626	.....	A	Artery bypass graft	*23.63	NA	1.29	NA	7.65	4.08	NA	35.36
35631	.....	A	Artery bypass graft	*24.60	NA	1.51	NA	8.01	3.57	NA	36.18
35636	.....	A	Artery bypass graft	*22.46	NA	1.31	NA	7.06	2.45	NA	31.97
35641	.....	A	Artery bypass graft	*24.57	NA	1.51	NA	8.11	4.08	NA	36.76
35642	.....	A	Artery bypass graft	*17.98	NA	1.29	NA	6.00	2.20	NA	26.18
35645	.....	A	Artery bypass graft	*17.47	NA	1.29	NA	5.85	2.05	NA	25.37
35646	.....	A	Artery bypass graft	*25.81	NA	1.51	NA	8.53	4.73	NA	39.07
35650	.....	A	Artery bypass graft	*14.36	NA	1.31	NA	5.53	3.56	NA	23.45
35651	.....	A	Artery bypass graft	*25.04	NA	1.51	NA	8.35	4.69	NA	38.08
35654	.....	A	Artery bypass graft	*18.61	NA	1.31	NA	6.65	4.42	NA	29.68
35656	.....	A	Artery bypass graft	*19.53	NA	1.31	NA	6.67	3.60	NA	29.80
35661	.....	A	Artery bypass graft	*13.18	NA	1.31	NA	5.21	3.30	NA	21.69
35663	.....	A	Artery bypass graft	*14.17	NA	1.51	NA	5.77	3.80	NA	23.74
35665	.....	A	Artery bypass graft	*15.40	NA	1.51	NA	5.99	3.57	NA	24.96
35666	.....	A	Artery bypass graft	*19.19	NA	2.74	NA	8.42	4.00	NA	31.61
35671	.....	A	Artery bypass graft	*14.80	NA	1.31	NA	5.74	4.08	NA	24.62
35681	.....	A	Artery bypass graft	8.05	NA	0.00	NA	2.53	3.52	NA	14.10
35691	.....	A	Arterial transposition	16.70	NA	1.29	NA	6.07	3.81	NA	26.58
35693	.....	A	Arterial transposition	14.01	NA	1.31	NA	5.09	1.91	NA	21.01
35694	.....	A	Arterial transposition	*18.44	NA	1.29	NA	6.09	2.17	NA	26.70
35695	.....	A	Arterial transposition	17.81	NA	1.29	NA	5.95	2.17	NA	25.93
35700	.....	A	Reoperation, bypass graft	3.08	NA	0.00	NA	0.76	0.38	NA	4.22
35701	.....	A	Exploration, carotid artery	*5.55	NA	1.31	NA	3.09	1.25	NA	9.89
35721	.....	A	Exploration, femoral artery	*5.28	NA	1.42	NA	3.13	1.11	NA	9.52
35741	.....	A	Exploration popliteal artery	*5.37	NA	1.59	NA	3.37	1.15	NA	9.89
35761	.....	A	Exploration of artery/vein	*5.37	NA	1.59	NA	3.36	1.14	NA	9.87
35800	.....	A	Explore neck vessels	*7.02	NA	1.31	NA	3.35	0.97	NA	11.34
35820	.....	A	Explore chest vessels	*12.88	NA	0.63	NA	3.90	1.43	NA	18.21
35840	.....	A	Explore abdominal vessels	*9.77	NA	1.31	NA	4.06	1.44	NA	15.27
35860	.....	A	Explore limb vessels	*5.55	NA	1.31	NA	3.07	1.15	NA	9.77
35870	.....	A	Repair vessel graft defect	*22.17	NA	1.31	NA	7.00	2.47	NA	31.64
35875	.....	A	Removal of clot in graft	*10.01	NA	1.90	NA	4.86	1.65	NA	16.52
35876	.....	A	Removal of clot in graft	*13.67	NA	1.90	NA	5.67	1.65	NA	20.99
35901	.....	A	Excision, graft, neck	*8.19	NA	1.90	NA	4.42	1.46	NA	14.07
35903	.....	A	Excision, graft, extremity	*9.39	NA	1.90	NA	4.69	1.46	NA	15.54
35905	.....	A	Excision, graft, thorax	*18.19	NA	2.73	NA	7.63	1.46	NA	27.28
35907	.....	A	Excision, graft, abdomen	*19.24	NA	1.31	NA	6.14	1.46	NA	26.84
36000	.....	A	Place needle in vein	0.18	0.29	0.05	0.40	0.11	0.04	0.62	0.33
36005	.....	A	Injection, venography	0.95	5.21	0.09	6.56	0.33	0.04	7.55	1.32
36010	.....	A	Place catheter in vein	2.43	NA	0.16	NA	0.80	0.31	NA	3.54
36011	.....	A	Place catheter in vein	3.14	NA	0.16	NA	0.93	0.22	NA	4.29
36012	.....	A	Place catheter in vein	3.52	NA	0.16	NA	1.04	0.32	NA	4.88
36013	.....	A	Place catheter in artery	2.52	NA	0.16	NA	0.82	0.31	NA	3.65
36014	.....	A	Place catheter in artery	3.02	NA	0.16	NA	0.92	0.27	NA	4.21
36015	.....	A	Place catheter in artery	3.52	NA	0.16	NA	1.04	0.32	NA	4.88
36100	.....	A	Establish access to artery	3.02	NA	0.16	NA	0.93	0.32	NA	4.27
36120	.....	A	Establish access to artery	2.01	NA	0.16	NA	0.70	0.30	NA	3.01
36140	.....	A	Establish access to artery	2.01	NA	0.16	NA	0.69	0.24	NA	2.94
36145	.....	A	Artery to vein shunt	2.01	NA	0.16	NA	0.75	0.49	NA	3.25
36160	.....	A	Establish access to aorta	2.52	NA	0.16	NA	0.83	0.35	NA	3.70
36200	.....	A	Place catheter in aorta	3.02	NA	0.16	NA	0.92	0.28	NA	4.22
36215	.....	A	Place catheter in artery	4.68	NA	0.16	NA	1.27	0.23	NA	6.18
36216	.....	A	Place catheter in artery	5.28	NA	0.16	NA	1.41	0.27	NA	6.96
36217	.....	A	Place catheter in artery	6.30	NA	0.16	NA	1.65	0.32	NA	8.27
36218	.....	A	Place catheter in artery	1.01	NA	0.01	NA	0.24	0.05	NA	1.30
36245	.....	A	Place catheter in artery	4.68	NA	0.16	NA	1.28	0.26	NA	6.22
36246	.....	A	Place catheter in artery	5.28	NA	0.16	NA	1.41	0.27	NA	6.96
36247	.....	A	Place catheter in artery	6.30	NA	0.16	NA	1.65	0.32	NA	8.27
36248	.....	A	Place catheter in artery	1.01	NA	0.01	NA	0.24	0.05	NA	1.30
36260	.....	A	Insertion of infusion pump	*9.71	NA	1.90	NA	4.75	1.41	NA	15.87
36261	.....	A	Revision of infusion pump	*5.45	NA	1.38	NA	2.96	0.42	NA	8.83
36262	.....	A	Removal of infusion pump	*4.02	NA	1.21	NA	2.45	0.40	NA	6.87
36400	.....	A	Drawing blood	0.18	0.30	0.05	0.40	0.10	0.01	0.59	0.29
36405	.....	A	Drawing blood	0.18	0.30	0.05	0.41	0.11	0.03	0.62	0.32
36406	.....	A	Drawing blood	0.18	0.30	0.05	0.40	0.10	0.01	0.59	0.29
36410	.....	A	Drawing blood	0.18	0.29	0.05	0.39	0.11	0.02	0.59	0.31
36420	.....	A	Establish access to vein	1.01	NA	0.05	NA	0.29	0.05	NA	1.35
36425	.....	A	Establish access to vein	0.76	0.27	0.05	0.50	0.23	0.01	1.27	1.00

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
36430	.....	A	Blood transfusion service	0.00	1.87	0.14	2.30	0.19	0.07	2.37	0.26
36440	.....	A	Blood transfusion service	1.03	NA	0.14	NA	0.41	0.07	NA	1.51
36450	.....	A	Exchange transfusion service	2.23	NA	0.14	NA	0.70	0.18	NA	3.11
36455	.....	A	Exchange transfusion service	2.43	NA	0.14	NA	0.75	0.22	NA	3.40
36460	.....	A	Transfusion service, fetal	6.59	NA	0.16	NA	1.88	1.09	NA	9.56
36470	.....	A	Injection therapy of vein	1.02	1.43	0.36	1.97	0.67	0.04	3.03	1.73
36471	.....	A	Injection therapy of veins	*1.57	1.11	0.44	1.71	0.89	0.05	3.33	2.51
36481	.....	A	Insertion of catheter, vein	6.99	NA	0.01	NA	1.68	0.61	NA	9.28
36488	.....	A	Insertion of catheter, vein	1.35	NA	0.05	NA	0.39	0.14	NA	1.88
36489	.....	A	Insertion of catheter, vein	1.22	0.66	0.05	1.11	0.37	0.17	2.50	1.76
36490	.....	A	Insertion of catheter, vein	1.67	NA	0.05	NA	0.47	0.20	NA	2.34
36491	.....	A	Insertion of catheter, vein	1.43	NA	0.05	NA	0.45	0.32	NA	2.20
36493	.....	A	Repositioning of cvc	1.21	NA	0.05	NA	0.36	0.16	NA	1.73
36500	.....	A	Insertion of catheter, vein	3.52	NA	0.05	NA	0.84	0.01	NA	4.37
36510	.....	A	Insertion of catheter, vein	1.09	NA	0.05	NA	0.31	0.02	NA	1.42
36520	.....	A	Plasma and/or cell exchange	1.74	NA	0.14	NA	0.58	0.12	NA	2.44
36522	.....	A	Photopheresis	1.67	2.26	0.14	3.20	0.62	0.37	5.24	2.66
36530	.....	R	Insertion of infusion pump	4.83	NA	1.30	NA	2.87	1.02	NA	8.72
36531	.....	R	Revision of infusion pump	4.80	NA	1.30	NA	2.70	0.27	NA	7.77
36532	.....	R	Removal of infusion pump	3.23	NA	0.66	NA	1.60	0.37	NA	5.20
36533	.....	A	Insertion of access port	*5.32	3.18	1.30	5.23	2.94	0.85	11.40	9.11
36534	.....	A	Revision of access port	2.73	NA	0.66	NA	1.45	0.21	NA	4.39
36535	.....	A	Removal of access port	2.22	1.28	1.06	2.13	1.86	0.38	4.73	4.46
36600	.....	A	Withdrawal of arterial blood	0.32	0.24	0.05	0.37	0.14	0.02	0.71	0.48
36620	.....	A	Insertion catheter, artery	1.15	NA	0.16	NA	0.48	0.14	NA	1.77
36625	.....	A	Insertion catheter, artery	2.11	NA	0.05	NA	0.56	0.18	NA	2.85
36640	.....	A	Insertion catheter, artery	2.10	NA	0.16	NA	0.75	0.40	NA	3.25
36660	.....	A	Insertion catheter, artery	1.40	NA	0.05	NA	0.38	0.04	NA	1.82
36680	.....	A	Insert needle, bone cavity	1.20	NA	0.13	NA	0.45	0.10	NA	1.75
36800	.....	A	Insertion of cannula	2.43	NA	0.16	NA	0.79	0.28	NA	3.50
36810	.....	A	Insertion of cannula	3.97	NA	0.16	NA	1.23	0.74	NA	5.94
36815	.....	A	Insertion of cannula	2.62	NA	0.16	NA	0.93	0.70	NA	4.25
36821	.....	A	Artery-vein fusion	*8.93	NA	1.59	NA	4.21	1.46	NA	14.60
36822	.....	A	Insertion of cannula(s)	*5.42	NA	2.33	NA	4.20	0.77	NA	10.39
36825	.....	A	Artery-vein graft	*9.84	NA	1.59	NA	4.58	2.21	NA	16.63
36830	.....	A	Artery-vein graft	*12.00	NA	1.56	NA	5.05	2.36	NA	19.41
36832	.....	A	Revise artery-vein fistula	*6.45	NA	1.59	NA	3.87	2.38	NA	12.70
36834	.....	A	Repair A-V aneurysm	9.32	NA	1.31	NA	4.01	1.66	NA	14.99
36835	.....	A	Artery to vein shunt	*7.15	NA	1.59	NA	3.68	0.79	NA	11.62
36860	.....	A	Cannula declotting	2.01	3.18	0.16	4.41	0.73	0.43	6.85	3.17
36861	.....	A	Cannula declotting	2.52	NA	0.16	NA	0.97	1.01	NA	4.50
37140	.....	A	Revision of circulation	*23.60	NA	1.31	NA	7.50	3.34	NA	34.44
37145	.....	A	Revision of circulation	*24.61	NA	1.51	NA	7.61	1.72	NA	33.94
37160	.....	A	Revision of circulation	*21.60	NA	1.31	NA	7.16	3.79	NA	32.55
37180	.....	A	Revision of circulation	*24.61	NA	1.31	NA	7.60	2.76	NA	34.97
37181	.....	A	Splice spleen/kidney veins	*26.68	NA	1.31	NA	8.22	3.52	NA	38.42
37200	.....	A	Transcatheter biopsy	4.56	NA	0.16	NA	1.23	0.13	NA	5.92
37201	.....	A	Transcatheter therapy infuse	5.00	NA	0.16	NA	1.43	0.64	NA	7.07
37202	.....	A	Transcatheter therapy infuse	5.68	NA	0.16	NA	1.55	0.50	NA	7.73
37203	.....	A	Transcatheter retrieval	5.03	NA	0.16	NA	1.40	0.45	NA	6.88
37204	.....	A	Transcatheter occlusion	18.14	NA	0.16	NA	4.52	1.60	NA	24.26
37205	.....	A	Transcatheter stent	8.28	NA	0.16	NA	2.10	0.42	NA	10.80
37206	.....	A	Transcatheter stent	4.13	NA	0.00	NA	0.95	0.21	NA	5.29
37207	.....	A	Transcatheter stent	8.28	NA	0.16	NA	2.10	0.42	NA	10.80
37208	.....	A	Transcatheter stent	4.13	NA	0.00	NA	0.95	0.21	NA	5.29
37209	.....	A	Exchange arterial catheter	2.27	NA	0.16	NA	0.72	0.11	NA	3.10
37250	.....	A	Intravascular us	1.51	NA	0.00	NA	0.36	0.13	NA	2.00
37251	.....	A	Intravascular us	1.15	NA	0.00	NA	0.27	0.10	NA	1.52
37565	.....	A	Ligation of neck vein	*4.44	NA	0.89	NA	2.22	0.74	NA	7.40
37600	.....	A	Ligation of neck artery	*4.57	NA	1.29	NA	2.75	0.80	NA	8.12
37605	.....	A	Ligation of neck artery	*6.19	NA	1.29	NA	3.16	1.04	NA	10.39
37606	.....	A	Ligation of neck artery	*6.28	NA	1.29	NA	3.11	0.72	NA	10.11
37607	.....	A	Ligation of fistula	*6.16	NA	0.87	NA	2.56	0.71	NA	9.43
37609	.....	A	Temporal artery procedure	*2.30	3.24	1.20	4.54	2.05	0.38	7.22	4.73
37615	.....	A	Ligation of neck artery	*5.73	NA	2.49	NA	4.53	1.11	NA	11.37
37616	.....	A	Ligation of chest artery	*16.49	NA	2.50	NA	6.84	0.83	NA	24.16
37617	.....	A	Ligation of abdomen artery	*15.95	NA	2.50	NA	6.87	1.54	NA	24.36
37618	.....	A	Ligation of extremity artery	*4.84	NA	1.54	NA	3.17	1.06	NA	9.07
37620	.....	A	Revision of major vein	*10.56	NA	0.65	NA	3.43	1.48	NA	15.47
37650	.....	A	Revision of major vein	*5.13	NA	1.19	NA	2.69	0.52	NA	8.34
37660	.....	A	Revision of major vein	*10.61	NA	1.60	NA	4.51	1.07	NA	16.19
37700	.....	A	Revise leg vein	*3.73	NA	1.32	NA	2.59	0.73	NA	7.05
37720	.....	A	Removal of leg vein	*5.66	NA	1.27	NA	3.02	1.04	NA	9.72
37730	.....	A	Removal of leg veins	*7.33	NA	1.46	NA	3.69	1.40	NA	12.42

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
37735	.....	A	Removal of leg veins/lesion	*10.53	NA	1.46	NA	4.45	1.68	NA	16.66
37760	.....	A	Revision of leg veins	*10.47	NA	1.45	NA	4.39	1.52	NA	16.38
37780	.....	A	Revision of leg vein	*3.84	NA	1.19	NA	2.37	0.35	NA	6.56
37785	.....	A	Revise secondary varicosity	*3.88	1.09	1.09	2.22	2.22	0.18	6.28	6.28
37788	.....	A	Revascularization, penis	*22.01	NA	2.80	NA	8.56	1.48	NA	32.05
37790	.....	A	Penile venous occlusion	*8.34	NA	2.22	NA	4.66	0.55	NA	13.55
38100	.....	A	Removal of spleen, total	*13.01	NA	1.39	NA	4.94	1.81	NA	19.76
38101	.....	A	Removal of spleen, partial	*13.74	NA	1.39	NA	5.03	1.51	NA	20.28
38102	.....	A	Removal of spleen, total	4.80	NA	0.00	NA	1.18	0.58	NA	6.56
38115	.....	A	Repair of ruptured spleen	*14.19	NA	1.39	NA	5.12	1.49	NA	20.80
38200	.....	A	Injection for spleen x-ray	2.64	NA	0.16	NA	0.81	0.15	NA	3.60
38230	.....	R	Bone marrow collection	*4.54	NA	0.78	NA	2.00	0.21	NA	6.75
38231	.....	R	Stem cell collection	1.50	NA	0.30	NA	0.71	0.08	NA	2.29
38240	.....	R	Bone marrow/stem transplant	2.24	NA	0.16	NA	0.72	0.14	NA	3.10
38241	.....	R	Bone marrow/stem transplant	2.24	NA	0.16	NA	0.72	0.13	NA	3.09
38300	.....	A	Drainage lymph node lesion	*1.53	2.08	1.18	2.89	1.80	0.10	4.52	3.43
38305	.....	A	Drainage lymph node lesion	*4.61	2.85	1.91	4.57	3.41	0.36	9.54	8.38
38308	.....	A	Incision of lymph channels	*4.95	NA	1.49	NA	3.00	0.45	NA	8.40
38380	.....	A	Thoracic duct procedure	*7.46	NA	1.86	NA	4.07	0.76	NA	12.29
38381	.....	A	Thoracic duct procedure	*12.88	NA	2.39	NA	6.07	1.50	NA	20.45
38382	.....	A	Thoracic duct procedure	*10.08	NA	3.64	NA	6.89	1.13	NA	18.10
38500	.....	A	Biopsy/removal,lymph node(s)	*2.88	1.08	1.03	2.02	1.95	0.31	5.21	5.14
38505	.....	A	Needle biopsy, lymph node(s)	1.14	1.57	0.16	2.20	0.49	0.17	3.51	1.80
38510	.....	A	Biopsy/removal,lymph node(s)	*4.14	NA	1.64	NA	3.01	0.45	NA	7.60
38520	.....	A	Biopsy/removal,lymph node(s)	*5.12	NA	1.64	NA	3.24	0.56	NA	8.92
38525	.....	A	Biopsy/removal,lymph node(s)	*4.66	NA	1.64	NA	3.14	0.53	NA	8.33
38530	.....	A	Biopsy/removal,lymph node(s)	*6.13	NA	1.64	NA	3.48	0.65	NA	10.26
38542	.....	A	Explore deep node(s), neck	*5.91	NA	1.64	NA	3.42	0.59	NA	9.92
38550	.....	A	Removal neck/armpit lesion	*6.73	NA	1.64	NA	3.61	0.63	NA	10.97
38555	.....	A	Removal neck/armpit lesion	*14.27	NA	2.02	NA	5.89	1.38	NA	21.54
38562	.....	A	Removal, pelvic lymph nodes	*10.49	NA	1.72	NA	4.66	1.20	NA	16.35
38564	.....	A	Removal, abdomen lymph nodes ...	*10.83	NA	1.72	NA	4.80	1.51	NA	17.14
38700	.....	A	Removal of lymph nodes, neck	*8.24	NA	5.25	NA	8.49	1.31	NA	18.04
38720	.....	A	Removal of lymph nodes, neck	*13.61	NA	5.25	NA	9.82	2.04	NA	25.47
38724	.....	A	Removal of lymph nodes, neck	*14.54	NA	5.25	NA	10.02	2.00	NA	26.56
38740	.....	A	Remove armpit lymph nodes	*6.77	NA	1.62	NA	3.68	1.00	NA	11.45
38745	.....	A	Remove armpits lymph nodes	*8.84	NA	2.34	NA	5.18	1.76	NA	15.78
38746	.....	A	Remove thoracic lymph nodes	4.39	NA	0.00	NA	1.08	0.53	NA	6.00
38747	.....	A	Remove abdominal lymph nodes ...	4.89	NA	0.00	NA	1.20	0.59	NA	6.68
38760	.....	A	Remove groin lymph nodes	*8.74	NA	1.64	NA	4.21	1.35	NA	14.30
38765	.....	A	Remove groin lymph nodes	*16.06	NA	2.69	NA	7.33	2.42	NA	25.81
38770	.....	A	Remove pelvis lymph nodes	*13.23	NA	1.72	NA	5.38	1.73	NA	20.34
38780	.....	A	Remove abdomen lymph nodes	*16.59	NA	1.72	NA	6.42	3.13	NA	26.14
38790	.....	A	Injection for lymphatic x-ray	1.29	7.65	0.16	9.65	0.52	0.19	11.13	2.00
38794	.....	A	Access thoracic lymph duct	*4.45	NA	1.63	NA	3.05	0.38	NA	7.88
39000	.....	A	Exploration of chest	*6.10	NA	2.39	NA	4.49	1.08	NA	11.67
39010	.....	A	Exploration of chest	*11.79	NA	2.39	NA	5.96	2.08	NA	19.83
39200	.....	A	Removal chest lesion	*13.62	NA	2.39	NA	6.37	2.14	NA	22.13
39220	.....	A	Removal chest lesion	*17.42	NA	2.39	NA	7.35	2.83	NA	27.60
39400	.....	A	Visualization of chest	*5.61	NA	2.30	NA	4.24	0.95	NA	10.80
39501	.....	A	Repair diaphragm laceration	*13.19	NA	1.55	NA	5.24	2.10	NA	20.53
39502	.....	A	Repair paraesophageal hernia	*16.33	NA	1.55	NA	6.00	2.45	NA	24.78
39503	.....	A	Repair of diaphragm hernia	*34.85	NA	1.55	NA	10.17	2.94	NA	47.96
39520	.....	A	Repair of diaphragm hernia	*16.10	NA	3.22	NA	7.99	2.46	NA	26.55
39530	.....	A	Repair of diaphragm hernia	*15.41	NA	2.86	NA	7.46	2.71	NA	25.58
39531	.....	A	Repair of diaphragm hernia	*16.42	NA	2.82	NA	7.43	1.80	NA	25.65
39540	.....	A	Repair of diaphragm hernia	*13.32	NA	2.82	NA	6.91	2.51	NA	22.74
39541	.....	A	Repair of diaphragm hernia	*14.41	NA	2.82	NA	7.12	2.37	NA	23.90
39545	.....	A	Revision of diaphragm	*13.37	NA	2.82	NA	6.66	1.31	NA	21.34
40490	.....	A	Biopsy of lip	1.22	1.21	0.16	1.76	0.48	0.07	3.05	1.77
40500	.....	A	Partial excision of lip	*4.28	2.05	1.75	3.64	3.28	0.94	8.86	8.50
40510	.....	A	Partial excision of lip	*4.70	2.61	2.04	4.39	3.70	0.83	9.92	9.23
40520	.....	A	Partial excision of lip	*4.67	2.61	2.04	4.35	3.66	0.68	9.70	9.01
40525	.....	A	Reconstruct lip with flap	*7.55	NA	2.05	NA	4.46	1.43	NA	13.44
40527	.....	A	Reconstruct lip with flap	*9.13	NA	2.05	NA	4.86	1.65	NA	15.64
40530	.....	A	Partial removal of lip	*5.40	2.04	1.71	3.83	3.43	0.74	9.97	9.57
40650	.....	A	Repair lip	*3.64	1.95	1.71	3.31	3.03	0.65	7.60	7.32
40652	.....	A	Repair lip	*4.26	2.31	2.05	3.93	3.60	0.79	8.98	8.65
40654	.....	A	Repair lip	*5.31	2.35	2.05	4.25	3.88	1.00	10.56	10.19
40700	.....	A	Repair cleft lip/nasal	*12.79	NA	2.05	NA	5.58	1.28	NA	19.65
40701	.....	A	Repair cleft lip/nasal	*15.85	NA	2.05	NA	6.32	1.62	NA	23.79
40702	.....	A	Repair cleft lip/nasal	*13.04	NA	2.05	NA	5.59	1.10	NA	19.73
40720	.....	A	Repair cleft lip/nasal	*13.55	NA	2.05	NA	5.86	1.79	NA	21.20
40761	.....	A	Repair cleft lip/nasal	*14.72	NA	2.05	NA	6.10	1.74	NA	22.56

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
40800	.....	A	Drainage of mouth lesion	1.12	1.23	1.09	1.76	1.59	0.07	2.95	2.78
40801	.....	A	Drainage of mouth lesion	2.48	1.26	0.90	2.12	1.67	0.16	4.76	4.31
40804	.....	A	Removal foreign body, mouth	1.19	1.27	1.16	1.83	1.69	0.06	3.08	2.94
40805	.....	A	Removal foreign body, mouth	2.64	1.46	1.16	2.42	2.06	0.30	5.36	5.00
40806	.....	A	Incision of lip fold	0.31	0.64	0.16	0.86	0.27	0.03	1.20	0.61
40808	.....	A	Biopsy of mouth lesion	0.91	1.23	1.16	1.72	1.63	0.08	2.71	2.62
40810	.....	A	Excision of mouth lesion	1.26	1.55	1.16	2.19	1.72	0.11	3.56	3.09
40812	.....	A	Excise/repair mouth lesion	2.26	1.60	1.16	2.48	1.94	0.14	4.88	4.34
40814	.....	A	Excise/repair mouth lesion	3.27	2.24	1.75	3.52	2.92	0.32	7.11	6.51
40816	.....	A	Excision of mouth lesion	3.52	2.41	1.71	3.79	2.93	0.33	7.64	6.78
40818	.....	A	Excise oral mucosa for graft	2.26	2.19	1.75	3.21	2.68	0.20	5.67	5.14
40819	.....	A	Excise lip or cheek fold	2.26	2.15	1.75	3.15	2.66	0.14	5.55	5.06
40820	.....	A	Treatment of mouth lesion	1.23	1.26	1.16	1.82	1.70	0.06	3.11	2.99
40830	.....	A	Repair mouth laceration	1.71	1.26	1.16	1.93	1.81	0.07	3.71	3.59
40831	.....	A	Repair mouth laceration	2.41	1.31	1.16	2.18	1.99	0.21	4.80	4.61
40840	.....	R	Reconstruction of mouth	*8.73	2.04	1.71	4.56	4.16	0.73	14.02	13.62
40842	.....	R	Reconstruction of mouth	*8.73	1.99	1.71	4.49	4.16	0.73	13.95	13.62
40843	.....	R	Reconstruction of mouth	*12.10	2.13	1.71	5.47	4.96	1.03	18.60	18.09
40844	.....	R	Reconstruction of mouth	*16.01	2.13	1.71	6.40	5.89	1.36	23.77	23.26
40845	.....	R	Reconstruction of mouth	*18.58	2.55	2.05	7.60	6.99	1.93	28.11	27.50
41000	.....	A	Drainage of mouth lesion	*1.30	1.23	0.90	1.81	1.40	0.08	3.19	2.78
41005	.....	A	Drainage of mouth lesion	*1.26	1.23	0.90	1.79	1.38	0.07	3.12	2.71
41006	.....	A	Drainage of mouth lesion	*3.24	1.83	1.49	2.97	2.55	0.11	6.32	5.90
41007	.....	A	Drainage of mouth lesion	*3.10	1.86	1.49	3.02	2.56	0.30	6.42	5.96
41008	.....	A	Drainage of mouth lesion	*3.37	1.86	1.49	3.04	2.58	0.11	6.52	6.06
41009	.....	A	Drainage of mouth lesion	*3.59	1.86	1.49	3.13	2.67	0.34	7.06	6.60
41010	.....	A	Incision of tongue fold	*1.06	1.83	1.75	2.48	2.38	0.04	3.58	3.48
41015	.....	A	Drainage of mouth lesion	*3.96	1.96	1.49	3.27	2.70	0.10	7.33	6.76
41016	.....	A	Drainage of mouth lesion	*4.07	1.91	1.49	3.30	2.79	0.38	7.75	7.24
41017	.....	A	Drainage of mouth lesion	*4.07	1.91	1.49	3.24	2.74	0.14	7.45	6.95
41018	.....	A	Drainage of mouth lesion	*5.10	1.91	1.49	3.52	3.01	0.38	9.00	8.49
41100	.....	A	Biopsy of tongue	*1.63	1.23	1.16	1.88	1.79	0.08	3.59	3.50
41105	.....	A	Biopsy of tongue	*1.42	1.23	1.16	1.84	1.75	0.12	3.38	3.29
41108	.....	A	Biopsy of floor of mouth	*1.05	1.14	1.08	1.64	1.57	0.09	2.78	2.71
41110	.....	A	Excision of tongue lesion	*1.51	1.55	1.16	2.25	1.78	0.15	3.91	3.44
41112	.....	A	Excision of tongue lesion	*2.73	1.82	1.44	2.87	2.40	0.23	5.83	5.36
41113	.....	A	Excision of tongue lesion	*3.19	1.90	1.71	3.10	2.87	0.37	6.66	6.43
41114	.....	A	Excision of tongue lesion	*8.47	NA	1.71	NA	4.10	0.73	NA	13.30
41115	.....	A	Excision of tongue fold	*1.74	1.50	1.16	2.24	1.83	0.17	4.15	3.74
41116	.....	A	Excision of mouth lesion	*2.44	1.82	1.44	2.82	2.34	0.27	5.53	5.05
41120	.....	A	Partial removal of tongue	*9.77	NA	2.05	NA	4.83	0.88	NA	15.48
41130	.....	A	Partial removal of tongue	*11.15	NA	2.05	NA	5.19	1.14	NA	17.48
41135	.....	A	Tongue and neck surgery	*23.09	NA	2.05	NA	8.13	2.64	NA	33.86
41140	.....	A	Removal of tongue	*25.50	NA	2.36	NA	9.00	2.45	NA	36.95
41145	.....	A	Tongue removal; neck surgery	*30.06	NA	2.70	NA	10.52	2.95	NA	43.53
41150	.....	A	Tongue, mouth, jaw surgery	*23.04	NA	2.70	NA	8.88	2.46	NA	34.38
41153	.....	A	Tongue, mouth, neck surgery	*23.77	NA	2.70	NA	9.16	3.03	NA	35.96
41155	.....	A	Tongue, jaw, & neck surgery	*27.72	NA	2.70	NA	10.19	3.75	NA	41.66
41250	.....	A	Repair tongue laceration	*1.91	1.26	0.90	1.98	1.54	0.11	4.00	3.56
41251	.....	A	Repair tongue laceration	*2.27	1.31	0.90	2.15	1.64	0.21	4.63	4.12
41252	.....	A	Repair tongue laceration	*2.97	1.31	0.90	2.31	1.80	0.26	5.54	5.03
41500	.....	A	Fixation of tongue	*3.71	NA	1.44	NA	2.62	0.26	NA	6.59
41510	.....	A	Tongue to lip surgery	*3.42	NA	2.04	NA	3.33	0.45	NA	7.20
41520	.....	A	Reconstruction, tongue fold	*2.73	1.54	1.44	2.53	2.41	0.28	5.54	5.42
41800	.....	A	Drainage of gum lesion	1.12	1.23	0.90	1.76	1.35	0.07	2.95	2.54
41805	.....	A	Removal foreign body, gum	1.19	1.26	1.16	1.82	1.69	0.08	3.09	2.96
41806	.....	A	Removal foreign body, jawbone	2.64	1.31	1.16	2.21	2.03	0.15	5.00	4.82
41822	.....	R	Excision of gum lesion	2.26	1.60	1.09	2.50	1.88	0.25	5.01	4.39
41823	.....	R	Excision of gum lesion	3.15	1.93	1.44	3.11	2.52	0.34	6.60	6.01
41825	.....	A	Excision of gum lesion	1.26	1.55	1.16	2.19	1.72	0.14	3.59	3.12
41826	.....	A	Excision of gum lesion	2.26	1.55	1.16	2.42	1.95	0.18	4.86	4.39
41827	.....	A	Excision of gum lesion	3.27	1.93	1.44	3.15	2.55	0.38	6.80	6.20
41828	.....	R	Excision of gum lesion	3.04	1.66	1.16	2.76	2.15	0.33	6.13	5.52
41830	.....	R	Removal of gum tissue	3.30	1.50	1.16	2.63	2.22	0.36	6.29	5.88
41872	.....	R	Repair gum	2.44	1.64	1.44	2.59	2.34	0.27	5.30	5.05
41874	.....	R	Repair tooth socket	2.94	1.40	1.16	2.42	2.13	0.32	5.68	5.39
42000	.....	A	Drainage mouth roof lesion	*1.23	1.22	0.90	1.77	1.38	0.06	3.06	2.67
42100	.....	A	Biopsy roof of mouth	*1.31	1.14	1.08	1.70	1.62	0.08	3.09	3.01
42104	.....	A	Excision lesion, mouth roof	*1.64	1.26	1.16	1.94	1.81	0.17	3.75	3.62
42106	.....	A	Excision lesion, mouth roof	*2.10	1.55	1.16	2.39	1.92	0.21	4.70	4.23
42107	.....	A	Excision lesion, mouth roof	*4.44	2.03	1.44	3.55	2.83	0.50	8.49	7.77
42120	.....	A	Remove palate/lesion	*6.17	NA	1.71	NA	3.66	1.01	NA	10.84
42140	.....	A	Excision of uvula	*1.62	1.54	1.44	2.26	2.14	0.15	4.03	3.91
42145	.....	A	Repair, palate, pharynx/uvula	*8.05	NA	1.71	NA	4.17	1.45	NA	13.67

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
42160	.....	A	Treatment mouth roof lesion	*1.80	1.30	1.16	2.02	1.85	0.16	3.98	3.81
42180	.....	A	Repair palate	*2.50	1.31	0.90	2.21	1.70	0.26	4.97	4.46
42182	.....	A	Repair palate	*3.83	1.38	0.90	2.60	2.02	0.38	6.81	6.23
42200	.....	A	Reconstruct cleft palate	*12.00	NA	2.05	NA	5.31	0.85	NA	18.16
42205	.....	A	Reconstruct cleft palate	*9.59	NA	1.71	NA	4.36	0.79	NA	14.74
42210	.....	A	Reconstruct cleft palate	*14.50	NA	2.05	NA	5.88	0.95	NA	21.33
42215	.....	A	Reconstruct cleft palate	*8.82	NA	2.05	NA	4.62	0.86	NA	14.30
42220	.....	A	Reconstruct cleft palate	*7.02	NA	1.71	NA	3.80	0.81	NA	11.63
42225	.....	A	Reconstruct cleft palate	*9.54	NA	2.05	NA	4.82	1.08	NA	15.44
42226	.....	A	Lengthening of palate	*10.01	NA	2.05	NA	4.88	0.86	NA	15.75
42227	.....	A	Lengthening of palate	*9.52	NA	1.71	NA	4.26	0.38	NA	14.16
42235	.....	A	Repair palate	*7.87	NA	1.71	NA	3.92	0.49	NA	12.28
42260	.....	A	Repair nose to lip fistula	*9.80	2.04	1.71	4.73	4.33	0.44	14.97	14.57
42280	.....	A	Preparation, palate mold	*1.54	0.84	0.84	1.39	1.39	0.17	3.10	3.10
42281	.....	A	Insertion, palate prosthesis	*1.93	0.84	0.84	1.47	1.47	0.15	3.55	3.55
42300	.....	A	Drainage of salivary gland	*1.93	1.12	0.88	1.82	1.52	0.12	3.87	3.57
42305	.....	A	Drainage of salivary gland	*6.07	NA	1.46	NA	3.17	0.27	NA	9.51
42310	.....	A	Drainage of salivary gland	*1.56	1.10	0.88	1.71	1.44	0.12	3.39	3.12
42320	.....	A	Drainage of salivary gland	*2.35	1.15	0.88	1.97	1.63	0.22	4.54	4.20
42325	.....	A	Create salivary cyst drain	*2.75	1.41	1.33	2.36	2.27	0.20	5.31	5.22
42326	.....	A	Create salivary cyst drain	*3.78	1.76	1.33	3.05	2.53	0.33	7.16	6.64
42330	.....	A	Removal of salivary stone	*2.21	1.13	1.13	1.89	1.89	0.12	4.22	4.22
42335	.....	A	Removal of salivary stone	*3.31	1.42	1.42	2.51	2.51	0.27	6.09	6.09
42340	.....	A	Removal of salivary stone	*4.60	1.78	1.71	3.28	3.19	0.45	8.33	8.24
42400	.....	A	Biopsy of salivary gland	0.78	0.43	0.16	0.71	0.39	0.10	1.59	1.27
42405	.....	A	Biopsy of salivary gland	*3.29	1.16	1.14	2.18	2.15	0.19	5.66	5.63
42408	.....	A	Excision of salivary cyst	*4.54	1.78	1.71	3.25	3.16	0.38	8.17	8.08
42409	.....	A	Drainage of salivary cyst	*2.81	1.40	1.40	2.38	2.38	0.30	5.49	5.49
42410	.....	A	Excise parotid gland/lesion	*9.34	NA	2.00	NA	4.68	0.92	NA	14.94
42415	.....	A	Excise parotid gland/lesion	*16.89	NA	2.00	NA	6.50	1.68	NA	25.07
42420	.....	A	Excise parotid gland/lesion	*19.59	NA	2.00	NA	7.14	1.87	NA	28.60
42425	.....	A	Excise parotid gland/lesion	*13.02	NA	2.00	NA	5.60	1.43	NA	20.05
42426	.....	A	Excise parotid gland/lesion	*21.26	NA	2.00	NA	7.79	3.21	NA	32.26
42440	.....	A	Excision submaxillary gland	*6.97	NA	1.42	NA	3.47	0.99	NA	11.43
42450	.....	A	Excision sublingual gland	*4.62	2.11	1.71	3.66	3.18	0.35	8.63	8.15
42500	.....	A	Repair salivary duct	*4.30	2.10	1.71	3.61	3.14	0.50	8.41	7.94
42505	.....	A	Repair salivary duct	*6.18	2.16	1.71	4.18	3.63	0.86	11.22	10.67
42507	.....	A	Parotid duct diversion	*6.11	NA	1.71	NA	3.57	0.67	NA	10.35
42508	.....	A	Parotid duct diversion	*9.10	NA	2.00	NA	4.63	0.94	NA	14.67
42509	.....	A	Parotid duct diversion	*11.54	NA	2.00	NA	5.23	1.23	NA	18.00
42510	.....	A	Parotid duct diversion	*8.15	NA	1.70	NA	4.04	0.84	NA	13.03
42550	.....	A	Injection for salivary x-ray	1.25	4.01	0.09	5.18	0.39	0.04	6.47	1.68
42600	.....	A	Closure of salivary fistula	*4.82	2.12	1.71	3.74	3.24	0.46	9.02	8.52
42650	.....	A	Dilation of salivary duct	0.77	0.51	0.16	0.80	0.38	0.04	1.61	1.19
42660	.....	A	Dilation of salivary duct	1.13	0.53	0.16	0.91	0.46	0.06	2.10	1.65
42665	.....	A	Ligation of salivary duct	*2.53	1.72	1.42	2.71	2.34	0.25	5.49	5.12
42700	.....	A	Drainage of tonsil abscess	*1.62	1.26	0.90	1.92	1.47	0.10	3.64	3.19
42720	.....	A	Drainage of throat abscess	*5.42	1.38	1.16	2.91	2.65	0.22	8.55	8.29
42725	.....	A	Drainage of throat abscess	*10.72	NA	1.71	NA	4.55	0.53	NA	15.80
42800	.....	A	Biopsy of throat	*1.39	1.17	1.13	1.75	1.70	0.08	3.22	3.17
42802	.....	A	Biopsy of throat	*1.54	1.23	1.16	1.87	1.78	0.12	3.53	3.44
42804	.....	A	Biopsy of upper nose/throat	*1.24	1.22	1.16	1.79	1.72	0.13	3.16	3.09
42806	.....	A	Biopsy of upper nose/throat	*1.58	1.31	1.16	1.98	1.80	0.16	3.72	3.54
42808	.....	A	Excise pharynx lesion	*2.30	1.64	1.16	2.57	1.98	0.29	5.16	4.57
42809	.....	A	Remove pharynx foreign body	*1.81	1.31	0.90	2.02	1.51	0.08	3.91	3.40
42810	.....	A	Excision of neck cyst	*3.33	2.19	1.75	3.50	2.97	0.47	7.30	6.77
42815	.....	A	Excision of neck cyst	*7.23	NA	1.71	NA	3.92	1.12	NA	12.27
42820	.....	A	Remove tonsils and adenoids	*3.91	NA	1.16	NA	2.34	0.32	NA	6.57
42821	.....	A	Remove tonsils and adenoids	*4.29	NA	1.16	NA	2.46	0.46	NA	7.21
42825	.....	A	Removal of tonsils	*3.42	NA	1.16	NA	2.24	0.33	NA	5.99
42826	.....	A	Removal of tonsils	*3.38	NA	1.16	NA	2.25	0.43	NA	6.06
42830	.....	A	Removal of adenoids	*2.57	NA	0.90	NA	1.72	0.27	NA	4.56
42831	.....	A	Removal of adenoids	*2.71	NA	0.90	NA	1.74	0.25	NA	4.70
42835	.....	A	Removal of adenoids	*2.30	NA	1.16	NA	1.94	0.10	NA	4.34
42836	.....	A	Removal of adenoids	*3.18	NA	1.16	NA	2.18	0.31	NA	5.67
42842	.....	A	Extensive surgery of throat	*8.76	NA	1.71	NA	4.17	0.73	NA	13.66
42844	.....	A	Extensive surgery of throat	*14.31	NA	2.05	NA	5.91	1.27	NA	21.49
42845	.....	A	Extensive surgery of throat	*24.29	NA	2.36	NA	8.69	2.22	NA	35.20
42860	.....	A	Excision of tonsil tags	*2.22	NA	1.16	NA	1.95	0.21	NA	4.38
42870	.....	A	Excision of lingual tonsil	*5.40	NA	1.75	NA	3.38	0.26	NA	9.04
42890	.....	A	Partial removal of pharynx	*12.94	NA	2.05	NA	5.56	1.03	NA	19.53
42892	.....	A	Revision of pharyngeal walls	*15.83	NA	2.05	NA	6.24	1.27	NA	23.34
42894	.....	A	Revision of pharyngeal walls	*22.88	NA	2.36	NA	8.29	1.83	NA	33.00
42900	.....	A	Repair throat wound	*5.25	NA	0.90	NA	2.35	0.48	NA	8.08

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
42950	.....	A	Reconstruction of throat	*8.10	NA	1.71	NA	4.10	1.10	NA	13.30
42953	.....	A	Repair throat, esophagus	*8.96	NA	2.05	NA	4.66	0.93	NA	14.55
42955	.....	A	Surgical opening of throat	*7.39	NA	1.75	NA	3.85	0.43	NA	11.67
42960	.....	A	Control throat bleeding	*2.33	NA	0.86	NA	1.58	0.12	NA	4.03
42961	.....	A	Control throat bleeding	*5.59	NA	1.44	NA	3.02	0.19	NA	8.80
42962	.....	A	Control throat bleeding	*7.14	NA	1.44	NA	3.46	0.68	NA	11.28
42970	.....	A	Control nose/throat bleeding	*5.43	NA	1.13	NA	2.59	0.10	NA	8.12
42971	.....	A	Control nose/throat bleeding	*6.21	NA	1.44	NA	3.19	0.34	NA	9.74
42972	.....	A	Control nose/throat bleeding	*7.20	NA	1.13	NA	3.12	0.73	NA	11.05
43020	.....	A	Incision of esophagus	*8.09	NA	1.71	NA	4.01	0.71	NA	12.81
43030	.....	A	Throat muscle surgery	*7.69	NA	1.71	NA	4.04	1.21	NA	12.94
43045	.....	A	Incision of esophagus	*20.12	NA	1.55	NA	6.81	2.36	NA	29.29
43100	.....	A	Excision of esophagus lesion	*9.19	NA	1.55	NA	4.11	0.95	NA	14.25
43101	.....	A	Excision of esophagus lesion	*16.24	NA	1.55	NA	5.86	1.88	NA	23.98
43107	.....	A	Removal of esophagus	*28.79	NA	1.88	NA	9.57	4.42	NA	42.78
43108	.....	A	Removal of esophagus	*34.19	NA	1.88	NA	10.83	4.77	NA	49.79
43112	.....	A	Removal of esophagus	*31.22	NA	1.88	NA	10.06	4.22	NA	45.50
43113	.....	A	Removal of esophagus	*35.27	NA	1.88	NA	11.07	4.77	NA	51.11
43116	.....	A	Partial removal of esophagus	*31.22	NA	1.88	NA	10.18	4.77	NA	46.17
43117	.....	A	Partial removal of esophagus	*30.02	NA	2.82	NA	11.06	4.77	NA	45.85
43118	.....	A	Partial removal of esophagus	*33.20	NA	2.82	NA	11.76	4.77	NA	49.73
43121	.....	A	Partial removal of esophagus	*29.19	NA	2.82	NA	10.75	4.19	NA	44.13
43122	.....	A	Parital removal of esophagus	*29.11	NA	1.88	NA	9.59	4.19	NA	42.89
43123	.....	A	Partial removal of esophagus	*33.20	NA	1.88	NA	10.62	4.77	NA	48.59
43124	.....	A	Removal of esophagus	*27.32	NA	1.88	NA	9.25	4.42	NA	40.99
43130	.....	A	Removal of esophagus pouch	*11.75	NA	1.55	NA	4.81	1.60	NA	18.16
43135	.....	A	Removal of esophagus pouch	*16.10	NA	2.82	NA	7.44	2.17	NA	25.71
43200	.....	A	Esophagus endoscopy	1.59	3.08	0.14	4.16	0.58	0.26	6.01	2.43
43202	.....	A	Esophagus endoscopy, biopsy	1.89	3.09	0.14	4.25	0.66	0.31	6.45	2.86
43204	.....	A	Esophagus endoscopy & inject	3.77	NA	0.14	NA	1.08	0.36	NA	5.21
43205	.....	A	Esophagus endoscopy/ligation	3.79	NA	0.14	NA	1.04	0.18	NA	5.01
43215	.....	A	Esophagus endoscopy	2.60	NA	0.14	NA	0.84	0.46	NA	3.90
43216	.....	A	Esophagus endoscopy/lesion	2.40	NA	0.14	NA	0.78	0.37	NA	3.55
43217	.....	A	Esophagus endoscopy	2.90	NA	0.14	NA	0.89	0.37	NA	4.16
43219	.....	A	Esophagus endoscopy	2.80	NA	0.14	NA	0.86	0.34	NA	4.00
43220	.....	A	Esophagus endoscopy, dilation	2.10	NA	0.14	NA	0.69	0.27	NA	3.06
43226	.....	A	Esophagus endoscopy, dilation	2.34	NA	0.14	NA	0.74	0.26	NA	3.34
43227	.....	A	Esophagus endoscopy, repair	3.60	NA	0.14	NA	1.04	0.34	NA	4.98
43228	.....	A	Esophagus endoscopy, ablation	3.77	NA	0.14	NA	1.08	0.38	NA	5.23
43234	.....	A	Upper GI endoscopy, exam	2.01	1.73	0.14	2.62	0.68	0.30	4.93	2.99
43235	.....	A	Upper gi endoscopy, diagnosis	2.39	3.08	0.14	4.34	0.76	0.29	7.02	3.44
43239	.....	A	Upper GI endoscopy, biopsy	2.69	3.09	0.14	4.43	0.84	0.33	7.45	3.86
43241	.....	A	Upper GI endoscopy with tube	2.59	NA	0.14	NA	0.82	0.38	NA	3.79
43243	.....	A	Upper GI endoscopy & inject.	4.57	NA	0.14	NA	1.26	0.39	NA	6.22
43244	.....	A	Upper GI endoscopy/ligation	4.59	NA	0.14	NA	1.27	0.41	NA	6.27
43245	.....	A	Operative upper GI endoscopy	3.39	NA	0.14	NA	1.00	0.40	NA	4.79
43246	.....	A	Place gastrostomy tube	4.33	NA	0.14	NA	1.23	0.51	NA	6.07
43247	.....	A	Operative upper GI endoscopy	3.39	NA	0.14	NA	1.00	0.38	NA	4.77
43248	.....	A	Upper GI endoscopy/guidewire	3.15	NA	0.14	NA	0.94	0.35	NA	4.44
43249	.....	A	Esophagus endoscopy, dilation	2.90	NA	0.14	NA	0.87	0.30	NA	4.07
43250	.....	A	Upper GI endoscopy/tumor	3.20	NA	0.14	NA	0.97	0.43	NA	4.60
43251	.....	A	Operative upper GI endoscopy	3.70	NA	0.14	NA	1.08	0.43	NA	5.21
43255	.....	A	Operative upper GI endoscopy	4.40	NA	0.14	NA	1.22	0.38	NA	6.00
43258	.....	A	Operative upper GI endoscopy	4.55	NA	0.14	NA	1.25	0.38	NA	6.18
43259	.....	A	Endoscopic ultrasound exam	4.89	NA	0.14	NA	1.32	0.35	NA	6.56
43260	.....	A	Endoscopy, bile duct/pancreas	5.96	NA	0.14	NA	1.56	0.39	NA	7.91
43261	.....	A	Endoscopy, bile duct/pancreas	6.27	NA	0.14	NA	1.63	0.39	NA	8.29
43262	.....	A	Endoscopy, bile duct/pancreas	7.39	NA	0.14	NA	1.92	0.58	NA	9.89
43263	.....	A	Endoscopy, bile duct/pancreas	6.19	NA	0.14	NA	1.61	0.38	NA	8.18
43264	.....	A	Endoscopy, bile duct/pancreas	8.90	NA	0.14	NA	2.26	0.61	NA	11.77
43265	.....	A	Endoscopy, bile duct/pancreas	8.90	NA	0.14	NA	2.23	0.49	NA	11.62
43267	.....	A	Endoscopy, bile duct/pancreas	7.39	NA	0.14	NA	1.90	0.48	NA	9.77
43268	.....	A	Endoscopy, bile duct/pancreas	7.39	NA	0.14	NA	1.92	0.56	NA	9.87
43269	.....	A	Endoscopy, bile duct/pancreas	6.04	NA	0.14	NA	1.61	0.51	NA	8.16
43271	.....	A	Endoscopy, bile duct/pancreas	7.39	NA	0.14	NA	1.90	0.50	NA	9.79
43272	.....	A	Endoscopy, bile duct/pancreas	7.39	NA	0.14	NA	1.88	0.42	NA	9.69
43300	.....	A	Repair of esophagus	*9.14	NA	2.29	NA	5.17	1.70	NA	16.01
43305	.....	A	Repair esophagus and fistula	*17.15	NA	2.39	NA	7.07	1.78	NA	26.00
43310	.....	A	Repair of esophagus	*25.39	NA	2.82	NA	9.71	3.23	NA	38.33
43312	.....	A	Repair esophagus and fistula	*28.42	NA	3.17	NA	10.59	2.30	NA	41.31
43320	.....	A	Fuse esophagus & stomach	*16.07	NA	1.55	NA	5.86	2.05	NA	23.98
43324	.....	A	Revise esophagus & stomach	*16.58	NA	1.55	NA	6.07	2.53	NA	25.18
43325	.....	A	Revise esophagus & stomach	*16.17	NA	1.55	NA	5.93	2.29	NA	24.39
43326	.....	A	Revise esophagus & stomach	*15.91	NA	1.55	NA	5.76	1.75	NA	23.42

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
43330	.....	A	Repair of esophagus	*15.94	NA	1.55	NA	5.90	2.39	NA	24.23
43331	.....	A	Repair of esophagus	*16.23	NA	2.82	NA	7.57	2.64	NA	26.44
43340	.....	A	Fuse esophagus & intestine	*15.81	NA	1.88	NA	6.31	2.52	NA	24.64
43341	.....	A	Fuse esophagus & intestine	*16.81	NA	1.88	NA	6.32	1.56	NA	24.69
43350	.....	A	Surgical opening, esophagus	*12.72	NA	1.55	NA	4.93	1.15	NA	18.80
43351	.....	A	Surgical opening, esophagus	*14.79	NA	2.82	NA	7.02	1.53	NA	23.34
43352	.....	A	Surgical opening, esophagus	*12.30	NA	1.55	NA	4.90	1.47	NA	18.67
43360	.....	A	Gastrointestinal repair	26.06	NA	2.82	NA	10.07	4.19	NA	40.32
43361	.....	A	Gastrointestinal repair	29.67	NA	1.88	NA	9.84	4.77	NA	44.28
43400	.....	A	Ligate esophagus veins	*17.09	NA	1.79	NA	6.29	1.63	NA	25.01
43401	.....	A	Esophagus surgery for veins	*17.81	NA	1.79	NA	6.51	1.93	NA	26.25
43405	.....	A	Ligate/staple esophagus	*16.13	NA	1.55	NA	6.00	2.64	NA	24.77
43410	.....	A	Repair esophagus wound	*10.86	NA	2.82	NA	6.16	1.54	NA	18.56
43415	.....	A	Repair esophagus wound	*17.06	NA	1.55	NA	6.18	2.52	NA	25.76
43420	.....	A	Repair esophagus opening	*11.57	NA	1.55	NA	4.59	0.78	NA	16.94
43425	.....	A	Repair esophagus opening	*16.95	NA	2.82	NA	7.53	1.71	NA	26.19
43450	.....	A	Dilate esophagus	1.38	0.72	0.14	1.20	0.49	0.05	2.63	1.92
43453	.....	A	Dilate esophagus	1.51	NA	0.14	NA	0.53	0.11	NA	2.15
43456	.....	A	Dilate esophagus	2.57	NA	0.14	NA	0.79	0.24	NA	3.60
43458	.....	A	Dilation of esophagus	3.06	NA	0.14	NA	0.90	0.27	NA	4.23
43460	.....	A	Pressure treatment esophagus	3.80	NA	0.16	NA	1.06	0.15	NA	5.01
43500	.....	A	Surgical opening of stomach	*8.44	NA	1.21	NA	3.59	1.20	NA	13.23
43501	.....	A	Surgical repair of stomach	*15.31	NA	1.47	NA	5.54	1.83	NA	22.68
43502	.....	A	Surgical repair of stomach	*17.67	NA	1.47	NA	6.06	1.83	NA	25.56
43510	.....	A	Surgical opening of stomach	*9.99	NA	1.76	NA	4.54	0.94	NA	15.47
43520	.....	A	Incision of pyloric muscle	*7.63	NA	1.47	NA	3.65	0.87	NA	12.15
43600	.....	A	Biopsy of stomach	1.91	NA	0.14	NA	0.60	0.05	NA	2.56
43605	.....	A	Biopsy of stomach	*9.15	NA	1.21	NA	3.77	1.29	NA	14.21
43610	.....	A	Excision of stomach lesion	*11.15	NA	1.47	NA	4.61	1.71	NA	17.47
43611	.....	A	Excision of stomach lesion	*13.63	NA	1.51	NA	5.20	1.71	NA	20.54
43620	.....	A	Removal of stomach	*22.54	NA	1.76	NA	7.79	3.19	NA	33.52
43621	.....	A	Removal of stomach	*23.06	NA	1.76	NA	7.90	3.19	NA	34.15
43622	.....	A	Removal of stomach	*24.41	NA	1.76	NA	8.19	3.19	NA	35.79
43631	.....	A	Removal of stomach, partial	*19.66	NA	1.47	NA	6.68	2.66	NA	29.00
43632	.....	A	Removal stomach, partial	*19.66	NA	1.47	NA	6.68	2.66	NA	29.00
43633	.....	A	Removal stomach, partial	*20.10	NA	1.47	NA	6.77	2.66	NA	29.53
43634	.....	A	Removal stomach, partial	*21.86	NA	1.47	NA	7.58	4.57	NA	34.01
43635	.....	A	Partial removal of stomach	2.06	NA	0.00	NA	0.51	0.26	NA	2.83
43638	.....	A	Partial removal of stomach	*21.76	NA	1.47	NA	7.15	2.73	NA	31.64
43639	.....	A	Removal stomach, partial	*22.25	NA	1.47	NA	7.26	2.73	NA	32.24
43640	.....	A	Vagotomy & pylorus repair	*14.81	NA	1.47	NA	5.51	2.19	NA	22.51
43641	.....	A	Vagotomy & pylorus repair	*15.03	NA	1.47	NA	5.56	2.18	NA	22.77
43750	.....	A	Place gastrostomy tube	*4.49	NA	0.28	NA	1.44	0.56	NA	6.49
43760	.....	A	Change gastrostomy tube	1.10	0.94	0.14	1.40	0.43	0.09	2.59	1.62
43761	.....	A	Reposition gastrostomy tube	2.01	NA	0.09	NA	0.61	0.25	NA	2.87
43800	.....	A	Reconstruction of pylorus	*10.46	NA	1.47	NA	4.40	1.47	NA	16.33
43810	.....	A	Fusion of stomach and bowel	*11.19	NA	1.47	NA	4.58	1.53	NA	17.30
43820	.....	A	Fusion of stomach and bowel	*11.74	NA	1.47	NA	4.74	1.75	NA	18.23
43825	.....	A	Fusion of stomach and bowel	*14.68	NA	1.47	NA	5.51	2.30	NA	22.49
43830	.....	A	Place gastrostomy tube	*7.28	NA	1.44	NA	3.61	1.19	NA	12.08
43831	.....	A	Place gastrostomy tube	*7.33	NA	1.44	NA	3.56	0.93	NA	11.82
43832	.....	A	Place gastrostomy tube	*11.92	NA	1.69	NA	4.97	1.36	NA	18.25
43840	.....	A	Repair of stomach lesion	*11.89	NA	1.47	NA	4.76	1.66	NA	18.31
43842	.....	A	Gastroplasty for obesity	*14.71	NA	2.92	NA	7.43	2.93	NA	25.07
43843	.....	A	Gastroplasty for obesity	*14.85	NA	2.92	NA	7.46	2.93	NA	25.24
43846	.....	A	Gastric bypass for obesity	*19.15	NA	2.92	NA	8.48	3.30	NA	30.93
43847	.....	A	Gastric bypass for obesity	*21.44	NA	3.40	NA	9.57	3.30	NA	34.31
43848	.....	A	Revision gastroplasty	*23.41	NA	3.40	NA	10.00	3.30	NA	36.71
43850	.....	A	Revise stomach-bowel fusion	*19.69	NA	1.47	NA	6.59	2.25	NA	28.53
43855	.....	A	Revise stomach-bowel fusion	*20.83	NA	1.47	NA	6.85	2.28	NA	29.96
43860	.....	A	Revise stomach-bowel fusion	*19.91	NA	1.47	NA	6.70	2.51	NA	29.12
43865	.....	A	Revise stomach-bowel fusion	*21.12	NA	1.47	NA	7.07	2.98	NA	31.17
43870	.....	A	Repair stomach opening	*7.40	NA	1.47	NA	3.66	1.14	NA	12.20
43880	.....	A	Repair stomach-bowel fistula	*19.63	NA	1.72	NA	6.78	1.76	NA	28.17
44005	.....	A	Freeing of bowel adhesion	*13.84	NA	1.42	NA	5.14	1.75	NA	20.73
44010	.....	A	Incision of small bowel	*10.68	NA	1.66	NA	4.68	1.42	NA	16.78
44015	.....	A	Insert needle catheter, bowel	2.62	NA	0.00	NA	0.67	0.45	NA	3.74
44020	.....	A	Exploration of small bowel	*11.93	NA	1.42	NA	4.70	1.65	NA	18.28
44021	.....	A	Decompress small bowel	*12.01	NA	1.66	NA	4.98	1.48	NA	18.47
44025	.....	A	Incision of large bowel	*12.18	NA	1.42	NA	4.75	1.61	NA	18.54
44050	.....	A	Reduce bowel obstruction	*11.40	NA	1.42	NA	4.58	1.64	NA	17.62
44055	.....	A	Correct malrotation of bowel	*13.14	NA	1.42	NA	4.96	1.60	NA	19.70
44100	.....	A	Biopsy of bowel	2.01	NA	0.14	NA	0.64	0.13	NA	2.78
44110	.....	A	Excision of bowel lesion(s)	*10.07	NA	1.42	NA	4.28	1.58	NA	15.93

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
44111	.....	A	Excision of bowel lesion(s)	*12.19	NA	1.66	NA	5.16	2.14	NA	19.49
44120	.....	A	Removal of small intestine	*14.50	NA	1.42	NA	5.35	2.02	NA	21.87
44121	.....	A	Removal of small intestine	4.45	NA	0.00	NA	1.09	0.54	NA	6.08
44125	.....	A	Removal of small intestine	*14.96	NA	1.42	NA	5.50	2.28	NA	22.74
44130	.....	A	Bowel to bowel fusion	*12.36	NA	1.42	NA	4.84	1.86	NA	19.06
44139	.....	A	Mobilization of colon	2.23	NA	0.00	NA	0.55	0.27	NA	3.05
44140	.....	A	Partial removal of colon	*18.35	NA	1.66	NA	6.57	2.40	NA	27.32
44141	.....	A	Partial removal of colon	*19.51	NA	3.41	NA	8.99	2.55	NA	31.05
44143	.....	A	Partial removal of colon	*20.17	NA	3.41	NA	9.15	2.62	NA	31.94
44144	.....	A	Partial removal of colon	*18.89	NA	2.85	NA	8.17	2.53	NA	29.59
44145	.....	A	Partial removal of colon	*23.18	NA	1.97	NA	8.08	2.78	NA	34.04
44146	.....	A	Partial removal of colon	*24.16	NA	3.96	NA	10.81	3.14	NA	38.11
44147	.....	A	Partial removal of colon	*18.17	NA	2.22	NA	7.41	3.30	NA	28.88
44150	.....	A	Removal of colon	*21.01	NA	3.96	NA	10.13	3.17	NA	34.31
44151	.....	A	Removal of colon/ileostomy	*20.04	NA	3.96	NA	9.71	2.22	NA	31.97
44152	.....	A	Removal of colon/ileostomy	*24.41	NA	4.51	NA	11.59	3.36	NA	39.36
44153	.....	A	Removal of colon/ileostomy	*26.83	NA	4.51	NA	12.18	3.63	NA	42.64
44155	.....	A	Removal of colon	*24.44	NA	3.96	NA	10.95	3.50	NA	38.89
44156	.....	A	Removal of colon/ileostomy	*23.01	NA	4.51	NA	11.10	2.52	NA	36.63
44160	.....	A	Removal of colon	*15.88	NA	1.66	NA	6.09	2.68	NA	24.65
44300	.....	A	Open bowel to skin	*8.88	NA	1.90	NA	4.54	1.29	NA	14.71
44310	.....	A	Ileostomy/jejunostomy	*11.70	NA	3.41	NA	7.09	1.66	NA	20.45
44312	.....	A	Revision of ileostomy	*5.88	NA	1.79	NA	3.57	0.45	NA	9.90
44314	.....	A	Revision of ileostomy	*11.04	NA	3.41	NA	6.84	1.21	NA	19.09
44316	.....	A	Devise bowel pouch	*15.47	NA	4.51	NA	9.20	1.43	NA	26.10
44320	.....	A	Colostomy	*12.94	NA	3.96	NA	8.01	1.57	NA	22.52
44322	.....	A	Colostomy with biopsies	*11.98	NA	3.96	NA	7.87	1.88	NA	21.73
44340	.....	A	Revision of colostomy	*5.66	NA	1.79	NA	3.50	0.35	NA	9.51
44345	.....	A	Revision of colostomy	*11.32	NA	2.26	NA	5.46	1.03	NA	17.81
44346	.....	A	Revision of colostomy	*12.46	NA	2.26	NA	5.79	1.38	NA	19.63
44360	.....	A	Small bowel endoscopy	2.92	NA	0.14	NA	0.88	0.32	NA	4.12
44361	.....	A	Small bowel endoscopy, biopsy	3.23	NA	0.14	NA	0.96	0.34	NA	4.53
44363	.....	A	Small bowel endoscopy	3.94	NA	0.14	NA	1.12	0.36	NA	5.42
44364	.....	A	Small bowel endoscopy	4.22	NA	0.14	NA	1.26	0.72	NA	6.20
44365	.....	A	Small bowel endoscopy	3.73	NA	0.14	NA	1.15	0.72	NA	5.60
44366	.....	A	Small bowel endoscopy	4.97	NA	0.14	NA	1.36	0.45	NA	6.78
44369	.....	A	Small bowel endoscopy	5.09	NA	0.14	NA	1.40	0.50	NA	6.99
44372	.....	A	Small bowel endoscopy	4.97	NA	0.14	NA	1.41	0.67	NA	7.05
44373	.....	A	Small bowel endoscopy	3.94	NA	0.14	NA	1.15	0.50	NA	5.59
44376	.....	A	Small bowel endoscopy	5.69	NA	0.14	NA	1.48	0.26	NA	7.43
44377	.....	A	Small bowel endoscopy	5.98	NA	0.14	NA	1.55	0.28	NA	7.81
44378	.....	A	Small bowel endoscopy	7.71	NA	0.14	NA	1.94	0.35	NA	10.00
44380	.....	A	Small bowel endoscopy	1.51	NA	0.14	NA	0.55	0.22	NA	2.28
44382	.....	A	Small bowel endoscopy	1.82	NA	0.14	NA	0.64	0.29	NA	2.75
44385	.....	A	Endoscopy of bowel pouch	1.82	2.05	0.16	2.97	0.67	0.34	5.13	2.83
44386	.....	A	Endoscopy, bowel pouch, biopsy ...	2.12	2.08	0.16	3.03	0.70	0.15	5.30	2.97
44388	.....	A	Colon endoscopy	2.82	3.55	0.14	5.05	0.90	0.50	8.37	4.22
44389	.....	A	Colonoscopy with biopsy	3.13	3.86	0.14	5.49	0.96	0.45	9.07	4.54
44390	.....	A	Colonoscopy for foreign body	3.83	3.96	0.16	5.73	1.10	0.28	9.84	5.21
44391	.....	A	Colonoscopy for bleeding	4.32	3.85	0.14	5.76	1.24	0.53	10.61	6.09
44392	.....	A	Colonoscopy & polypectomy	3.82	4.40	0.14	6.36	1.16	0.70	10.88	5.68
44393	.....	A	Colonoscopy, lesion removal	4.84	4.04	0.16	6.14	1.41	0.70	11.68	6.95
44394	.....	A	Colonoscopy w/snare	4.43	4.82	0.14	7.00	1.30	0.70	12.13	6.43
44500	.....	A	Intro, gastrointestinal tube	0.49	NA	0.14	NA	0.29	0.02	NA	0.80
44602	.....	A	Suture, small intestine	*10.61	NA	1.42	NA	4.41	1.62	NA	16.64
44603	.....	A	Suture, small intestine	*14.00	NA	1.42	NA	5.22	1.96	NA	21.18
44604	.....	A	Suture, large intestine	*14.28	NA	1.42	NA	5.22	1.67	NA	21.17
44605	.....	A	Repair of bowel lesion	*15.37	NA	1.66	NA	5.83	2.02	NA	23.22
44615	.....	A	Intestinal stricturoplasty	*14.19	NA	1.42	NA	5.18	1.57	NA	20.94
44620	.....	A	Repair bowel opening	*10.87	NA	1.42	NA	4.38	1.26	NA	16.51
44625	.....	A	Repair bowel opening	*13.41	NA	1.42	NA	5.11	2.03	NA	20.55
44640	.....	A	Repair bowel-skin fistula	*14.83	NA	1.66	NA	5.57	1.35	NA	21.75
44650	.....	A	Repair bowel fistula	*15.25	NA	1.66	NA	5.69	1.46	NA	22.40
44660	.....	A	Repair bowel-bladder fistula	*14.63	NA	1.66	NA	5.49	1.21	NA	21.33
44661	.....	A	Repair bowel-bladder fistula	*16.99	NA	1.66	NA	6.30	2.52	NA	25.81
44680	.....	A	Surgical revision, intestine	*13.72	NA	1.66	NA	5.50	2.14	NA	21.36
44800	.....	A	Excision of bowel pouch	*11.23	NA	1.42	NA	4.42	1.08	NA	16.73
44820	.....	A	Excision of mesentery lesion	*10.31	NA	1.42	NA	4.25	1.21	NA	15.77
44850	.....	A	Repair of mesentery	*9.57	NA	1.42	NA	4.08	1.18	NA	14.83
44900	.....	A	Drainage of appendix abscess	*8.82	NA	1.66	NA	4.15	0.88	NA	13.85
44950	.....	A	Appendectomy	*8.70	NA	1.38	NA	3.80	1.01	NA	13.51
44955	.....	A	Appendectomy	1.53	NA	0.00	NA	0.47	0.60	NA	2.60
44960	.....	A	Appendectomy	*10.74	NA	1.60	NA	4.57	1.24	NA	16.55
45000	.....	A	Drainage of pelvic abscess	*4.52	NA	1.54	NA	2.92	0.24	NA	7.68

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
45005	.....	A	Drainage of rectal abscess	*1.99	2.27	0.94	3.25	1.62	0.21	5.45	3.82
45020	.....	A	Drainage of rectal abscess	*4.72	NA	1.54	NA	3.02	0.51	NA	8.25
45100	.....	A	Biopsy of rectum	*3.68	2.28	0.94	3.67	2.03	0.35	7.70	6.06
45108	.....	A	Removal of anorectal lesion	*4.76	2.57	1.22	4.29	2.65	0.53	9.58	7.94
45110	.....	A	Removal of rectum	*23.80	NA	2.45	NA	8.95	3.43	NA	36.18
45111	.....	A	Partial removal of rectum	*16.48	NA	2.15	NA	6.78	2.49	NA	25.75
45112	.....	A	Removal of rectum	*25.96	NA	2.15	NA	9.04	3.36	NA	38.36
45113	.....	A	Partial proctectomy	*25.99	NA	1.85	NA	8.69	3.36	NA	38.04
45114	.....	A	Partial removal of rectum	*23.22	NA	2.11	NA	8.37	3.24	NA	34.83
45116	.....	A	Partial removal of rectum	*20.89	NA	1.83	NA	7.32	2.34	NA	30.55
45120	.....	A	Removal of rectum	*24.60	NA	2.15	NA	8.79	3.54	NA	36.93
45121	.....	A	Removal of rectum and colon	*27.04	NA	2.15	NA	8.98	2.01	NA	38.03
45123	.....	A	Partial proctectomy	*14.20	NA	1.85	NA	5.92	2.49	NA	22.61
45130	.....	A	Excision of rectal prolapse	*13.97	NA	1.83	NA	5.69	1.79	NA	21.45
45135	.....	A	Excision of rectal prolapse	*16.39	NA	1.83	NA	6.59	3.50	NA	26.48
45150	.....	A	Excision of rectal stricture	*5.67	2.57	1.22	4.51	2.87	0.63	10.81	9.17
45160	.....	A	Excision of rectal lesion	*13.02	NA	1.54	NA	5.07	1.56	NA	19.65
45170	.....	A	Excision of rectal lesion	*9.77	NA	1.54	NA	4.23	0.96	NA	14.96
45190	.....	A	Destruction, rectal tumor	*8.28	NA	1.54	NA	3.92	1.06	NA	13.26
45300	.....	A	Proctosigmoidoscopy	0.70	1.22	0.14	1.66	0.34	0.07	2.43	1.11
45303	.....	A	Proctosigmoidoscopy	0.80	1.25	0.14	1.73	0.38	0.12	2.65	1.30
45305	.....	A	Proctosigmoidoscopy; biopsy	1.01	1.31	0.14	1.85	0.43	0.14	3.00	1.58
45307	.....	A	Proctosigmoidoscopy	1.71	1.70	0.14	2.49	0.59	0.18	4.38	2.48
45308	.....	A	Proctosigmoidoscopy	1.51	1.52	0.14	2.23	0.55	0.20	3.94	2.26
45309	.....	A	Proctosigmoidoscopy	2.01	1.67	0.14	2.52	0.66	0.20	4.73	2.87
45315	.....	A	Proctosigmoidoscopy	2.54	1.84	0.14	2.84	0.77	0.18	5.56	3.49
45317	.....	A	Proctosigmoidoscopy	2.73	1.55	0.14	2.53	0.81	0.19	5.45	3.73
45320	.....	A	Proctosigmoidoscopy	2.88	1.43	0.14	2.44	0.88	0.34	5.66	4.10
45321	.....	A	Proctosigmoidoscopy	2.12	NA	0.14	NA	0.70	0.27	NA	3.09
45330	.....	A	Sigmoidoscopy, diagnostic	0.96	1.25	0.14	1.76	0.41	0.12	2.84	1.49
45331	.....	A	Sigmoidoscopy and biopsy	1.26	1.33	0.14	1.94	0.48	0.15	3.35	1.89
45332	.....	A	Sigmoidoscopy	1.96	1.92	0.14	2.80	0.64	0.16	4.92	2.76
45333	.....	A	Sigmoidoscopy & polypectomy	1.96	2.06	0.14	3.00	0.66	0.26	5.22	2.88
45334	.....	A	Sigmoidoscopy for bleeding	2.99	NA	0.14	NA	0.88	0.23	NA	4.10
45337	.....	A	Sigmoidoscopy, decompression	2.36	NA	0.14	NA	0.77	0.38	NA	3.51
45338	.....	A	Sigmoidoscopy	2.57	2.06	0.14	3.13	0.79	0.26	5.96	3.62
45339	.....	A	Sigmoidoscopy	3.14	1.64	0.14	2.76	0.93	0.31	6.21	4.38
45355	.....	A	Surgical colonoscopy	3.52	NA	0.14	NA	0.97	0.10	NA	4.59
45378	.....	A	Diagnostic colonoscopy	3.70	3.55	0.14	4.56	0.41	0.39	8.65	4.50
45378	.....	A	Diagnostic colonoscopy	0.96	3.55	0.14	4.56	0.41	0.12	5.64	1.49
45379	.....	A	Colonoscopy	4.72	4.21	0.14	6.26	1.31	0.45	11.43	6.48
45380	.....	A	Colonoscopy and biopsy	4.01	3.66	0.14	5.43	1.14	0.40	9.84	5.55
45382	.....	A	Colonoscopy, control bleeding	5.73	4.18	0.14	6.44	1.52	0.41	12.58	7.66
45383	.....	A	Colonoscopy, lesion removal	5.87	4.08	0.14	6.36	1.57	0.50	12.73	7.94
45384	.....	A	Colonoscopy	4.70	4.40	0.14	6.52	1.33	0.58	11.80	6.61
45385	.....	A	Colonoscopy, lesion removal	5.31	4.82	0.16	7.17	1.49	0.58	13.06	7.38
45500	.....	A	Repair of rectum	*7.29	NA	1.54	NA	3.74	1.21	NA	12.24
45505	.....	A	Repair of rectum	*6.02	NA	1.21	NA	3.07	1.23	NA	10.32
45520	.....	A	Treatment of rectal prolapse	0.55	0.45	0.16	0.69	0.34	0.10	1.34	0.99
45540	.....	A	Correct rectal prolapse	*12.92	NA	1.83	NA	5.53	2.10	NA	20.55
45541	.....	A	Correct rectal prolapse	*10.64	NA	1.83	NA	5.01	2.04	NA	17.69
45550	.....	A	Repair rectum; remove sigmoid	*18.26	NA	1.83	NA	6.76	2.38	NA	27.40
45560	.....	A	Repair of rectocele	*8.40	NA	1.48	NA	3.86	0.98	NA	13.24
45562	.....	A	Exploration/repair of rectum	*12.21	NA	1.54	NA	4.90	1.58	NA	18.69
45563	.....	A	Exploration/repair of rectum	*18.63	NA	2.05	NA	7.12	2.49	NA	28.24
45800	.....	A	Repair rectumbladder fistula	*14.11	NA	1.54	NA	5.28	1.45	NA	20.84
45805	.....	A	Repair fistula; colostomy	*16.50	NA	2.05	NA	6.63	2.39	NA	25.52
45820	.....	A	Repair rectourethral fistula	*14.67	NA	1.54	NA	5.36	1.23	NA	21.26
45825	.....	A	Repair fistula; colostomy	*16.87	NA	2.05	NA	6.56	1.66	NA	25.09
45900	.....	A	Reduction of rectal prolapse	1.68	NA	0.56	NA	1.08	0.11	NA	2.87
45905	.....	A	Dilation of anal sphincter	1.51	1.87	0.56	2.64	1.04	0.12	4.27	2.67
45910	.....	A	Dilation of rectal narrowing	1.86	1.90	0.56	2.75	1.12	0.13	4.74	3.11
45915	.....	A	Remove rectal obstruction	*2.20	2.05	0.56	3.00	1.18	0.09	5.29	3.47
46030	.....	A	Removal of rectal marker	*1.23	2.26	0.94	3.04	1.43	0.07	4.34	2.73
46040	.....	A	Incision of rectal abscess	*4.96	2.57	1.22	4.29	2.65	0.34	9.59	7.95
46045	.....	A	Incision of rectal abscess	*4.32	NA	1.21	NA	2.51	0.38	NA	7.21
46050	.....	A	Incision of anal abscess	*1.19	2.27	0.94	3.05	1.43	0.11	4.35	2.73
46060	.....	A	Incision of rectal abscess	*5.69	NA	1.54	NA	3.37	1.12	NA	10.18
46070	.....	A	Incision of anal septum	*2.71	NA	1.20	NA	2.13	0.33	NA	5.17
46080	.....	A	Incision of anal sphincter	*2.49	2.30	0.94	3.45	1.78	0.43	6.37	4.70
46083	.....	A	Incise external hemorrhoid	*1.40	2.26	0.94	3.08	1.47	0.08	4.56	2.95
46200	.....	A	Removal of anal fissure	*3.42	2.57	1.22	4.02	2.38	0.66	8.10	6.46
46210	.....	A	Removal of anal crypt	*2.67	2.55	1.20	3.72	2.08	0.14	6.53	4.89
46211	.....	A	Removal of anal crypts	*4.25	2.64	1.20	4.23	2.48	0.38	8.86	7.11

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46220	.....	A	Removal of anal tab	*1.56	1.09	0.28	1.70	0.70	0.12	3.38	2.38
46221	.....	A	Ligation of hemorrhoid(s)	*1.43	2.29	0.94	3.14	1.49	0.14	4.71	3.06
46230	.....	A	Removal of anal tabs	*2.57	2.31	0.94	3.41	1.73	0.12	6.10	4.42
46250	.....	A	Hemorrhoidectomy	*4.53	2.57	1.22	4.24	2.60	0.52	9.29	7.65
46255	.....	A	Hemorrhoidectomy	*5.36	2.63	1.22	4.56	2.85	0.85	10.77	9.06
46257	.....	A	Remove hemorrhoids & fissure	*6.28	NA	1.21	NA	3.09	1.08	NA	10.45
46258	.....	A	Remove hemorrhoids & fistula	*6.67	NA	1.21	NA	3.21	1.22	NA	11.10
46260	.....	A	Hemorrhoidectomy	*7.42	NA	1.54	NA	3.77	1.25	NA	12.44
46261	.....	A	Remove hemorrhoids & fissure	*8.24	NA	1.54	NA	3.97	1.34	NA	13.55
46262	.....	A	Remove hemorrhoids & fistula	*8.73	NA	1.54	NA	4.09	1.39	NA	14.21
46270	.....	A	Removal of anal fistula	*3.72	2.55	1.22	4.00	2.39	0.37	8.09	6.48
46275	.....	A	Removal of anal fistula	*4.56	2.58	1.22	4.39	2.74	1.13	10.08	8.43
46280	.....	A	Removal of anal fistula	*5.98	NA	1.54	NA	3.46	1.24	NA	10.68
46285	.....	A	Removal of anal fistula	*4.09	2.56	1.22	4.11	2.48	0.43	8.63	7.00
46288	.....	A	Repair anal fistula	*7.13	NA	1.54	NA	3.62	0.83	NA	11.58
46320	.....	A	Removal of hemorrhoid clot	*1.61	2.27	0.94	3.15	1.52	0.11	4.87	3.24
46500	.....	A	Injection into hemorrhoids	*1.61	2.27	0.96	3.14	1.53	0.06	4.81	3.20
46600	.....	A	Diagnostic anoscopy	0.50	0.62	0.14	0.87	0.29	0.03	1.40	0.82
46604	.....	A	Anoscopy and dilation	1.31	0.70	0.14	1.16	0.47	0.06	2.53	1.84
46606	.....	A	Anoscopy and biopsy	0.81	0.70	0.14	1.05	0.36	0.06	1.92	1.23
46608	.....	A	Anoscopy; remove foreign body	1.51	1.06	0.14	1.65	0.53	0.12	3.28	2.16
46610	.....	A	Anoscopy; remove lesion	1.32	0.91	0.14	1.43	0.50	0.15	2.90	1.97
46611	.....	A	Anoscopy	1.81	1.02	0.14	1.67	0.60	0.15	3.63	2.56
46612	.....	A	Anoscopy; remove lesions	2.34	1.24	0.14	2.07	0.73	0.20	4.61	3.27
46614	.....	A	Anoscopy; control bleeding	2.01	1.01	0.14	1.72	0.67	0.25	3.98	2.93
46615	.....	A	Anoscopy	2.68	0.84	0.14	1.66	0.82	0.25	4.59	3.75
46700	.....	A	Repair of anal stricture	*7.25	NA	1.54	NA	3.74	1.24	NA	12.23
46705	.....	A	Repair of anal stricture	*7.17	NA	1.54	NA	3.61	0.77	NA	11.55
46715	.....	A	Repair of anovaginal fistula	6.73	NA	1.51	NA	1.51	0.82	NA	9.06
46716	.....	A	Repair of anovaginal fistula	*12.15	NA	1.54	NA	4.84	1.40	NA	18.39
46730	.....	A	Construction of absent anus	*21.57	NA	2.11	NA	7.84	2.50	NA	31.91
46735	.....	A	Construction of absent anus	*25.94	NA	2.11	NA	8.92	3.04	NA	37.90
46740	.....	A	Construction of absent anus	*23.11	NA	1.54	NA	7.53	2.68	NA	33.32
46742	.....	A	Repair, imperforated anus	*29.67	NA	2.11	NA	9.49	1.93	NA	41.09
46744	.....	A	Repair, cloacal anomaly	*33.21	NA	2.11	NA	10.32	2.17	NA	45.70
46746	.....	A	Repair, cloacal anomaly	34.17	NA	2.07	NA	2.07	2.37	NA	38.61
46748	.....	A	Repair, cloacal anomaly	*40.52	NA	2.11	NA	12.03	2.64	NA	55.19
46750	.....	A	Repair of anal sphincter	*8.14	NA	1.54	NA	3.93	1.22	NA	13.29
46751	.....	A	Repair of anal sphincter	7.78	NA	1.51	NA	1.51	0.95	NA	10.24
46753	.....	A	Reconstruction of anus	*6.58	NA	1.21	NA	3.14	1.02	NA	10.74
46754	.....	A	Removal of suture from anus	*1.54	2.27	0.90	3.17	1.50	0.30	5.01	3.34
46760	.....	A	Repair of anal sphincter	*11.46	NA	1.54	NA	4.69	1.41	NA	17.56
46761	.....	A	Repair of anal sphincter	*10.99	NA	1.54	NA	4.58	1.35	NA	16.92
46762	.....	A	Implant artificial sphincter	*10.09	NA	1.54	NA	4.35	1.21	NA	15.65
46900	.....	A	Destruction, anal lesion(s)	*1.91	2.30	0.94	3.24	1.57	0.06	5.21	3.54
46910	.....	A	Destruction, anal lesion(s)	*1.86	2.31	0.94	3.24	1.57	0.08	5.18	3.51
46916	.....	A	Cryosurgery, anal lesion(s)	*1.86	0.82	0.50	1.41	1.03	0.06	3.33	2.95
46917	.....	A	Laser surgery, anal lesion(s)	*1.86	2.31	0.94	3.29	1.62	0.31	5.46	3.79
46922	.....	A	Excision of anal lesion(s)	*1.86	2.33	0.94	3.30	1.60	0.23	5.39	3.69
46924	.....	A	Destruction, anal lesion(s)	*2.76	2.44	0.94	3.67	1.85	0.46	6.89	5.07
46934	.....	A	Destruction of hemorrhoids	*4.08	2.91	1.48	4.48	2.73	0.17	8.73	6.98
46935	.....	A	Destruction of hemorrhoids	*2.43	2.31	0.96	3.40	1.75	0.22	6.05	4.40
46936	.....	A	Destruction of hemorrhoids	*4.30	2.92	1.48	4.56	2.80	0.24	9.10	7.34
46937	.....	A	Cryotherapy of rectal lesion	*2.69	2.33	0.94	3.53	1.83	0.45	6.67	4.97
46938	.....	A	Cryotherapy of rectal lesion	*4.66	2.92	1.48	4.70	2.94	0.52	9.88	8.12
46940	.....	A	Treatment of anal fissure	*2.32	2.29	0.96	3.32	1.70	0.09	5.73	4.11
46942	.....	A	Treatment of anal fissure	*2.04	2.29	0.96	3.26	1.63	0.08	5.38	3.75
46945	.....	A	Ligation of hemorrhoids	*2.14	2.55	1.20	3.60	1.96	0.12	5.86	4.22
46946	.....	A	Ligation of hemorrhoids	*3.00	2.64	1.20	3.91	2.16	0.17	7.08	5.33
47000	.....	A	Needle biopsy of liver	1.90	4.52	0.16	5.96	0.64	0.13	7.99	2.67
47001	.....	A	Needle biopsy, liver	1.90	NA	0.00	NA	0.44	0.13	NA	2.47
47010	.....	A	Drainage of liver lesion	*10.28	NA	2.25	NA	5.24	1.13	NA	16.65
47015	.....	A	Inject/aspirate liver cyst	*9.70	NA	1.87	NA	4.66	1.13	NA	15.49
47100	.....	A	Wedge biopsy of liver	*7.49	NA	1.87	NA	4.07	0.67	NA	12.23
47120	.....	A	Partial removal of liver	*22.79	NA	2.93	NA	9.11	2.48	NA	34.38
47122	.....	A	Extensive removal of liver	*35.39	NA	2.93	NA	12.12	3.59	NA	51.10
47125	.....	A	Partial removal of liver	*31.58	NA	2.93	NA	11.29	3.61	NA	46.48
47130	.....	A	Partial removal of liver	*34.25	NA	2.93	NA	11.93	3.89	NA	50.07
47134	.....	R	Partial removal, donor liver	39.15	NA	0.16	NA	9.82	4.77	NA	53.74
47135	.....	R	Transplantation of liver	*81.52	NA	8.83	NA	30.49	8.49	NA	120.50
47136	.....	R	Transplantation of liver	*68.60	NA	8.83	NA	27.50	7.79	NA	103.89
47300	.....	A	Surgery for liver lesion	*9.68	NA	1.87	NA	4.75	1.59	NA	16.02
47350	.....	A	Repair liver wound	*12.56	NA	1.87	NA	5.36	1.49	NA	19.41
47360	.....	A	Repair liver wound	*17.28	NA	2.25	NA	7.01	2.18	NA	26.47

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
47361	.....	A	Repair liver wound	*30.25	NA	2.21	NA	10.07	3.41	NA	43.73
47362	.....	A	Repair liver wound	*11.88	NA	1.51	NA	4.71	1.22	NA	17.81
47400	.....	A	Incision of liver duct	*20.86	NA	2.25	NA	7.61	1.36	NA	29.83
47420	.....	A	Incision of bile duct	*16.72	NA	1.87	NA	6.38	1.99	NA	25.09
47425	.....	A	Incision of bile duct	*16.68	NA	1.87	NA	6.48	2.45	NA	25.61
47460	.....	A	Incise bile duct sphincter	*15.17	NA	1.87	NA	6.01	1.82	NA	23.00
47480	.....	A	Incision of gallbladder	*9.10	NA	2.25	NA	5.09	1.59	NA	15.78
47490	.....	A	Incision of gallbladder	*7.23	NA	2.25	NA	4.41	0.38	NA	12.02
47500	.....	A	Injection for liver x-rays	1.96	NA	0.16	NA	0.66	0.14	NA	2.76
47505	.....	A	Injection for liver x-rays	0.76	4.87	0.09	6.13	0.31	0.14	7.03	1.21
47510	.....	A	Insert catheter, bile duct	*7.83	NA	0.17	NA	1.98	0.25	NA	10.06
47511	.....	A	Insert bile duct drain	9.91	NA	0.17	NA	2.44	0.25	NA	12.60
47525	.....	A	Change bile duct catheter	*5.55	NA	0.89	NA	2.33	0.16	NA	8.04
47530	.....	A	Revise, reinsert bile tube	*5.85	NA	1.39	NA	3.01	0.19	NA	9.05
47550	.....	A	Bile duct endoscopy	3.02	NA	0.16	NA	0.94	0.35	NA	4.31
47552	.....	A	Biliary endoscopy, thru skin	6.04	NA	0.14	NA	1.54	0.21	NA	7.79
47553	.....	A	Biliary endoscopy, thru skin	6.35	NA	0.14	NA	1.70	0.62	NA	8.67
47554	.....	A	Biliary endoscopy, thru skin	9.06	NA	0.14	NA	2.31	0.67	NA	12.04
47555	.....	A	Biliary endoscopy, thru skin	7.56	NA	0.16	NA	1.92	0.30	NA	9.78
47556	.....	A	Biliary endoscopy, thru skin	8.56	NA	0.16	NA	2.14	0.30	NA	11.00
47600	.....	A	Removal of gallbladder	*11.42	NA	1.68	NA	4.90	1.58	NA	17.90
47605	.....	A	Removal of gallbladder	*12.36	NA	1.68	NA	5.14	1.75	NA	19.25
47610	.....	A	Removal of gallbladder	*15.83	NA	1.74	NA	6.03	2.00	NA	23.86
47612	.....	A	Removal of gallbladder	*15.80	NA	1.68	NA	6.18	3.05	NA	25.03
47620	.....	A	Removal of gallbladder	*17.36	NA	1.68	NA	6.37	2.36	NA	26.09
47630	.....	A	Remove bile duct stone	*9.11	NA	1.45	NA	3.85	0.40	NA	13.36
47700	.....	A	Exploration of bile ducts	*14.93	NA	2.21	NA	6.31	1.58	NA	22.82
47701	.....	A	Bile duct revision	*27.81	NA	2.60	NA	9.68	1.90	NA	39.39
47711	.....	A	Excision of bile duct tumor	*19.37	NA	2.21	NA	7.48	2.46	NA	29.31
47712	.....	A	Excision of bile duct tumor	*25.44	NA	2.21	NA	8.81	2.46	NA	36.71
47715	.....	A	Excision of bile duct cyst	*15.81	NA	1.87	NA	6.12	1.71	NA	23.64
47716	.....	A	Fusion of bile duct cyst	12.53	NA	1.84	NA	1.84	1.53	NA	15.90
47720	.....	A	Fuse gallbladder & bowel	*13.38	NA	2.21	NA	6.05	1.93	NA	21.36
47721	.....	A	Fuse upper gi structures	*16.08	NA	2.21	NA	6.76	2.47	NA	25.31
47740	.....	A	Fuse gallbladder & bowel	*15.54	NA	2.21	NA	6.57	2.14	NA	24.25
47741	.....	A	Fuse gallbladder & bowel	*17.95	NA	2.21	NA	7.29	3.02	NA	28.26
47760	.....	A	Fuse bile ducts and bowel	*21.74	NA	2.21	NA	8.01	2.53	NA	32.28
47765	.....	A	Fuse liver ducts & bowel	*20.93	NA	2.60	NA	8.40	2.97	NA	32.30
47780	.....	A	Fuse bile ducts and bowel	*22.29	NA	2.21	NA	8.18	2.73	NA	33.20
47785	.....	A	Fuse bile ducts and bowel	*26.23	NA	2.60	NA	9.51	2.73	NA	38.47
47800	.....	A	Reconstruction of bile ducts	*19.60	NA	2.21	NA	7.52	2.43	NA	29.55
47801	.....	A	Placement, bile duct support	*12.76	NA	2.21	NA	5.67	0.81	NA	19.24
47802	.....	A	Fuse liver duct & intestine	*18.13	NA	2.60	NA	7.52	1.75	NA	27.40
47900	.....	A	Suture bile duct injury	*16.74	NA	2.21	NA	6.89	2.43	NA	26.06
48000	.....	A	Drainage of abdomen	*14.91	NA	1.82	NA	5.80	1.40	NA	22.11
48001	.....	A	Placement of drain, pancreas	15.54	NA	1.82	NA	6.04	1.89	NA	23.47
48005	.....	A	Resect/debride pancreas	17.57	NA	1.82	NA	6.54	2.14	NA	26.25
48020	.....	A	Removal of pancreatic stone	*14.22	NA	1.58	NA	5.38	1.57	NA	21.17
48100	.....	A	Biopsy of pancreas	*11.08	NA	1.92	NA	4.94	0.79	NA	16.81
48102	.....	A	Needle biopsy, pancreas	*4.68	3.98	0.38	5.94	1.54	0.25	10.87	6.47
48120	.....	A	Removal of pancreas lesion	*14.36	NA	1.58	NA	5.52	2.07	NA	21.95
48140	.....	A	Partial removal of pancreas	*20.78	NA	1.92	NA	7.51	2.83	NA	31.12
48145	.....	A	Partial removal of pancreas	*21.76	NA	2.17	NA	8.10	3.16	NA	33.02
48146	.....	A	Pancreatectomy	21.73	NA	2.93	NA	8.76	1.92	NA	32.41
48148	.....	A	Removal of pancreatic duct	*15.71	NA	2.17	NA	6.46	1.68	NA	23.85
48150	.....	A	Partial removal of pancreas	*43.48	NA	3.41	NA	14.73	4.75	NA	62.96
48152	.....	A	Pancreatectomy	*39.63	NA	3.41	NA	13.88	4.75	NA	58.26
48153	.....	A	Pancreatectomy	*43.38	NA	3.41	NA	14.70	4.75	NA	62.83
48154	.....	A	Pancreatectomy	36.50	NA	3.41	NA	13.20	4.75	NA	54.45
48155	.....	A	Removal of pancreas	*22.32	NA	3.41	NA	9.98	4.26	NA	36.56
48180	.....	A	Fuse pancreas and bowel	*22.39	NA	1.82	NA	7.70	2.63	NA	32.72
48400	.....	A	Injection, intraoperative	1.95	NA	0.00	NA	0.48	0.24	NA	2.67
48500	.....	A	Surgery of pancreas cyst	*13.84	NA	1.75	NA	5.53	1.66	NA	21.03
48510	.....	A	Drain pancreatic pseudocyst	*12.96	NA	1.75	NA	5.29	1.44	NA	19.69
48520	.....	A	Fuse pancreas cyst and bowel	*14.12	NA	1.58	NA	5.55	2.43	NA	22.10
48540	.....	A	Fuse pancreas cyst and bowel	*17.86	NA	1.58	NA	6.42	2.65	NA	26.93
48545	.....	A	Pancreatorrhaphy	*16.47	NA	1.82	NA	6.22	1.79	NA	24.48
48547	.....	A	Duodenal exclusion	*23.40	NA	1.58	NA	7.62	2.58	NA	33.60
48554	.....	N	Transplantallograft pancreas	+34.17	NA	4.30	NA	13.64	4.16	NA	51.97
48556	.....	A	Removal, allograft pancreas	13.89	NA	2.17	NA	6.06	1.69	NA	21.64
49000	.....	A	Exploration of abdomen	*11.68	NA	1.44	NA	4.62	1.40	NA	17.70
49002	.....	A	Reopening of abdomen	*10.49	NA	1.66	NA	4.59	1.21	NA	16.29
49010	.....	A	Exploration behind abdomen	*12.28	NA	1.66	NA	5.00	1.31	NA	18.59
49020	.....	A	Drain abdominal abscess	*16.79	NA	1.88	NA	6.18	0.91	NA	23.88

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
49021	.....	A	Drain abdominal abscess	9.06	1.88	1.88	4.48	4.48	0.91	14.45	14.45
49040	.....	A	Drain abdominal abscess	*9.94	NA	1.88	NA	4.75	1.27	NA	15.96
49060	.....	A	Drain abdominal abscess	*11.66	NA	1.88	NA	5.07	1.01	NA	17.74
49080	.....	A	Puncture, peritoneal cavity	1.35	1.16	0.11	1.73	0.45	0.08	3.16	1.88
49081	.....	A	Removal of abdominal fluid	1.26	1.16	0.11	1.71	0.43	0.07	3.04	1.76
49085	.....	A	Remove abdomen foreign body	*8.93	NA	1.60	NA	4.05	0.67	NA	13.65
49180	.....	A	Biopsy, abdominal mass	1.73	2.29	0.16	3.22	0.62	0.20	5.15	2.55
49200	.....	A	Removal of abdominal lesion	*10.25	NA	1.66	NA	4.64	1.70	NA	16.59
49201	.....	A	Removal of abdominal lesion	*14.84	NA	1.88	NA	6.10	2.50	NA	23.44
49215	.....	A	Excise sacral spine tumor	*22.36	NA	2.77	NA	8.62	1.59	NA	32.57
49220	.....	A	Multiple surgery, abdomen	*14.88	NA	1.66	NA	5.84	2.53	NA	23.25
49250	.....	A	Excision of umbilicus	*8.35	NA	1.58	NA	3.96	0.96	NA	13.27
49255	.....	A	Removal of omentum	*11.14	NA	1.66	NA	4.72	1.15	NA	17.01
49400	.....	A	Air injection into abdomen	1.88	NA	0.16	NA	0.65	0.17	NA	2.70
49420	.....	A	Insert abdominal drain	2.22	NA	0.16	NA	0.73	0.20	NA	3.15
49421	.....	A	Insert abdominal drain	*5.54	NA	1.44	NA	3.14	0.81	NA	9.49
49422	.....	A	Remove perm cannula/catheter	*6.25	NA	0.85	NA	2.58	0.81	NA	9.64
49425	.....	A	Insert abdomen-venous drain	*11.37	NA	1.66	NA	4.91	1.78	NA	18.06
49426	.....	A	Revise abdomen-venous shunt	*9.63	NA	1.66	NA	4.37	1.07	NA	15.07
49427	.....	A	Injection, abdominal shunt	0.89	NA	0.16	NA	0.40	0.03	NA	1.32
49428	.....	A	Ligation of shunt	*2.38	NA	0.92	NA	1.69	0.24	NA	4.31
49429	.....	A	Removal of shunt	*7.40	NA	0.92	NA	2.91	0.77	NA	11.08
49495	.....	A	Repair inguinal hernia, init	*5.89	NA	1.26	NA	3.04	0.95	NA	9.88
49496	.....	A	Repair inguinal hernia, init	*8.79	NA	2.15	NA	4.78	1.08	NA	14.65
49500	.....	A	Repair inguinal hernia	*4.68	NA	1.26	NA	2.77	0.95	NA	8.40
49501	.....	A	Repair inguinal hernia, init	*7.58	NA	1.26	NA	3.44	1.08	NA	12.10
49505	.....	A	Repair inguinal hernia	*6.49	2.21	1.25	4.32	3.16	0.94	11.75	10.59
49507	.....	A	Repair, inguinal hernia	7.40	NA	1.96	NA	4.24	1.08	NA	12.72
49520	.....	A	Rerepair inguinal hernia	*8.22	NA	1.61	NA	4.01	1.11	NA	13.34
49521	.....	A	Repair inguinal hernia, rec	*10.22	NA	1.31	NA	4.08	1.08	NA	15.38
49525	.....	A	Repair inguinal hernia	*7.32	NA	1.52	NA	3.71	1.16	NA	12.19
49540	.....	A	Repair lumbar hernia	*8.87	NA	1.52	NA	4.04	1.12	NA	14.03
49550	.....	A	Repair femoral hernia	*7.37	NA	1.25	NA	3.35	0.97	NA	11.69
49553	.....	A	Repair femoral hernia, init	*8.06	NA	1.34	NA	3.62	0.97	NA	12.65
49555	.....	A	Repair femoral hernia	*7.71	NA	1.59	NA	3.90	1.26	NA	12.87
49557	.....	A	Repair femoral hernia, recur	*9.52	NA	1.34	NA	4.00	1.26	NA	14.78
49560	.....	A	Repair abdominal hernia	*9.88	NA	1.52	NA	4.28	1.19	NA	15.35
49561	.....	A	Repair incisional hernia	*12.17	NA	1.34	NA	4.57	1.19	NA	17.93
49565	.....	A	Rerepair abdominal hernia	*9.88	NA	1.59	NA	4.40	1.35	NA	15.63
49566	.....	A	Repair incisional hernia	*12.30	NA	1.34	NA	4.63	1.35	NA	18.28
49568	.....	A	Hernia repair w/mesh	4.89	NA	0.00	NA	1.20	0.59	NA	6.68
49570	.....	A	Repair epigastric hernia	*4.86	NA	1.25	NA	2.79	0.91	NA	8.56
49572	.....	A	Repair, epigastric hernia	*5.75	NA	1.34	NA	3.16	1.18	NA	10.09
49580	.....	A	Repair umbilical hernia	*3.51	NA	1.26	NA	2.51	0.94	NA	6.96
49582	.....	A	Repair umbilical hernia	*5.68	NA	1.91	NA	3.77	0.94	NA	10.39
49585	.....	A	Repair umbilical hernia	*5.32	NA	1.52	NA	3.22	0.91	NA	9.45
49587	.....	A	Repair umbilical hernia	*6.46	NA	1.31	NA	3.22	0.91	NA	10.59
49590	.....	A	Repair abdominal hernia	*7.29	NA	1.52	NA	3.71	1.22	NA	12.22
49600	.....	A	Repair umbilical lesion	*10.35	NA	1.51	NA	4.27	0.77	NA	15.39
49605	.....	A	Repair umbilical lesion	*22.66	NA	1.88	NA	7.65	1.77	NA	32.08
49606	.....	A	Repair umbilical lesion	*18.60	NA	1.72	NA	6.38	0.96	NA	25.94
49610	.....	A	Repair umbilical lesion	*10.50	NA	1.72	NA	4.68	1.27	NA	16.45
49611	.....	A	Repair umbilical lesion	8.25	NA	1.69	NA	1.69	0.58	NA	10.52
49900	.....	A	Repair of abdominal wall	*12.28	NA	1.66	NA	4.88	0.75	NA	17.91
49905	.....	A	Omental flap	6.55	NA	0.00	NA	1.61	0.80	NA	8.96
50010	.....	A	Exploration of kidney	*10.98	NA	2.13	NA	5.25	1.13	NA	17.36
50020	.....	A	Drainage of kidney abscess	*14.66	NA	3.80	NA	8.03	0.85	NA	23.54
50040	.....	A	Drainage of kidney	*14.94	NA	3.28	NA	7.41	0.62	NA	22.97
50045	.....	A	Exploration of kidney	*15.46	NA	2.13	NA	6.18	0.89	NA	22.53
50060	.....	A	Removal of kidney stone	*19.30	NA	2.13	NA	7.09	1.21	NA	27.60
50065	.....	A	Incision of kidney	*20.79	NA	2.13	NA	7.45	1.35	NA	29.59
50070	.....	A	Incision of kidney	*20.32	NA	2.13	NA	7.34	1.35	NA	29.01
50075	.....	A	Removal of kidney stone	*25.34	NA	2.45	NA	8.89	1.62	NA	35.85
50080	.....	A	Removal of kidney stone	*14.71	NA	3.28	NA	7.47	1.15	NA	23.33
50081	.....	A	Removal of kidney stone	*21.80	NA	3.28	NA	9.09	1.44	NA	32.33
50100	.....	A	Revise kidney blood vessels	*16.09	NA	2.13	NA	6.42	1.35	NA	23.86
50120	.....	A	Exploration of kidney	*15.91	NA	2.13	NA	6.35	1.24	NA	23.50
50125	.....	A	Explore and drain kidney	*16.52	NA	2.13	NA	6.45	1.06	NA	24.03
50130	.....	A	Removal of kidney stone	*17.29	NA	2.13	NA	6.66	1.26	NA	25.21
50135	.....	A	Exploration of kidney	*19.18	NA	2.13	NA	7.15	1.63	NA	27.96
50200	.....	A	Biopsy of kidney	2.63	NA	0.16	NA	0.82	0.22	NA	3.67
50205	.....	A	Biopsy of kidney	*11.31	NA	1.80	NA	4.83	0.69	NA	16.83
50220	.....	A	Removal of kidney	*17.15	NA	2.13	NA	6.67	1.43	NA	25.25
50225	.....	A	Removal of kidney	*20.23	NA	2.13	NA	7.40	1.70	NA	29.33

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
50230	.....	A	Removal of kidney	*22.07	NA	2.13	NA	7.83	1.84	NA	31.74
50234	.....	A	Removal of kidney & ureter	*22.40	NA	2.13	NA	7.86	1.65	NA	31.91
50236	.....	A	Removal of kidney & ureter	*24.86	NA	3.28	NA	9.83	1.74	NA	36.43
50240	.....	A	Partial removal of kidney	*22.00	NA	3.28	NA	9.19	1.70	NA	32.89
50280	.....	A	Removal of kidney lesion	*15.67	NA	2.13	NA	6.28	1.16	NA	23.11
50290	.....	A	Removal of kidney lesion	*14.73	NA	2.13	NA	6.08	1.19	NA	22.00
50320	.....	A	Removal of donor kidney	*22.21	NA	2.13	NA	7.99	2.40	NA	32.60
50340	.....	A	Removal of kidney	*12.15	NA	3.28	NA	7.15	2.24	NA	21.54
50360	.....	A	Transplantation of kidney	*31.53	NA	4.30	NA	13.08	4.24	NA	48.85
50365	.....	A	Transplantation of kidney	*36.81	NA	4.30	NA	14.16	3.89	NA	54.86
50370	.....	A	Remove transplanted kidney	*13.72	NA	3.28	NA	7.43	1.92	NA	23.07
50380	.....	A	Reimplantation of kidney	*20.76	NA	3.80	NA	9.56	1.71	NA	32.03
50390	.....	A	Drainage of kidney lesion	1.96	NA	0.16	NA	0.66	0.15	NA	2.77
50392	.....	A	Insert kidney drain	3.38	NA	0.16	NA	0.98	0.20	NA	4.56
50393	.....	A	Insert ureteral tube	4.16	NA	0.16	NA	1.17	0.26	NA	5.59
50394	.....	A	Injection for kidney x-ray	0.76	4.15	0.09	5.23	0.29	0.05	6.04	1.10
50395	.....	A	Create passage to kidney	3.38	NA	0.16	NA	1.00	0.29	NA	4.67
50396	.....	A	Measure kidney pressure	2.09	NA	0.16	NA	0.67	0.05	NA	2.81
50398	.....	A	Change kidney tube	1.46	1.45	0.16	2.10	0.53	0.05	3.61	2.04
50400	.....	A	Revision of kidney/ureter	*19.50	NA	2.13	NA	7.17	1.36	NA	28.03
50405	.....	A	Revision of kidney/ureter	*23.93	NA	2.78	NA	9.01	1.74	NA	34.68
50500	.....	A	Repair of kidney wound	*19.57	NA	2.46	NA	7.64	1.64	NA	28.85
50520	.....	A	Close kidney-skin fistula	*17.23	NA	2.84	NA	7.57	1.50	NA	26.30
50525	.....	A	Repair renal-abdomen fistula	*22.27	NA	3.28	NA	9.31	1.99	NA	33.57
50526	.....	A	Repair renal-abdomen fistula	22.15	NA	3.22	NA	3.22	2.32	NA	27.69
50540	.....	A	Revision of horseshoe kidney	*19.93	NA	2.13	NA	7.30	1.54	NA	28.77
50551	.....	A	Kidney endoscopy	5.60	1.24	0.16	2.79	1.47	0.21	8.60	7.28
50553	.....	A	Kidney endoscopy	5.99	4.80	0.16	7.20	1.55	0.17	13.36	7.71
50555	.....	A	Kidney endoscopy & biopsy	6.53	4.99	0.16	7.62	1.73	0.45	14.60	8.71
50557	.....	A	Kidney endoscopy & treatment	6.62	5.02	0.16	7.68	1.76	0.49	14.79	8.87
50559	.....	A	Renal endoscopy; radiotracer	6.78	NA	0.16	NA	1.71	0.14	NA	8.63
50561	.....	A	Kidney endoscopy & treatment	7.59	4.50	0.16	7.26	1.97	0.49	15.34	10.05
50570	.....	A	Kidney endoscopy	9.54	NA	0.16	NA	2.32	0.14	NA	12.00
50572	.....	A	Kidney endoscopy	10.35	NA	0.16	NA	2.63	0.75	NA	13.73
50574	.....	A	Kidney endoscopy & biopsy	11.02	NA	0.16	NA	2.75	0.64	NA	14.41
50575	.....	A	Kidney endoscopy	13.98	NA	0.16	NA	3.47	0.97	NA	18.42
50576	.....	A	Kidney endoscopy & treatment	10.99	NA	0.16	NA	2.77	0.77	NA	14.53
50578	.....	A	Renal endoscopy; radiotracer	11.35	NA	0.16	NA	2.95	1.19	NA	15.49
50580	.....	A	Kidney endoscopy & treatment	11.86	NA	0.16	NA	2.87	0.35	NA	15.08
50590	.....	A	Fragmenting of kidney stone	*9.09	2.06	1.65	4.72	4.22	0.97	14.78	14.28
50600	.....	A	Exploration of ureter	*15.84	NA	2.12	NA	6.27	1.01	NA	23.12
50605	.....	A	Insert ureteral support	*15.46	NA	2.12	NA	6.10	0.60	NA	22.16
50610	.....	A	Removal of ureter stone	*15.92	NA	2.12	NA	6.33	1.17	NA	23.42
50620	.....	A	Removal of ureter stone	*15.16	NA	2.12	NA	6.16	1.16	NA	22.48
50630	.....	A	Removal of ureter stone	*14.94	NA	2.12	NA	6.13	1.25	NA	22.32
50650	.....	A	Removal of ureter	*17.41	NA	2.29	NA	6.87	1.21	NA	25.49
50660	.....	A	Removal of ureter	*19.55	NA	2.29	NA	7.41	1.53	NA	28.49
50684	.....	A	Injection for ureter x-ray	0.76	NA	0.09	NA	0.29	0.05	NA	1.10
50686	.....	A	Measure ureter pressure	1.51	1.59	0.16	2.28	0.54	0.04	3.83	2.09
50688	.....	A	Change of ureter tube	*1.17	NA	0.89	NA	1.35	0.04	NA	2.56
50690	.....	A	Injection for ureter x-ray	1.16	4.04	0.09	5.19	0.37	0.03	6.38	1.56
50700	.....	A	Revision of ureter	*15.21	NA	2.12	NA	6.20	1.29	NA	22.70
50715	.....	A	Release of ureter	*18.90	NA	2.56	NA	7.58	1.49	NA	27.97
50722	.....	A	Release of ureter	*16.35	NA	2.12	NA	6.60	1.97	NA	24.92
50725	.....	A	Release/revise ureter	*18.49	NA	2.35	NA	7.30	1.75	NA	27.54
50727	.....	A	Revise ureter	7.57	NA	2.35	NA	4.64	0.51	NA	12.72
50728	.....	A	Revise ureter	11.13	NA	2.56	NA	5.72	0.77	NA	17.62
50740	.....	A	Fusion of ureter & kidney	*18.42	NA	2.12	NA	7.03	1.88	NA	27.33
50750	.....	A	Fusion of ureter & kidney	*19.51	NA	2.29	NA	7.34	1.26	NA	28.11
50760	.....	A	Fusion of ureters	*18.42	NA	2.29	NA	7.15	1.48	NA	27.05
50770	.....	A	Splicing of ureters	*19.51	NA	2.29	NA	7.40	1.53	NA	28.44
50780	.....	A	Reimplant ureter in bladder	*18.36	NA	2.29	NA	7.14	1.46	NA	26.96
50782	.....	A	Reimplant ureter in bladder	18.23	NA	2.29	NA	7.11	1.46	NA	26.80
50783	.....	A	Reimplant ureter in bladder	19.17	NA	2.56	NA	7.64	1.46	NA	28.27
50785	.....	A	Reimplant ureter in bladder	*20.52	NA	2.29	NA	7.68	1.80	NA	30.00
50800	.....	A	Implant ureter in bowel	*14.52	NA	2.86	NA	7.00	1.51	NA	23.03
50810	.....	A	Fusion of ureter & bowel	*20.05	NA	3.15	NA	8.61	1.75	NA	30.41
50815	.....	A	Urine shunt to bowel	*19.93	NA	2.86	NA	8.46	2.75	NA	31.14
50820	.....	A	Construct bowel bladder	*21.89	NA	2.86	NA	8.83	2.50	NA	33.22
50825	.....	A	Construct bowel bladder	*28.18	NA	3.15	NA	10.74	3.33	NA	42.25
50830	.....	A	Revise urine flow	*31.28	NA	2.86	NA	10.84	2.27	NA	44.39
50840	.....	A	Replace ureter by bowel	*20.00	NA	2.86	NA	8.17	1.35	NA	29.52
50845	.....	A	Appendico-vesicostomy	*20.89	NA	2.13	NA	7.47	1.35	NA	29.71
50860	.....	A	Transplant ureter to skin	*15.36	NA	2.29	NA	6.41	1.16	NA	22.93

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
50900	.....	A	Repair of ureter	*13.62	NA	2.12	NA	5.82	1.15	NA	20.59
50920	.....	A	Closure ureter/skin fistula	*14.33	NA	2.12	NA	5.94	0.99	NA	21.26
50930	.....	A	Closure ureter/bowel fistula	*18.72	NA	2.12	NA	6.95	1.22	NA	26.89
50940	.....	A	Release of ureter	*14.51	NA	2.12	NA	5.97	0.95	NA	21.43
50951	.....	A	Endoscopy of ureter	5.84	1.28	0.16	2.88	1.52	0.17	8.89	7.53
50953	.....	A	Endoscopy of ureter	6.24	4.80	0.16	7.25	1.60	0.16	13.65	8.00
50955	.....	A	Ureter endoscopy & biopsy	6.75	4.83	0.16	7.42	1.73	0.25	14.42	8.73
50957	.....	A	Ureter endoscopy & treatment	6.79	4.84	0.16	7.44	1.74	0.25	14.48	8.78
50959	.....	A	Ureter endoscopy & tracer	4.40	NA	0.16	NA	1.23	0.29	NA	5.92
50961	.....	A	Ureter endoscopy & treatment	6.05	6.14	0.16	8.87	1.58	0.26	15.18	7.89
50970	.....	A	Ureter endoscopy	7.14	NA	0.16	NA	1.88	0.52	NA	9.54
50972	.....	A	Ureter endoscopy & catheter	6.89	NA	0.16	NA	1.74	0.16	NA	8.79
50974	.....	A	Ureter endoscopy & biopsy	9.17	NA	0.16	NA	2.35	0.65	NA	12.17
50976	.....	A	Ureter endoscopy & treatment	9.04	NA	0.16	NA	2.31	0.62	NA	11.97
50978	.....	A	Ureter endoscopy & tracer	5.10	NA	0.16	NA	1.42	0.48	NA	7.00
50980	.....	A	Ureter endoscopy & treatment	6.85	NA	0.16	NA	1.77	0.30	NA	8.92
51000	.....	A	Drainage of bladder	0.78	0.80	0.16	1.16	0.38	0.05	1.99	1.21
51005	.....	A	Drainage of bladder	1.02	1.16	0.16	1.65	0.43	0.04	2.71	1.49
51010	.....	A	Drainage of bladder	*3.53	2.24	0.71	3.53	1.67	0.11	7.17	5.31
51020	.....	A	Incise & treat bladder	*6.71	NA	2.12	NA	4.21	0.71	NA	11.63
51030	.....	A	Incise & treat bladder	*6.77	NA	2.12	NA	4.16	0.43	NA	11.36
51040	.....	A	Incise & drain bladder	*4.40	NA	1.85	NA	3.39	0.75	NA	8.54
51045	.....	A	Incise bladder, drain ureter	*6.77	NA	2.12	NA	4.18	0.50	NA	11.45
51050	.....	A	Removal of bladder stone	*6.92	NA	1.85	NA	3.93	0.70	NA	11.55
51060	.....	A	Removal of ureter stone	*8.85	NA	2.12	NA	4.78	1.19	NA	14.82
51065	.....	A	Removal of ureter stone	*8.85	NA	2.12	NA	4.68	0.71	NA	14.24
51080	.....	A	Drainage of bladder abscess	*5.96	NA	2.12	NA	4.01	0.57	NA	10.54
51500	.....	A	Removal of bladder cyst	*10.14	NA	1.86	NA	4.76	1.21	NA	16.11
51520	.....	A	Removal of bladder lesion	*9.29	NA	2.12	NA	4.81	0.87	NA	14.97
51525	.....	A	Removal of bladder lesion	*13.97	NA	2.12	NA	5.88	1.06	NA	20.91
51530	.....	A	Removal of bladder lesion	*12.38	NA	2.12	NA	5.52	1.02	NA	18.92
51535	.....	A	Repair of ureter lesion	*12.57	NA	2.12	NA	5.59	1.14	NA	19.30
51550	.....	A	Partial removal of bladder	*15.66	NA	2.12	NA	6.27	1.17	NA	23.10
51555	.....	A	Partial removal of bladder	*21.23	NA	2.29	NA	7.73	1.31	NA	30.27
51565	.....	A	Revise bladder & ureter(s)	*21.62	NA	2.56	NA	8.22	1.67	NA	31.51
51570	.....	A	Removal of bladder	*24.24	NA	2.58	NA	8.81	1.62	NA	34.67
51575	.....	A	Removal of bladder & nodes	*30.45	NA	2.86	NA	10.65	2.25	NA	43.35
51580	.....	A	Remove bladder; revise tract	*31.08	NA	3.15	NA	11.09	2.04	NA	44.21
51585	.....	A	Removal of bladder & nodes	*35.23	NA	3.15	NA	12.09	2.42	NA	49.74
51590	.....	A	Remove bladder; revise tract	*32.66	NA	2.86	NA	11.21	2.56	NA	46.43
51595	.....	A	Remove bladder; revise tract	*37.14	NA	2.86	NA	12.36	3.34	NA	52.84
51596	.....	A	Remove bladder, create pouch	*39.52	NA	3.15	NA	13.25	3.45	NA	56.22
51597	.....	A	Removal of pelvic structures	*38.35	NA	3.15	NA	13.18	4.31	NA	55.84
51600	.....	A	Injection for bladder x-ray	0.88	4.26	0.09	5.39	0.31	0.03	6.30	1.22
51605	.....	A	Preparation for bladder xray	0.64	4.24	0.09	5.31	0.26	0.03	5.98	0.93
51610	.....	A	Injection for bladder x-ray	1.05	4.43	0.09	5.64	0.35	0.02	6.71	1.42
51700	.....	A	Irrigation of bladder	0.88	1.25	0.16	1.72	0.40	0.02	2.62	1.30
51705	.....	A	Change of bladder tube	*1.02	1.17	0.89	1.66	1.31	0.04	2.72	2.37
51710	.....	A	Change of bladder tube	*1.49	1.77	0.89	2.50	1.42	0.06	4.05	2.97
51715	.....	A	Endoscopic injection/implant	3.74	1.21	0.16	2.36	1.08	0.27	6.37	5.09
51720	.....	A	Treatment of bladder lesion	1.96	1.37	0.16	2.10	0.64	0.05	4.11	2.65
51725	.....	A	Simple cystometrogram	1.51	2.04	2.04	2.85	2.85	0.11	4.47	4.47
51725	26	A	Simple cystometrogram	1.51	0.17	0.17	0.56	0.56	0.07	2.14	2.14
51725	TC	A	Simple cystometrogram	0.00	1.87	1.87	2.29	2.29	0.04	2.33	2.33
51726	.....	A	Complex cystometrogram	1.71	1.68	1.68	2.45	2.45	0.13	4.29	4.29
51726	26	A	Complex cystometrogram	1.71	0.17	0.17	0.60	0.60	0.08	2.39	2.39
51726	TC	A	Complex cystometrogram	0.00	1.51	1.51	1.85	1.85	0.05	1.90	1.90
51736	.....	A	Urine flow measurement	0.61	0.77	0.77	1.09	1.09	0.04	1.74	1.74
51736	26	A	Urine flow measurement	0.61	0.17	0.17	0.35	0.35	0.03	0.99	0.99
51736	TC	A	Urine flow measurement	0.00	0.60	0.60	0.74	0.74	0.01	0.75	0.75
51741	.....	A	Electro-uroflowmetry, first	1.14	1.00	1.00	1.48	1.48	0.06	2.68	2.68
51741	26	A	Electro-uroflowmetry, first	1.14	0.17	0.17	0.47	0.47	0.04	1.65	1.65
51741	TC	A	Electro-uroflowmetry, first	0.00	0.83	0.83	1.01	1.01	0.02	1.03	1.03
51772	.....	A	Urethra pressure profile	1.61	1.71	1.71	2.47	2.47	0.11	4.19	4.19
51772	26	A	Urethra pressure profile	1.61	0.17	0.17	0.58	0.58	0.06	2.25	2.25
51772	TC	A	Urethra pressure profile	0.00	1.54	1.54	1.89	1.89	0.05	1.94	1.94
51784	.....	A	Anal/urinary muscle study	1.53	1.34	1.34	2.00	2.00	0.11	3.64	3.64
51784	26	A	Anal/urinary muscle study	1.53	0.17	0.17	0.56	0.56	0.07	2.16	2.16
51784	TC	A	Anal/urinary muscle study	0.00	1.17	1.17	1.44	1.44	0.04	1.48	1.48
51785	.....	A	Anal/urinary muscle study	1.53	1.34	1.34	2.00	2.00	0.11	3.64	3.64
51785	26	A	Anal/urinary muscle study	1.53	0.17	0.17	0.56	0.56	0.07	2.16	2.16
51785	TC	A	Anal/urinary muscle study	0.00	1.17	1.17	1.44	1.44	0.04	1.48	1.48
51792	.....	A	Urinary reflex study	1.10	1.31	1.31	1.89	1.89	0.20	3.19	3.19
51792	26	A	Urinary reflex study	1.10	0.17	0.17	0.47	0.47	0.06	1.63	1.63

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
51792	TC	A	Urinary reflex study	0.00	1.14	1.14	1.42	1.42	0.14	1.56	1.56
51795		A	Urine voiding pressure study	1.53	1.71	1.71	2.46	2.46	0.16	4.15	4.15
51795	26	A	Urine voiding pressure study	1.53	0.17	0.17	0.56	0.56	0.06	2.15	2.15
51795	TC	A	Urine voiding pressure study	0.00	1.54	1.54	1.90	1.90	0.10	2.00	2.00
51797		A	Intraabdominal pressure test	1.60	1.71	1.71	2.46	2.46	0.10	4.16	4.16
51797	26	A	Intraabdominal pressure test	1.60	0.17	0.17	0.57	0.57	0.05	2.22	2.22
51797	TC	A	Intraabdominal pressure test	0.00	1.54	1.54	1.89	1.89	0.05	1.94	1.94
51800		A	Revision of bladder/urethra	*17.42	NA	2.12	NA	6.72	1.47	NA	25.61
51820		A	Revision of urinary tract	*17.89	NA	2.56	NA	7.33	1.32	NA	26.54
51840		A	Attach bladder/urethra	*10.71	NA	2.12	NA	5.21	1.26	NA	17.18
51841		A	Attach bladder/urethra	*13.03	NA	2.12	NA	5.76	1.48	NA	20.27
51845		A	Repair bladder neck	*9.73	NA	2.12	NA	4.95	1.09	NA	15.77
51860		A	Repair of bladder wound	*12.02	NA	2.35	NA	5.70	0.91	NA	18.63
51865		A	Repair of bladder wound	*15.04	NA	2.35	NA	6.44	1.27	NA	22.75
51880		A	Repair of bladder opening	*7.66	NA	1.85	NA	4.05	0.52	NA	12.23
51900		A	Repair bladder/vagina lesion	*12.97	NA	2.29	NA	5.94	1.41	NA	20.32
51920		A	Close bladder-uterus fistula	*11.81	NA	2.12	NA	5.33	0.73	NA	17.87
51925		A	Hysterectomy/bladder repair	*15.58	NA	2.73	NA	7.25	2.33	NA	25.16
51940		A	Correction of bladder defect	*26.81	NA	3.15	NA	10.20	2.22	NA	39.23
51960		A	Revision of bladder & bowel	*23.01	NA	3.15	NA	9.38	2.27	NA	34.66
51980		A	Construct bladder opening	*11.36	NA	2.12	NA	5.24	0.75	NA	17.35
52000		A	Cystoscopy	2.01	1.06	0.16	1.76	0.67	0.14	3.91	2.82
52005		A	Cystoscopy & ureter catheter	2.37	1.55	0.16	2.46	0.77	0.22	5.05	3.36
52007		A	Cystoscopy and biopsy	3.02	NA	0.16	NA	0.92	0.28	NA	4.22
52010		A	Cystoscopy & duct catheter	3.02	1.58	0.16	2.63	0.90	0.20	5.85	4.12
52204		A	Cystoscopy	2.37	1.75	0.16	2.71	0.77	0.24	5.32	3.38
52214		A	Cystoscopy and treatment	3.71	1.72	0.16	2.97	1.07	0.28	6.96	5.06
52224		A	Cystoscopy and treatment	3.14	1.74	0.16	2.88	0.95	0.29	6.31	4.38
52234		A	Cystoscopy and treatment	4.63	1.87	0.16	3.40	1.31	0.45	8.48	6.39
52235		A	Cystoscopy and treatment	5.45	1.88	0.16	3.67	1.57	0.81	9.93	7.83
52240		A	Cystoscopy and treatment	9.72	3.91	0.16	7.12	2.56	1.04	17.88	13.32
52250		A	Cystoscopy & radiotracer	4.50	NA	0.16	NA	1.25	0.29	NA	6.04
52260		A	Cystoscopy & treatment	3.92	NA	0.16	NA	1.11	0.22	NA	5.25
52265		A	Cystoscopy & treatment	2.94	1.12	0.16	2.04	0.87	0.14	5.12	3.95
52270		A	Cystoscopy & revise urethra	3.37	1.85	0.16	3.08	1.01	0.35	6.80	4.73
52275		A	Cystoscopy & revise urethra	4.70	1.85	0.16	3.36	1.30	0.34	8.40	6.34
52276		A	Cystoscopy and treatment	5.00	2.16	0.16	3.83	1.39	0.45	9.28	6.84
52277		A	Cystoscopy and treatment	6.17	NA	0.16	NA	1.65	0.47	NA	8.29
52281		A	Cystoscopy and treatment	2.80	1.14	0.16	2.05	0.86	0.23	5.08	3.89
52283		A	Cystoscopy and treatment	3.74	1.81	0.16	3.06	1.05	0.15	6.95	4.94
52285		A	Cystoscopy and treatment	3.61	1.91	0.16	3.18	1.06	0.30	7.09	4.97
52290		A	Cystoscopy and treatment	4.59	NA	0.16	NA	1.26	0.24	NA	6.09
52300		A	Cystoscopy and treatment	5.31	NA	0.16	NA	1.44	0.36	NA	7.11
52301		A	Cystoscopy and treatment	5.51	0.16	0.16	1.48	1.48	0.36	7.35	7.35
52305		A	Cystoscopy and treatment	5.31	NA	0.16	NA	1.44	0.35	NA	7.10
52310		A	Cystoscopy and treatment	2.81	4.07	0.16	5.64	0.88	0.30	8.75	3.99
52315		A	Cystoscopy and treatment	5.21	4.14	0.16	6.27	1.43	0.40	11.88	7.04
52317		A	Remove bladder stone	6.72	4.16	0.16	6.67	1.80	0.59	13.98	9.11
52318		A	Remove bladder stone	9.19	NA	0.16	NA	2.38	0.77	NA	12.34
52320		A	Cystoscopy and treatment	4.70	NA	0.16	NA	1.33	0.47	NA	6.50
52325		A	Cystoscopy, stone removal	6.16	NA	0.16	NA	1.70	0.68	NA	8.54
52327		A	Cystoscopy, inject material	5.19	NA	0.16	NA	1.41	0.36	NA	6.96
52330		A	Cystoscopy and treatment	5.04	5.32	0.16	7.66	1.38	0.35	13.05	6.77
52332		A	Cystoscopy and treatment	2.83	8.13	0.16	10.60	0.89	0.32	13.75	4.04
52334		A	Create passage to kidney	4.83	NA	0.16	NA	1.33	0.34	NA	6.50
52335		A	Endoscopy of urinary tract	5.86	NA	0.16	NA	1.58	0.45	NA	7.89
52336		A	Cystoscopy, stone removal	6.88	NA	0.16	NA	1.92	0.99	NA	9.79
52337		A	Cystoscopy, stone removal	7.97	NA	0.16	NA	2.18	1.08	NA	11.23
52338		A	Cystoscopy and treatment	7.34	NA	0.16	NA	1.93	0.57	NA	9.84
52339		A	Cystoscopy and treatment	8.82	NA	0.16	NA	2.26	0.57	NA	11.65
52340		A	Cystoscopy and treatment	*9.68	NA	1.93	NA	4.58	0.50	NA	14.76
52450		A	Incision of prostate	7.05	NA	2.15	NA	4.27	0.49	NA	11.81
52500		A	Revision of bladder neck	*8.47	NA	2.15	NA	4.63	0.72	NA	13.82
52510		A	Dilation prostatic urethra	*6.72	NA	1.87	NA	3.92	0.74	NA	11.38
52601		A	Prostatectomy (TURP)	*12.37	NA	2.15	NA	5.58	1.16	NA	19.11
52606		A	Control postop bleeding	*8.13	NA	1.87	NA	4.14	0.33	NA	12.60
52612		A	Prostatectomy, first stage	*7.98	NA	2.15	NA	4.59	0.99	NA	13.56
52614		A	Prostatectomy, second stage	*6.84	NA	2.15	NA	4.27	0.68	NA	11.79
52620		A	Remove residual prostate	*6.61	NA	2.15	NA	4.18	0.51	NA	11.30
52630		A	Remove prostate regrowth	*7.26	NA	2.15	NA	4.46	1.13	NA	12.85
52640		A	Relieve bladder contracture	*6.62	NA	1.87	NA	3.87	0.62	NA	11.11
52647		A	Laser surgery of prostate	*10.36	NA	2.15	NA	5.14	1.16	NA	16.66
52648		A	Laser surgery of prostate	*11.21	NA	2.15	NA	5.33	1.16	NA	17.70
52700		A	Drainage of prostate abscess	*6.80	NA	2.15	NA	4.18	0.34	NA	11.32

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
53000	.....	A	Incision of urethra	*2.28	2.61	1.31	3.72	2.14	0.17	6.17	4.59
53010	.....	A	Incision of urethra	*3.64	NA	1.65	NA	2.89	0.37	NA	6.90
53020	.....	A	Incision of urethra	1.77	1.33	0.16	2.03	0.61	0.09	3.89	2.47
53025	.....	A	Incision of urethra	1.13	1.48	0.16	2.07	0.46	0.08	3.28	1.67
53040	.....	A	Drainage of urethra abscess	*6.40	3.34	3.34	5.52	5.52	0.19	12.11	12.11
53060	.....	A	Drainage of urethra abscess	*2.63	2.46	1.29	3.58	2.17	0.07	6.28	4.87
53080	.....	A	Drainage of urinary leakage	*6.29	NA	2.83	NA	4.93	0.45	NA	11.67
53085	.....	A	Drainage of urinary leakage	*10.27	NA	2.85	NA	5.88	0.70	NA	16.85
53200	.....	A	Biopsy of urethra	2.59	1.65	0.16	2.61	0.79	0.12	5.32	3.50
53210	.....	A	Removal of urethra	*12.57	NA	2.22	NA	5.61	0.67	NA	18.85
53215	.....	A	Removal of urethra	*15.58	NA	2.22	NA	6.33	0.96	NA	22.87
53220	.....	A	Treatment of urethra lesion	*7.00	NA	1.97	NA	4.04	0.49	NA	11.53
53230	.....	A	Removal of urethra lesion	*9.58	NA	1.97	NA	4.67	0.79	NA	15.04
53235	.....	A	Removal of urethra lesion	*10.14	NA	1.97	NA	4.73	0.49	NA	15.36
53240	.....	A	Surgery for urethra pouch	*6.45	NA	1.97	NA	3.91	0.45	NA	10.81
53250	.....	A	Removal of urethra gland	*5.89	NA	1.67	NA	3.41	0.40	NA	9.70
53260	.....	A	Treatment of urethra lesion	*2.98	2.10	0.98	3.25	1.88	0.16	6.39	5.02
53265	.....	A	Treatment of urethra lesion	*3.12	2.10	0.98	3.29	1.92	0.22	6.63	5.26
53270	.....	A	Removal of urethra gland	*3.09	2.11	0.98	3.29	1.91	0.18	6.56	5.18
53275	.....	A	Repair of urethra defect	*4.53	NA	1.32	NA	2.66	0.25	NA	7.44
53400	.....	A	Revise urethra, 1st stage	*12.77	NA	2.22	NA	5.67	0.76	NA	19.20
53405	.....	A	Revise urethra, 2nd stage	*14.48	NA	2.22	NA	6.14	1.21	NA	21.83
53410	.....	A	Reconstruction of urethra	*16.44	NA	2.22	NA	6.49	0.84	NA	23.77
53415	.....	A	Reconstruction of urethra	*19.41	NA	2.22	NA	7.21	1.15	NA	27.77
53420	.....	A	Reconstruct urethra, stage 1	*14.08	NA	2.22	NA	6.02	1.05	NA	21.15
53425	.....	A	Reconstruct urethra, stage 2	*15.98	NA	2.22	NA	6.40	0.88	NA	23.26
53430	.....	A	Reconstruction of urethra	*16.34	NA	2.22	NA	6.45	0.76	NA	23.55
53440	.....	A	Correct bladder function	*12.34	NA	2.39	NA	5.93	1.39	NA	19.66
53442	.....	A	Remove perineal prosthesis	*8.27	NA	1.97	NA	4.36	0.67	NA	13.30
53443	.....	A	Reconstruction of urethra	*19.89	NA	1.97	NA	6.99	1.07	NA	27.95
53445	.....	A	Correct urine flow control	*14.06	NA	2.39	NA	6.44	2.03	NA	22.53
53447	.....	A	Remove artificial sphincter	*13.17	NA	2.14	NA	5.69	0.89	NA	19.75
53449	.....	A	Correct artificial sphincter	*9.70	NA	2.14	NA	4.91	0.82	NA	15.43
53450	.....	A	Revision of urethra	*6.14	NA	1.97	NA	3.80	0.27	NA	10.21
53460	.....	A	Revision of urethra	*7.12	NA	1.97	NA	4.01	0.25	NA	11.38
53502	.....	A	Repair of urethra injury	*7.63	NA	1.97	NA	4.19	0.56	NA	12.38
53505	.....	A	Repair of urethra injury	*7.63	NA	1.97	NA	4.18	0.51	NA	12.32
53510	.....	A	Repair of urethra injury	*10.11	NA	1.97	NA	4.76	0.66	NA	15.53
53515	.....	A	Repair of urethra injury	*13.31	NA	1.97	NA	5.51	0.88	NA	19.70
53520	.....	A	Repair of urethra defect	*8.68	NA	1.97	NA	4.42	0.56	NA	13.66
53600	.....	A	Dilate urethra stricture	1.21	1.29	0.16	1.85	0.47	0.03	3.09	1.71
53601	.....	A	Dilate urethra stricture	0.98	1.29	0.16	1.80	0.42	0.03	2.81	1.43
53605	.....	A	Dilate urethra stricture	1.28	NA	0.16	NA	0.49	0.05	NA	1.82
53620	.....	A	Dilate urethra stricture	1.62	1.74	0.16	2.49	0.56	0.05	4.16	2.23
53621	.....	A	Dilate urethra stricture	1.35	1.88	0.16	2.60	0.50	0.04	3.99	1.89
53660	.....	A	Dilation of urethra	0.71	1.29	0.16	1.74	0.36	0.03	2.48	1.10
53661	.....	A	Dilation of urethra	0.72	1.29	0.16	1.74	0.36	0.03	2.49	1.11
53665	.....	A	Dilation of urethra	0.76	1.57	0.16	2.09	0.37	0.04	2.89	1.17
53670	.....	A	Insert urinary catheter	0.50	1.25	0.16	1.64	0.31	0.02	2.16	0.83
53675	.....	A	Insert urinary catheter	1.47	1.57	0.16	2.25	0.53	0.05	3.77	2.05
54000	.....	A	Slitting of prepuce	*1.54	2.01	0.99	2.80	1.56	0.07	4.41	3.17
54001	.....	A	Slitting of prepuce	*2.19	2.28	1.23	3.28	2.00	0.09	5.56	4.28
54015	.....	A	Drain penis lesion	*5.32	2.30	1.23	3.99	2.69	0.09	9.40	8.10
54050	.....	A	Destruction, penis lesion(s)	*1.24	1.12	0.69	1.64	1.12	0.03	2.91	2.39
54055	.....	A	Destruction, penis lesion(s)	*1.22	2.54	0.99	3.37	1.49	0.06	4.65	2.77
54056	.....	A	Cryosurgery, penis lesion(s)	*1.24	0.82	0.82	1.27	1.27	0.04	2.55	2.55
54057	.....	A	Laser surg, penis lesion(s)	*1.24	1.15	0.99	1.72	1.52	0.21	3.17	2.97
54060	.....	A	Excision of penis lesion(s)	*1.93	2.05	0.99	2.95	1.65	0.12	5.00	3.70
54065	.....	A	Destruction, penis lesion(s)	*2.42	2.28	1.23	3.37	2.09	0.25	6.04	4.76
54100	.....	A	Biopsy of penis	1.90	1.50	0.16	2.26	0.63	0.07	4.23	2.60
54105	.....	A	Biopsy of penis	*3.50	2.08	0.99	3.32	2.00	0.11	6.93	5.61
54110	.....	A	Treatment of penis lesion	*10.13	NA	2.53	NA	5.43	0.61	NA	16.17
54111	.....	A	Treat penis lesion, graft	*13.57	NA	2.53	NA	6.27	0.97	NA	20.81
54112	.....	A	Treat penis lesion, graft	*15.86	NA	2.53	NA	6.80	1.14	NA	23.80
54115	.....	A	Treatment of penis lesion	*6.15	3.61	2.53	5.84	4.52	0.44	12.43	11.11
54120	.....	A	Partial removal of penis	*9.97	NA	2.53	NA	5.40	0.62	NA	15.99
54125	.....	A	Removal of penis	*13.53	NA	2.53	NA	6.30	1.17	NA	21.00
54130	.....	A	Remove penis & nodes	*20.14	NA	2.80	NA	8.12	1.32	NA	29.58
54135	.....	A	Remove penis & nodes	*26.36	NA	2.80	NA	9.57	1.74	NA	37.67
54150	.....	A	Circumcision	*1.81	2.01	0.99	2.85	1.61	0.05	4.71	3.47
54152	.....	A	Circumcision	*2.31	NA	0.99	NA	1.75	0.20	NA	4.26
54160	.....	A	Circumcision	*2.48	2.08	0.99	3.12	1.79	0.21	5.81	4.48
54161	.....	A	Circumcision	*3.27	1.55	0.99	2.66	1.97	0.23	6.16	5.47
54200	.....	A	Treatment of penis lesion	*1.06	1.26	0.69	1.78	1.08	0.03	2.87	2.17

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
54205	.....	A	Treatment of penis lesion	*7.93	NA	2.53	NA	4.93	0.50	NA	13.36
54220	.....	A	Treatment of penis lesion	2.42	0.72	0.16	1.45	0.77	0.17	4.04	3.36
54230	.....	A	Prepare penis study	1.34	NA	0.09	NA	0.43	0.13	NA	1.90
54231	.....	A	Dynamic cavernosometry	2.04	0.77	0.16	1.42	0.68	0.14	3.60	2.86
54235	.....	A	Penile injection	1.19	0.49	0.16	0.87	0.47	0.04	2.10	1.70
54240	.....	A	Penis study	1.31	0.91	0.91	1.43	1.43	0.12	2.86	2.86
54240	26	A	Penis study	1.31	0.17	0.17	0.51	0.51	0.06	1.88	1.88
54240	TC	A	Penis study	0.00	0.74	0.74	0.92	0.92	0.06	0.98	0.98
54250	.....	A	Penis study	2.22	1.18	1.18	1.95	1.95	0.08	4.25	4.25
54250	26	A	Penis study	2.22	0.17	0.17	0.71	0.71	0.05	2.98	2.98
54250	TC	A	Penis study	0.00	1.01	1.01	1.24	1.24	0.03	1.27	1.27
54300	.....	A	Revision of penis	*10.41	NA	2.88	NA	5.99	0.87	NA	17.27
54304	.....	A	Revision of penis	*12.49	NA	3.13	NA	6.75	0.90	NA	20.14
54308	.....	A	Reconstruction of urethra	*11.83	NA	3.13	NA	6.57	0.74	NA	19.14
54312	.....	A	Reconstruction of urethra	*13.57	NA	3.13	NA	6.99	0.91	NA	21.47
54316	.....	A	Reconstruction of urethra	*16.82	NA	3.13	NA	7.74	1.12	NA	25.68
54318	.....	A	Reconstruction of urethra	*11.25	NA	3.13	NA	6.52	1.11	NA	18.88
54322	.....	A	Reconstruction of urethra	*13.01	NA	2.60	NA	6.18	0.74	NA	19.93
54324	.....	A	Reconstruction of urethra	*16.31	NA	3.13	NA	7.62	1.08	NA	25.01
54326	.....	A	Reconstruction of urethra	*15.72	NA	2.88	NA	7.18	1.03	NA	23.93
54328	.....	A	Revise penis, urethra	*15.65	NA	3.13	NA	7.51	1.24	NA	24.40
54332	.....	A	Revise penis, urethra	*17.08	NA	3.13	NA	7.80	1.13	NA	26.01
54336	.....	A	Revise penis, urethra	*20.04	NA	3.39	NA	8.83	1.40	NA	30.27
54340	.....	A	Secondary urethral surgery	*8.91	NA	2.88	NA	5.60	0.59	NA	15.10
54344	.....	A	Secondary urethral surgery	*15.94	NA	2.88	NA	7.25	1.10	NA	24.29
54348	.....	A	Secondary urethral surgery	*17.15	NA	3.13	NA	7.82	1.14	NA	26.11
54352	.....	A	Reconstruct urethra, penis	*24.74	NA	3.39	NA	9.88	1.49	NA	36.11
54360	.....	A	Penis plastic surgery	*11.93	NA	2.53	NA	5.85	0.73	NA	18.51
54380	.....	A	Repair penis	*13.18	NA	3.13	NA	6.86	0.75	NA	20.79
54385	.....	A	Repair penis	*15.39	NA	3.13	NA	7.38	0.89	NA	23.66
54390	.....	A	Repair penis and bladder	20.97	NA	3.07	NA	3.07	1.58	NA	25.62
54400	.....	A	Insert semi-rigid prosthesis	*8.99	NA	2.14	NA	4.86	1.27	NA	15.12
54401	.....	A	Insert self-contd prosthesis	9.67	NA	2.39	NA	5.42	1.73	NA	16.82
54402	.....	A	Remove penis prosthesis	*9.21	NA	2.14	NA	4.75	0.58	NA	14.54
54405	.....	A	Insert multi-comp prosthesis	*13.43	NA	2.39	NA	6.32	2.10	NA	21.85
54407	.....	A	Remove multi-comp prosthesis	*13.34	NA	2.14	NA	5.77	1.10	NA	20.21
54409	.....	A	Revise penis prosthesis	*12.20	NA	2.14	NA	5.47	0.87	NA	18.54
54420	.....	A	Revision of penis	*11.42	NA	2.53	NA	5.77	0.87	NA	18.06
54430	.....	A	Revision of penis	*10.15	NA	2.53	NA	5.45	0.69	NA	16.29
54435	.....	A	Revision of penis	*6.12	NA	2.22	NA	4.13	0.39	NA	10.64
54450	.....	A	Preputial stretching	1.12	0.48	0.16	0.84	0.46	0.07	2.03	1.65
54500	.....	A	Biopsy of testis	1.31	2.10	0.16	2.86	0.50	0.05	4.22	1.86
54505	.....	A	Biopsy of testis	*3.46	NA	1.26	NA	2.35	0.22	NA	6.03
54510	.....	A	Removal of testis lesion	*5.45	NA	1.50	NA	3.10	0.38	NA	8.93
54520	.....	A	Removal of testis	*5.23	NA	1.50	NA	3.09	0.52	NA	8.84
54530	.....	A	Removal of testis	*8.58	NA	1.86	NA	4.32	0.77	NA	13.67
54535	.....	A	Extensive testis surgery	*12.16	NA	2.12	NA	5.47	1.02	NA	18.65
54550	.....	A	Exploration for testis	*7.78	NA	1.81	NA	4.05	0.61	NA	12.44
54560	.....	A	Exploration for testis	*11.13	NA	2.12	NA	5.20	0.81	NA	17.14
54600	.....	A	Reduce testis torsion	*7.01	NA	1.52	NA	3.49	0.48	NA	10.98
54620	.....	A	Suspension of testis	*4.90	NA	1.26	NA	2.69	0.33	NA	7.92
54640	.....	A	Suspension of testis	*6.90	NA	1.58	NA	3.64	0.91	NA	11.45
54650	.....	A	Orchiopexy (Fowler-Stephens)	*11.45	NA	2.12	NA	5.29	0.91	NA	17.65
54660	.....	A	Revision of testis	*5.11	NA	1.50	NA	3.02	0.34	NA	8.47
54670	.....	A	Repair testis injury	*6.41	NA	1.52	NA	3.35	0.43	NA	10.19
54680	.....	A	Relocation of testis(es)	*12.65	NA	1.86	NA	5.22	0.80	NA	18.67
54700	.....	A	Drainage of scrotum	*3.43	3.08	1.87	4.53	3.06	0.11	8.07	6.60
54800	.....	A	Biopsy of epididymis	2.33	2.20	0.16	3.23	0.75	0.19	5.75	3.27
54820	.....	A	Exploration of epididymis	*5.14	NA	1.52	NA	3.04	0.29	NA	8.47
54830	.....	A	Remove epididymis lesion	*5.38	NA	1.52	NA	3.11	0.39	NA	8.88
54840	.....	A	Remove epididymis lesion	*5.20	NA	1.52	NA	3.09	0.48	NA	8.77
54860	.....	A	Removal of epididymis	*6.32	NA	1.81	NA	3.70	0.50	NA	10.52
54861	.....	A	Removal of epididymis	*8.90	NA	1.81	NA	4.32	0.72	NA	13.94
54900	.....	A	Fusion of spermatic ducts	*13.20	NA	1.86	NA	5.36	0.87	NA	19.43
54901	.....	A	Fusion of spermatic ducts	17.30	NA	1.83	NA	1.83	1.20	NA	20.33
55000	.....	A	Drainage of hydrocele	1.43	0.80	0.16	1.30	0.52	0.04	2.77	1.99
55040	.....	A	Removal of hydrocele	*5.36	NA	1.52	NA	3.15	0.55	NA	9.06
55041	.....	A	Removal of hydroceles	*7.74	NA	1.81	NA	4.08	0.81	NA	12.63
55060	.....	A	Repair of hydrocele	*5.52	NA	1.52	NA	3.17	0.50	NA	9.19
55100	.....	A	Drainage of scrotum abscess	*2.13	3.05	1.87	4.20	2.77	0.07	6.40	4.97
55110	.....	A	Explore scrotum	*5.70	NA	1.52	NA	3.18	0.37	NA	9.25
55120	.....	A	Removal of scrotum lesion	*5.09	NA	1.52	NA	3.01	0.21	NA	8.31
55150	.....	A	Removal of scrotum	*7.22	NA	1.81	NA	3.92	0.57	NA	11.71
55175	.....	A	Revision of scrotum	*5.24	NA	1.52	NA	3.10	0.48	NA	8.82

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
55180	.....	A	Revision of scrotum	*10.72	NA	1.86	NA	4.80	0.82	NA	16.34
55200	.....	A	Incision of sperm duct	*4.24	NA	1.28	NA	2.54	0.20	NA	6.98
55250	.....	A	Removal of sperm duct(s)	*3.29	2.44	1.33	3.75	2.41	0.28	7.32	5.98
55300	.....	A	Preparation,sperm duct x-ray	3.51	NA	0.16	NA	1.03	0.27	NA	4.81
55400	.....	A	Repair of sperm duct	*8.49	NA	1.81	NA	4.21	0.62	NA	13.32
55450	.....	A	Ligation of sperm duct	*4.12	2.11	1.09	3.54	2.30	0.32	7.98	6.74
55500	.....	A	Removal of hydrocele	*5.59	NA	1.52	NA	3.18	0.50	NA	9.27
55520	.....	A	Removal of sperm cord lesion	*6.03	NA	1.52	NA	3.28	0.51	NA	9.82
55530	.....	A	Revise spermatic cord veins	*5.66	NA	1.52	NA	3.22	0.60	NA	9.48
55535	.....	A	Revise spermatic cord veins	*6.56	NA	1.52	NA	3.39	0.45	NA	10.40
55540	.....	A	Revise hernia & sperm veins	*7.67	NA	1.24	NA	3.39	0.91	NA	11.97
55600	.....	A	Incise sperm duct pouch	*6.38	NA	1.81	NA	3.73	0.55	NA	10.66
55605	.....	A	Incise sperm duct pouch	*7.96	NA	1.81	NA	4.08	0.59	NA	12.63
55650	.....	A	Remove sperm duct pouch	*11.80	NA	1.81	NA	4.96	0.76	NA	17.52
55680	.....	A	Remove sperm pouch lesion	*5.19	NA	1.52	NA	3.07	0.38	NA	8.64
55700	.....	A	Biopsy of prostate	1.57	1.38	0.16	2.05	0.58	0.15	3.77	2.30
55705	.....	A	Biopsy of prostate	*4.57	NA	1.51	NA	2.91	0.34	NA	7.82
55720	.....	A	Drainage of prostate abscess	*7.64	NA	2.12	NA	4.34	0.37	NA	12.35
55725	.....	A	Drainage of prostate abscess	*8.68	NA	2.35	NA	4.89	0.54	NA	14.11
55801	.....	A	Removal of prostate	*17.80	NA	2.35	NA	7.08	1.44	NA	26.32
55810	.....	A	Extensive prostate surgery	*22.58	NA	2.56	NA	8.45	1.77	NA	32.80
55812	.....	A	Extensive prostate surgery	*27.51	NA	2.80	NA	9.87	1.94	NA	39.32
55815	.....	A	Extensive prostate surgery	*30.46	NA	2.80	NA	10.62	2.42	NA	43.50
55821	.....	A	Removal of prostate	*14.25	NA	2.12	NA	6.00	1.35	NA	21.60
55831	.....	A	Removal of prostate	*15.62	NA	2.12	NA	6.32	1.44	NA	23.38
55840	.....	A	Extensive prostate surgery	*22.69	NA	2.80	NA	8.74	1.61	NA	33.04
55842	.....	A	Extensive prostate surgery	*24.38	NA	2.80	NA	9.17	1.88	NA	35.43
55845	.....	A	Extensive prostate surgery	*28.55	NA	2.80	NA	10.20	2.44	NA	41.19
55859	.....	A	Percut/needle insert, pros	*12.52	NA	0.50	NA	3.48	0.58	NA	16.58
55860	.....	A	Surgical exposure, prostate	*14.45	NA	2.12	NA	5.90	0.70	NA	21.05
55862	.....	A	Extensive prostate surgery	*18.39	NA	2.12	NA	6.87	1.20	NA	26.46
55865	.....	A	Extensive prostate surgery	*22.87	NA	2.35	NA	8.40	2.39	NA	33.66
55870	.....	A	Electroejaculation	2.58	0.65	0.16	1.40	0.80	0.18	4.16	3.56
56300	.....	A	Pelvis laparoscopy, dx	3.65	NA	1.30	NA	2.59	0.93	NA	7.17
56301	.....	A	Laparoscopy; tubal cautery	*3.78	NA	1.30	NA	2.70	1.28	NA	7.76
56302	.....	A	Laparoscopy; tubal block	*4.21	NA	1.30	NA	2.80	1.32	NA	8.33
56303	.....	A	Laparoscopy; excise lesions	*5.79	NA	1.06	NA	2.81	1.16	NA	9.76
56304	.....	A	Laparoscopy; lysis	*4.47	NA	1.30	NA	2.83	1.20	NA	8.50
56305	.....	A	Pelvic laparoscopy; biopsy	3.97	NA	1.30	NA	2.63	0.79	NA	7.39
56306	.....	A	Laparoscopy; aspiration	*3.85	NA	1.30	NA	2.69	1.18	NA	7.72
56307	.....	A	Laparoscopy; remove adnexa	*11.05	NA	1.06	NA	4.06	1.60	NA	16.71
56308	.....	A	Laparoscopy; hysterectomy	*14.19	NA	1.29	NA	5.14	2.07	NA	21.40
56309	.....	A	Laparoscopy; remove myoma	*14.21	NA	1.19	NA	4.79	1.03	NA	20.03
56311	.....	A	Laparoscopic lymph node biop	*9.25	NA	1.16	NA	3.76	1.47	NA	14.48
56312	.....	A	Laparoscopic lymphadenectomy	*12.38	NA	1.16	NA	4.31	0.84	NA	17.53
56313	.....	A	Laparoscopic lymphadenectomy	*14.32	NA	0.94	NA	4.79	2.31	NA	21.42
56315	.....	A	Laparoscopic appendectomy	*8.70	NA	1.16	NA	3.54	1.01	NA	13.25
56316	.....	A	Laparoscopic hernia repair	*6.27	NA	1.16	NA	3.00	0.94	NA	10.21
56317	.....	A	Laparoscopic hernia repair	*8.24	NA	1.40	NA	3.75	1.11	NA	13.10
56320	.....	A	Laparoscopy, spermatic veins	*6.57	NA	1.16	NA	2.95	0.45	NA	9.97
56322	.....	A	Laparoscopy, vagus nerves	9.70	NA	1.16	NA	3.80	1.18	NA	14.68
56323	.....	A	Laparoscopy, vagus nerves	11.65	NA	1.16	NA	4.28	1.41	NA	17.34
56324	.....	A	Laparoscopy, cholecystoenter	11.90	NA	1.40	NA	4.73	1.93	NA	18.56
56340	.....	A	Laparoscopic cholecystectomy	*11.09	NA	1.16	NA	4.23	1.74	NA	17.06
56341	.....	A	Laparoscopic cholecystectomy	*11.94	NA	1.16	NA	4.43	1.84	NA	18.21
56342	.....	A	Laparoscopic cholecystectomy	13.86	NA	1.62	NA	5.45	2.00	NA	21.31
56343	.....	A	Laparoscopic salpingostomy	13.34	1.55	1.55	5.05	5.05	1.11	19.50	19.50
56344	.....	A	Laparoscopic fimbrioplasty	12.50	1.55	1.55	4.89	4.89	1.19	18.58	18.58
56350	.....	A	Hysteroscopy; diagnostic	2.39	1.26	0.12	2.16	0.77	0.44	4.99	3.60
56351	.....	A	Hysteroscopy; biopsy	2.85	1.26	0.12	2.26	0.87	0.44	5.55	4.16
56352	.....	A	Hysteroscopy; lysis	3.14	NA	0.12	NA	1.02	0.85	NA	5.01
56353	.....	A	Hysteroscopy; resect septum	3.51	NA	0.12	NA	1.10	0.85	NA	5.46
56354	.....	A	Hysteroscopy; remove myoma	3.85	NA	0.12	NA	1.28	1.30	NA	6.43
56355	.....	A	Hysteroscopy; remove impact	3.09	NA	0.12	NA	0.92	0.44	NA	4.45
56356	.....	A	Hysteroscopy; ablation	3.43	NA	0.12	NA	1.23	1.49	NA	6.15
56362	.....	A	Laparoscopy w/cholangio	4.89	NA	0.16	NA	1.31	0.19	NA	6.39
56363	.....	A	Laparoscopy w/biopsy	5.18	NA	0.16	NA	1.43	0.45	NA	7.06
56405	.....	A	I & D of vulva/perineum	*1.44	1.41	0.76	2.06	1.28	0.15	3.65	2.87
56420	.....	A	Drainage of gland abscess	*1.39	1.41	0.76	2.05	1.26	0.13	3.57	2.78
56440	.....	A	Surgery for vulva lesion	*2.84	1.92	1.28	3.07	2.30	0.52	6.43	5.66
56441	.....	A	Lysis of labial lesion(s)	*1.97	1.52	1.28	2.35	2.06	0.30	4.62	4.33
56501	.....	A	Destruction, vulva lesion(s)	*1.53	1.34	0.70	2.00	1.22	0.11	3.64	2.86
56515	.....	A	Destruction, vulva lesion(s)	*1.88	1.68	1.28	2.61	2.12	0.66	5.15	4.66
56605	.....	A	Biopsy of vulva/perineum	1.10	0.96	0.12	1.44	0.42	0.15	2.69	1.67

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
56606	.....	A	Biopsy of vulva/perineum	0.55	0.79	0.12	1.11	0.29	0.08	1.74	0.92
56620	.....	A	Partial removal of vulva	*7.47	NA	1.73	NA	4.05	1.40	NA	12.92
56625	.....	A	Complete removal of vulva	*8.40	NA	2.11	NA	4.88	2.13	NA	15.41
56630	.....	A	Extensive vulva surgery	*12.36	NA	2.37	NA	6.32	3.28	NA	21.96
56631	.....	A	Extensive vulva surgery	14.57	NA	3.18	NA	8.05	4.51	NA	27.13
56632	.....	A	Extensive vulva surgery	*20.29	NA	3.18	NA	9.31	4.51	NA	34.11
56633	.....	A	Extensive vulva surgery	*16.47	NA	2.37	NA	7.22	3.28	NA	26.97
56634	.....	A	Extensive vulva surgery	16.25	NA	3.18	NA	8.42	4.51	NA	29.18
56637	.....	A	Extensive vulva surgery	20.34	NA	3.18	NA	9.32	4.51	NA	34.17
56640	.....	A	Extensive vulva surgery	*22.17	NA	3.18	NA	9.69	4.36	NA	36.22
56700	.....	A	Partial removal of hymen	*2.52	1.60	1.17	2.58	2.06	0.35	5.45	4.93
56720	.....	A	Incision of hymen	0.68	1.01	0.16	1.40	0.37	0.11	2.19	1.16
56740	.....	A	Remove vagina gland lesion	*3.76	1.85	1.28	3.20	2.51	0.55	7.51	6.82
56800	.....	A	Repair of vagina	*3.89	NA	1.26	NA	2.52	0.57	NA	6.98
56805	.....	A	Repair clitoris	*18.86	NA	1.57	NA	6.34	1.37	NA	26.57
56810	.....	A	Repair of perineum	3.97	NA	1.26	NA	2.52	0.51	NA	7.00
57000	.....	A	Exploration of vagina	*2.97	NA	1.26	NA	2.27	0.35	NA	5.59
57010	.....	A	Drainage of pelvic abscess	*6.03	NA	1.66	NA	3.46	0.51	NA	10.00
57020	.....	A	Drainage of pelvic fluid	1.50	0.83	0.12	1.37	0.51	0.14	3.01	2.15
57061	.....	A	Destruction vagina lesion(s)	*1.25	1.34	0.70	1.95	1.17	0.17	3.37	2.59
57065	.....	A	Destruction vagina lesion(s)	*2.61	1.59	1.28	2.67	2.30	0.74	6.02	5.65
57100	.....	A	Biopsy of vagina	0.97	0.88	0.12	1.31	0.39	0.13	2.41	1.49
57105	.....	A	Biopsy of vagina	*1.69	1.60	1.28	2.39	2.01	0.33	4.41	4.03
57108	.....	A	Partial removal of vagina	*6.36	NA	1.66	NA	3.66	1.10	NA	11.12
57110	.....	A	Removal of vagina	*14.29	NA	1.55	NA	5.40	1.76	NA	21.45
57120	.....	A	Closure of vagina	*7.41	NA	1.66	NA	3.98	1.51	NA	12.90
57130	.....	A	Remove vagina lesion	*2.43	NA	1.28	NA	2.22	0.55	NA	5.20
57135	.....	A	Remove vagina lesion	*2.67	1.59	1.28	2.61	2.23	0.38	5.66	5.28
57150	.....	A	Treat vagina infection	0.55	0.62	0.16	0.89	0.33	0.04	1.48	0.92
57160	.....	A	Insertion of pessary/device	0.89	0.82	0.16	1.20	0.40	0.05	2.14	1.34
57170	.....	A	Fitting of diaphragm/cap	0.91	0.88	0.16	1.28	0.41	0.06	2.25	1.38
57180	.....	A	Treat vaginal bleeding	*1.58	1.31	0.76	1.97	1.30	0.11	3.66	2.99
57200	.....	A	Repair of vagina	*3.94	NA	1.53	NA	2.86	0.60	NA	7.40
57210	.....	A	Repair vagina/perineum	*5.17	NA	1.52	NA	3.13	0.65	NA	8.95
57220	.....	A	Revision of urethra	*4.31	NA	1.66	NA	3.14	0.80	NA	8.25
57230	.....	A	Repair of urethral lesion	*5.64	NA	1.66	NA	3.40	0.64	NA	9.68
57240	.....	A	Repair bladder & vagina	*6.07	NA	1.66	NA	3.70	1.60	NA	11.37
57250	.....	A	Repair rectum & vagina	*5.53	NA	1.66	NA	3.61	1.69	NA	10.83
57260	.....	A	Repair of vagina	*8.27	NA	1.71	NA	4.31	1.88	NA	14.46
57265	.....	A	Extensive repair of vagina	*11.34	NA	1.66	NA	4.97	2.11	NA	18.42
57268	.....	A	Repair of bowel bulge	*6.76	NA	1.66	NA	3.83	1.50	NA	12.09
57270	.....	A	Repair of bowel pouch	*12.11	NA	1.55	NA	4.86	1.44	NA	18.41
57280	.....	A	Suspension of vagina	*15.04	NA	1.55	NA	5.59	1.85	NA	22.48
57282	.....	A	Repair of vaginal prolapse	*8.86	NA	1.66	NA	4.38	1.89	NA	15.13
57284	.....	A	Repair paravaginal defect	*12.70	NA	1.63	NA	4.95	0.84	NA	18.49
57288	.....	A	Repair bladder defect	*13.02	NA	1.66	NA	5.17	1.36	NA	19.55
57289	.....	A	Repair bladder & vagina	*11.58	NA	1.66	NA	4.81	1.13	NA	17.52
57291	.....	A	Construction of vagina	*7.95	NA	2.00	NA	4.44	1.19	NA	13.58
57292	.....	A	Construct vagina with graft	*13.09	NA	1.55	NA	5.06	1.38	NA	19.53
57300	.....	A	Repair rectum-vagina fistula	*7.61	NA	2.00	NA	4.47	1.66	NA	13.74
57305	.....	A	Repair rectum-vagina fistula	*13.77	NA	1.54	NA	5.23	1.56	NA	20.56
57307	.....	A	Fistula repair & colostomy	*15.93	NA	1.54	NA	5.65	1.28	NA	22.86
57310	.....	A	Repair urethrovaginal lesion	*6.78	NA	1.66	NA	3.61	0.48	NA	10.87
57311	.....	A	Repair urethrovaginal lesion	*7.98	NA	1.73	NA	3.95	0.41	NA	12.34
57320	.....	A	Repair bladder-vagina lesion	*8.01	NA	1.73	NA	4.16	1.35	NA	13.52
57330	.....	A	Repair bladder-vagina lesion	*12.35	NA	1.73	NA	4.99	0.81	NA	18.15
57335	.....	A	Repair vagina	*18.73	NA	1.84	NA	6.53	0.81	NA	26.07
57400	.....	A	Dilation of vagina	2.27	NA	0.16	NA	0.71	0.06	NA	3.04
57410	.....	A	Pelvic examination	1.75	1.24	0.16	1.91	0.59	0.05	3.71	2.39
57415	.....	A	Removal vaginal foreign body	*2.17	1.90	1.28	2.80	2.05	0.05	5.02	4.27
57452	.....	A	Examination of vagina	0.99	0.90	0.16	1.34	0.45	0.14	2.47	1.58
57454	.....	A	Vagina examination & biopsy	1.27	0.95	0.16	1.49	0.53	0.26	3.02	2.06
57460	.....	A	Cervix excision	2.83	0.84	0.16	1.74	0.92	0.46	5.03	4.21
57500	.....	A	Biopsy of cervix	0.97	0.85	0.12	1.27	0.39	0.12	2.36	1.48
57505	.....	A	Endocervical curettage	*1.14	1.04	0.76	1.55	1.21	0.13	2.82	2.48
57510	.....	A	Cauterization of cervix	1.85	1.40	0.78	2.13	1.38	0.09	4.07	3.32
57511	.....	A	Cryocautery of cervix	*1.90	1.32	0.79	2.07	1.42	0.17	4.14	3.49
57513	.....	A	Laser surgery of cervix	*1.90	1.38	0.79	2.24	1.53	0.67	4.81	4.10
57520	.....	A	Conization of cervix	*4.04	1.93	1.28	3.39	2.61	0.73	8.16	7.38
57522	.....	A	Conization of cervix	*3.36	1.88	1.28	3.19	2.46	0.73	7.28	6.55
57530	.....	A	Removal of cervix	*4.79	NA	1.66	NA	3.24	0.78	NA	8.81
57540	.....	A	Removal of residual cervix	*12.22	NA	1.55	NA	4.90	1.51	NA	18.63
57545	.....	A	Remove cervix, repair pelvis	*13.03	NA	1.55	NA	4.97	1.03	NA	19.03
57550	.....	A	Removal of residual cervix	*5.53	NA	1.66	NA	3.57	1.54	NA	10.64

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
57555	.....	A	Remove cervix, repair vagina	*8.95	NA	1.66	NA	4.46	2.17	NA	15.58
57556	.....	A	Remove cervix, repair bowel	*8.37	NA	1.66	NA	4.28	1.92	NA	14.57
57700	.....	A	Revision of cervix	*3.55	NA	1.28	NA	2.42	0.34	NA	6.31
57720	.....	A	Revision of cervix	*4.13	NA	1.66	NA	3.04	0.50	NA	7.67
57800	.....	A	Dilation of cervical canal	0.77	0.83	0.12	1.20	0.34	0.10	2.07	1.21
57820	.....	A	D&c of residual cervix	*1.67	1.46	1.40	2.24	2.17	0.46	4.37	4.30
58100	.....	A	Biopsy of uterus lining	0.71	0.70	0.16	1.04	0.38	0.14	1.89	1.23
58120	.....	A	Dilation and curettage (D&C)	*3.27	2.00	1.15	3.27	2.24	0.56	7.10	6.07
58140	.....	A	Removal of uterus lesion	*14.60	NA	1.55	NA	5.46	1.71	NA	21.77
58145	.....	A	Removal of uterus lesion	*8.04	NA	1.66	NA	4.12	1.54	NA	13.70
58150	.....	A	Total hysterectomy	*15.24	NA	1.55	NA	5.68	2.08	NA	23.00
58152	.....	A	Total hysterectomy	*15.09	NA	1.55	NA	5.76	2.59	NA	23.44
58180	.....	A	Partial hysterectomy	*15.29	NA	1.55	NA	5.70	2.11	NA	23.10
58200	.....	A	Extensive hysterectomy	*21.59	NA	2.30	NA	8.15	2.80	NA	32.54
58210	.....	A	Extensive hysterectomy	*28.85	NA	2.30	NA	9.97	3.87	NA	42.69
58240	.....	A	Removal of pelvis contents	*38.39	NA	3.59	NA	14.13	6.15	NA	58.67
58260	.....	A	Vaginal hysterectomy	*12.20	NA	1.33	NA	4.75	2.07	NA	19.02
58262	.....	A	Vaginal hysterectomy	13.06	NA	1.33	NA	4.94	2.07	NA	20.07
58263	.....	A	Vaginal hysterectomy	14.27	NA	1.33	NA	5.24	2.22	NA	21.73
58267	.....	A	Hysterectomy & vagina repair	*15.00	NA	1.33	NA	5.45	2.46	NA	22.91
58270	.....	A	Hysterectomy & vagina repair	*13.48	NA	1.33	NA	5.07	2.22	NA	20.77
58275	.....	A	Hysterectomy, revise vagina	*14.98	NA	1.33	NA	5.42	2.32	NA	22.72
58280	.....	A	Hysterectomy, revise vagina	*15.41	NA	1.33	NA	5.51	2.30	NA	23.22
58285	.....	A	Extensive hysterectomy	*18.57	NA	2.30	NA	7.47	2.70	NA	28.74
58300	.....	N	Insert intrauterine device	+1.01	0.71	0.16	1.12	0.45	0.13	2.26	1.59
58301	.....	A	Remove intrauterine device	1.27	0.82	0.16	1.29	0.49	0.08	2.64	1.84
58321	.....	A	Artificial insemination	0.92	0.48	0.07	0.82	0.32	0.15	1.89	1.39
58322	.....	A	Artificial insemination	1.10	0.48	0.07	0.86	0.36	0.15	2.11	1.61
58323	.....	A	Sperm washing	0.23	0.41	0.14	0.56	0.23	0.04	0.83	0.50
58340	.....	A	Inject for uterus/tube x-ray	0.88	4.30	0.09	5.45	0.32	0.08	6.41	1.28
58345	.....	A	Reopen fallopian tube	4.61	NA	0.65	NA	1.89	0.41	NA	6.91
58350	.....	A	Reopen fallopian tube	*1.01	1.26	0.70	1.80	1.11	0.16	2.97	2.28
58400	.....	A	Suspension of uterus	*6.36	NA	1.55	NA	3.54	1.16	NA	11.06
58410	.....	A	Suspension of uterus	*12.73	NA	1.66	NA	5.00	0.84	NA	18.57
58520	.....	A	Repair of ruptured uterus	*11.92	NA	1.55	NA	4.72	0.99	NA	17.63
58540	.....	A	Revision of uterus	13.96	NA	1.52	NA	1.52	1.42	NA	16.90
58600	.....	A	Division of fallopian tube	*3.84	NA	1.26	NA	2.68	1.38	NA	7.90
58605	.....	A	Division of fallopian tube	*3.34	NA	1.26	NA	2.49	1.01	NA	6.84
58611	.....	A	Ligate oviduct(s)	0.63	NA	0.00	NA	0.16	0.10	NA	0.89
58615	.....	A	Occlude fallopian tube(s)	*3.90	NA	1.26	NA	2.47	0.35	NA	6.72
58700	.....	A	Removal of fallopian tube	*6.49	NA	1.55	NA	3.60	1.31	NA	11.40
58720	.....	A	Removal of ovary/tube(s)	*11.36	NA	1.55	NA	4.73	1.63	NA	17.72
58740	.....	A	Revise fallopian tube(s)	*5.83	NA	1.55	NA	3.58	1.88	NA	11.29
58750	.....	A	Repair oviduct	*14.84	NA	1.55	NA	5.46	1.46	NA	21.76
58752	.....	A	Revise ovarian tube(s)	*14.84	NA	1.55	NA	5.34	0.93	NA	21.11
58760	.....	A	Remove tubal obstruction	*13.13	NA	1.55	NA	5.02	1.19	NA	19.34
58770	.....	A	Create new tubal opening	*13.97	NA	1.55	NA	5.19	1.11	NA	20.27
58800	.....	A	Drainage of ovarian cyst(s)	*4.14	2.50	0.37	4.07	1.47	0.53	8.74	6.14
58805	.....	A	Drainage of ovarian cyst(s)	*5.88	NA	1.55	NA	3.47	1.36	NA	10.71
58820	.....	A	Drainage of ovarian abscess	*4.22	NA	1.66	NA	3.06	0.49	NA	7.77
58822	.....	A	Drainage of ovarian abscess	*10.13	NA	1.55	NA	4.28	0.81	NA	15.22
58825	.....	A	Transposition, ovary(s)	5.63	NA	1.55	NA	3.32	0.93	NA	9.88
58900	.....	A	Biopsy of ovary(s)	*5.99	NA	1.55	NA	3.43	1.07	NA	10.49
58920	.....	A	Partial removal of ovary(s)	*6.78	NA	1.55	NA	3.68	1.41	NA	11.87
58925	.....	A	Removal of ovarian cyst(s)	*11.36	NA	1.55	NA	4.68	1.38	NA	17.42
58940	.....	A	Removal of ovary(s)	*7.29	NA	1.55	NA	3.78	1.33	NA	12.40
58943	.....	A	Removal of ovary(s)	*18.43	NA	2.30	NA	7.42	2.63	NA	28.48
58950	.....	A	Resect ovarian malignancy	*15.27	NA	2.30	NA	6.67	2.38	NA	24.32
58951	.....	A	Resect ovarian malignancy	*21.81	NA	2.30	NA	8.45	3.93	NA	34.19
58952	.....	A	Resect ovarian malignancy	*25.01	NA	2.30	NA	9.14	3.92	NA	38.07
58960	.....	A	Exploration of abdomen	*14.65	NA	2.30	NA	6.66	2.95	NA	24.26
58970	.....	A	Retrieval of oocyte	3.53	4.73	0.16	6.66	1.10	0.58	10.77	5.21
58976	.....	A	Transfer of embryo	3.83	0.66	0.16	1.78	1.18	0.63	6.24	5.64
59000	.....	A	Amniocentesis	1.30	0.69	0.07	1.17	0.41	0.18	2.65	1.89
59012	.....	A	Fetal cord puncture, prenatal	3.45	NA	0.07	NA	0.91	0.31	NA	4.67
59015	.....	A	Chorion biopsy	2.20	0.37	0.07	0.95	0.59	0.10	3.25	2.89
59020	.....	A	Fetal contract stress test	0.66	0.73	0.73	1.11	1.11	0.29	2.06	2.06
59020	26	A	Fetal contract stress test	0.66	0.04	0.04	0.24	0.24	0.19	1.09	1.09
59020	TC	A	Fetal contract stress test	0.00	0.69	0.69	0.87	0.87	0.10	0.97	0.97
59025	.....	A	Fetal non-stress test	0.53	0.45	0.45	0.69	0.69	0.12	1.34	1.34
59025	26	A	Fetal non-stress test	0.53	0.04	0.04	0.18	0.18	0.08	0.79	0.79
59025	TC	A	Fetal non-stress test	0.00	0.41	0.41	0.51	0.51	0.04	0.55	0.55
59030	.....	A	Fetal scalp blood sample	1.99	NA	0.07	NA	0.57	0.21	NA	2.77
59050	.....	A	Fetal monitor w/report	0.89	NA	0.07	NA	0.31	0.15	NA	1.35

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
59051	.....	A	Fetal monitor/interpret only	0.74	NA	0.07	NA	0.28	0.15	NA	1.17
59100	.....	A	Remove uterus lesion	*12.35	NA	1.55	NA	4.80	0.96	NA	18.11
59120	.....	A	Treat ectopic pregnancy	*11.49	NA	1.55	NA	4.73	1.50	NA	17.72
59121	.....	A	Treat ectopic pregnancy	*11.67	NA	1.55	NA	4.68	1.07	NA	17.42
59130	.....	A	Treat ectopic pregnancy	*14.22	NA	1.55	NA	5.16	0.70	NA	20.08
59135	.....	A	Treat ectopic pregnancy	*13.88	NA	1.55	NA	5.18	1.15	NA	20.21
59136	.....	A	Treat ectopic pregnancy	*13.18	NA	1.55	NA	5.09	1.44	NA	19.71
59140	.....	A	Treat ectopic pregnancy	*5.46	NA	1.43	NA	3.00	0.29	NA	8.75
59150	.....	A	Treat ectopic pregnancy	*6.89	NA	1.20	NA	3.21	1.05	NA	11.15
59151	.....	A	Treat ectopic pregnancy	*7.86	NA	1.34	NA	3.50	0.64	NA	12.00
59160	.....	A	D&C after delivery	*2.71	2.00	1.15	3.14	2.11	0.52	6.37	5.34
59200	.....	A	Insert cervical dilator	0.79	0.68	0.16	1.03	0.40	0.11	1.93	1.30
59300	.....	A	Episiotomy or vaginal repair	2.41	0.95	0.16	1.70	0.75	0.10	4.21	3.26
59320	.....	A	Revision of cervix	2.48	NA	0.16	NA	0.83	0.41	NA	3.72
59325	.....	A	Revision of cervix	4.07	NA	0.16	NA	1.15	0.29	NA	5.51
59350	.....	A	Repair of uterus	4.95	NA	1.52	NA	1.52	0.82	NA	7.29
59400	.....	A	Obstetrical care	23.06	NA	2.19	NA	8.48	3.47	NA	35.01
59409	.....	A	Obstetrical care	13.50	NA	0.39	NA	3.91	2.20	NA	19.61
59410	.....	A	Obstetrical care	14.78	NA	0.77	NA	4.71	2.39	NA	21.88
59412	.....	A	Antepartum manipulation	1.71	0.71	0.12	1.31	0.59	0.29	3.31	2.59
59414	.....	A	Deliver placenta	*2.00	NA	0.31	NA	0.87	0.27	NA	3.14
59425	.....	A	Antepartum care only	4.81	1.39	1.39	2.89	2.89	0.66	8.36	8.36
59426	.....	A	Antepartum care only	8.28	1.99	1.99	4.49	4.49	1.14	13.91	13.91
59430	.....	A	Care after delivery	2.13	0.20	0.20	0.73	0.73	0.07	2.93	2.93
59510	.....	A	Cesarean delivery	26.22	NA	2.57	NA	9.73	3.92	NA	39.87
59514	.....	A	Cesarean delivery only	15.97	NA	0.39	NA	4.53	2.55	NA	23.05
59515	.....	A	Cesarean delivery	17.37	NA	0.86	NA	5.45	2.73	NA	25.55
59525	.....	A	Remove uterus after cesarean	8.54	NA	0.04	NA	2.11	0.88	NA	11.53
59610	.....	A	Vbac delivery	24.62	NA	2.15	NA	8.77	3.47	NA	36.86
59612	.....	A	Vbac delivery only	15.06	NA	0.38	NA	4.24	2.20	NA	21.50
59614	.....	A	Vbac care after delivery	16.34	NA	0.76	NA	5.03	2.39	NA	23.76
59618	.....	A	Attempted vbac delivery	27.78	2.19	0.13	9.61	7.10	3.92	41.31	38.80
59620	.....	A	Attempted vbac delivery only	17.53	NA	0.38	NA	4.86	2.55	NA	24.94
59622	.....	A	Attempted vbac after care	18.93	NA	0.84	NA	5.77	2.73	NA	27.43
59812	.....	A	Treatment of miscarriage	*3.25	2.30	1.13	3.69	2.26	0.77	7.71	6.28
59820	.....	A	Care of miscarriage	*4.01	2.30	1.13	3.85	2.43	0.77	8.63	7.21
59821	.....	A	Treatment of miscarriage	*4.47	2.30	1.13	3.92	2.49	0.62	9.01	7.58
59830	.....	A	Treat uterus infection	*6.11	NA	1.41	NA	3.17	0.52	NA	9.80
59840	.....	A	Abortion	*3.01	2.63	1.13	4.02	2.19	0.69	7.72	5.89
59841	.....	A	Abortion	*5.24	3.30	1.43	5.34	3.05	0.76	11.34	9.05
59850	.....	A	Abortion	*5.91	NA	0.94	NA	2.62	0.85	NA	9.38
59851	.....	A	Abortion	*5.93	NA	1.26	NA	3.03	0.88	NA	9.84
59852	.....	A	Abortion	*8.24	NA	1.42	NA	3.81	1.27	NA	13.32
59855	.....	A	Abortion	*6.12	NA	1.13	NA	2.93	0.96	NA	10.01
59856	.....	A	Abortion	*7.48	NA	1.26	NA	3.44	1.19	NA	12.11
59857	.....	A	Abortion	*9.29	NA	1.24	NA	3.87	1.44	NA	14.60
59866	.....	A	Abortion	4.00	NA	1.39	NA	2.72	0.66	NA	7.38
59870	.....	A	Evacuate mole of uterus	*4.28	NA	1.33	NA	2.71	0.67	NA	7.66
60000	.....	A	Drain thyroid/tongue cyst	*1.76	1.03	1.03	1.66	1.66	0.09	3.51	3.51
60001	.....	A	Aspirate/inject thyriod cyst	0.97	1.55	0.09	2.13	0.35	0.12	3.22	1.44
60100	.....	A	Biopsy of thyroid	0.97	0.44	0.16	0.77	0.44	0.12	1.86	1.53
60200	.....	A	Remove thyroid lesion	*9.55	NA	1.55	NA	4.21	1.04	NA	14.80
60210	.....	A	Partial excision thyroid	*10.88	NA	1.55	NA	4.63	1.65	NA	17.16
60212	.....	A	Parital thyroid excision	*16.03	NA	1.55	NA	5.78	1.74	NA	23.55
60220	.....	A	Partial removal of thyroid	*10.53	NA	1.55	NA	4.55	1.61	NA	16.69
60225	.....	A	Partial removal of thyroid	*14.19	NA	1.55	NA	5.42	1.92	NA	21.53
60240	.....	A	Removal of thyroid	*16.06	NA	1.88	NA	6.25	1.96	NA	24.27
60252	.....	A	Removal of thyroid	*18.20	NA	1.88	NA	6.84	2.55	NA	27.59
60254	.....	A	Extensive thyroid surgery	*23.88	NA	1.93	NA	8.25	3.08	NA	35.21
60260	.....	A	Repeat thyroid surgery	*15.46	NA	1.88	NA	5.76	0.34	NA	21.56
60270	.....	A	Removal of thyroid	*17.94	NA	1.55	NA	6.37	2.54	NA	26.85
60271	.....	A	Removal of thyroid	14.16	NA	1.55	NA	5.48	2.25	NA	21.89
60280	.....	A	Remove thyroid duct lesion	*6.08	NA	1.65	NA	3.59	1.11	NA	10.78
60281	.....	A	Remove thyroid duct lesion	*8.53	NA	1.65	NA	4.09	0.95	NA	13.57
60500	.....	A	Explore parathyroid glands	*16.23	NA	1.28	NA	5.63	2.31	NA	24.17
60502	.....	A	Re-explore parathyroids	*20.35	NA	1.55	NA	6.86	2.33	NA	29.54
60505	.....	A	Explore parathyroid glands	*21.49	NA	1.55	NA	7.16	2.56	NA	31.21
60512	.....	A	Autotransplant, parathyroid	4.45	NA	0.00	NA	1.09	0.54	NA	6.08
60520	.....	A	Removal of thymus gland	*16.81	NA	1.88	NA	6.52	2.46	NA	25.79
60521	.....	A	Removal thymus gland	*18.87	NA	1.88	NA	6.97	2.46	NA	28.30
60522	.....	A	Removal of thymus gland	*23.09	NA	1.88	NA	7.89	2.46	NA	33.44
60540	.....	A	Explore adrenal gland	*17.03	NA	1.55	NA	6.07	2.08	NA	25.18
60545	.....	A	Explore adrenal gland	*19.88	NA	1.88	NA	7.17	2.34	NA	29.39
60600	.....	A	Remove carotid body lesion	*17.93	NA	1.28	NA	5.90	1.88	NA	25.71

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
60605	.....	A	Remove carotid body lesion	*20.24	NA	5.60	NA	11.75	2.21	NA	34.20
61000	.....	A	Remove cranial cavity fluid	1.58	0.93	0.16	1.51	0.58	0.17	3.26	2.33
61001	.....	A	Remove cranial cavity fluid	1.49	0.87	0.16	1.42	0.56	0.17	3.08	2.22
61020	.....	A	Remove brain cavity fluid	1.51	0.91	0.16	1.48	0.57	0.20	3.19	2.28
61026	.....	A	Injection into brain canal	1.69	0.94	0.16	1.56	0.62	0.22	3.47	2.53
61050	.....	A	Remove brain canal fluid	1.51	NA	0.16	NA	0.56	0.15	NA	2.22
61055	.....	A	Injection into brain canal	2.10	NA	0.16	NA	0.70	0.19	NA	2.99
61070	.....	A	Brain canal shunt procedure	0.89	0.71	0.16	1.07	0.40	0.03	1.99	1.32
61105	.....	A	Drill skull for examination	*5.14	NA	1.36	NA	3.05	1.24	NA	9.43
61106	.....	A	Drill skull for exam/surgery	4.62	NA	0.00	NA	1.26	1.15	NA	7.03
61107	.....	A	Drill skull for implantation	5.00	NA	0.16	NA	1.57	1.26	NA	7.83
61108	.....	A	Drill skull for drainage	*10.19	NA	2.08	NA	5.25	2.22	NA	17.66
61120	.....	A	Pierce skull for examination	*8.76	NA	1.68	NA	4.20	1.08	NA	14.04
61130	.....	A	Pierce skull, exam/surgery	6.37	NA	0.00	NA	1.61	0.96	NA	8.94
61140	.....	A	Pierce skull for biopsy	*15.90	NA	2.08	NA	6.58	2.56	NA	25.04
61150	.....	A	Pierce skull for drainage	*17.57	NA	2.08	NA	6.96	2.63	NA	27.16
61151	.....	A	Pierce skull for drainage	*12.42	NA	2.08	NA	5.34	0.37	NA	18.13
61154	.....	A	Pierce skull, remove clot	*14.99	NA	2.08	NA	6.53	3.27	NA	24.79
61156	.....	A	Pierce skull for drainage	*16.32	NA	2.08	NA	6.78	3.05	NA	26.15
61210	.....	A	Pierce skull; implant device	5.84	NA	0.16	NA	1.81	1.53	NA	9.18
61215	.....	A	Insert brain-fluid device	*4.89	NA	2.08	NA	3.96	1.63	NA	10.48
61250	.....	A	Pierce skull & explore	*10.42	NA	1.68	NA	4.65	1.44	NA	16.51
61253	.....	A	Pierce skull & explore	*12.36	NA	1.68	NA	5.13	1.69	NA	19.18
61304	.....	A	Open skull for exploration	*21.96	NA	1.72	NA	7.96	4.78	NA	34.70
61305	.....	A	Open skull for exploration	*26.61	NA	1.72	NA	9.03	5.05	NA	40.69
61312	.....	A	Open skull for drainage	*24.57	NA	2.11	NA	8.93	4.46	NA	37.96
61313	.....	A	Open skull for drainage	*24.93	NA	2.11	NA	8.99	4.38	NA	38.30
61314	.....	A	Open skull for drainage	*24.23	NA	2.11	NA	8.90	4.68	NA	37.81
61315	.....	A	Open skull for drainage	*27.68	NA	2.11	NA	9.61	4.47	NA	41.76
61320	.....	A	Open skull for drainage	*25.62	NA	2.11	NA	8.93	3.41	NA	37.96
61321	.....	A	Open skull for drainage	*28.50	NA	2.11	NA	9.59	3.54	NA	41.63
61330	.....	A	Decompress eye socket	*23.32	NA	3.77	NA	9.97	1.22	NA	34.51
61332	.....	A	Explore/biopsy eye socket	*27.28	NA	2.39	NA	9.50	2.76	NA	39.54
61333	.....	A	Explore orbit; remove lesion	*27.95	NA	2.39	NA	9.76	3.26	NA	40.97
61334	.....	A	Explore orbit; remove object	*18.27	NA	2.39	NA	7.32	1.82	NA	27.41
61340	.....	A	Relieve cranial pressure	*18.66	NA	2.39	NA	7.56	2.54	NA	28.76
61343	.....	A	Incise skull, pressure relief	*29.77	NA	2.77	NA	11.06	5.28	NA	46.11
61345	.....	A	Relieve cranial pressure	*27.20	NA	2.77	NA	10.09	3.45	NA	40.74
61440	.....	A	Incise skull for surgery	*26.63	NA	2.77	NA	9.87	3.00	NA	39.50
61450	.....	A	Incise skull for surgery	*25.95	NA	2.16	NA	9.07	3.43	NA	38.45
61458	.....	A	Incise skull for brain wound	*27.29	NA	2.16	NA	9.68	4.87	NA	41.84
61460	.....	A	Incise skull for surgery	*28.39	NA	2.16	NA	9.72	3.98	NA	42.09
61470	.....	A	Incise skull for surgery	*26.06	NA	2.16	NA	8.90	2.53	NA	37.49
61480	.....	A	Incise skull for surgery	*26.49	NA	2.16	NA	8.83	1.78	NA	37.10
61490	.....	A	Incise skull for surgery	*25.66	NA	2.16	NA	8.73	2.16	NA	36.55
61500	.....	A	Removal of skull lesion	*17.92	NA	2.16	NA	7.34	3.58	NA	28.84
61501	.....	A	Remove infected skull bone	*14.84	NA	2.16	NA	6.61	3.33	NA	24.78
61510	.....	A	Removal of brain lesion	*28.45	NA	2.16	NA	9.94	4.90	NA	43.29
61512	.....	A	Remove brain lining lesion	*35.09	NA	2.21	NA	11.54	5.28	NA	51.91
61514	.....	A	Removal of brain abscess	*25.26	NA	2.16	NA	9.21	4.74	NA	39.21
61516	.....	A	Removal of brain lesion	*24.61	NA	2.39	NA	9.31	4.57	NA	38.49
61518	.....	A	Removal of brain lesion	*37.32	NA	3.17	NA	13.23	5.46	NA	56.01
61519	.....	A	Remove brain lining lesion	*41.39	NA	3.17	NA	14.19	5.77	NA	61.35
61520	.....	A	Removal of brain lesion	*54.84	NA	3.17	NA	17.17	5.89	NA	77.90
61521	.....	A	Removal of brain lesion	*44.48	NA	3.17	NA	14.89	5.85	NA	65.22
61522	.....	A	Removal of brain abscess	*29.45	NA	2.77	NA	10.66	3.79	NA	43.90
61524	.....	A	Removal of brain lesion	*27.86	NA	2.77	NA	10.61	5.15	NA	43.62
61526	.....	A	Removal of brain lesion	*52.17	NA	2.77	NA	15.86	4.79	NA	72.82
61530	.....	A	Removal of brain lesion	*43.86	NA	3.17	NA	14.52	4.79	NA	63.17
61531	.....	A	Implant brain electrodes	*14.63	NA	2.35	NA	6.46	1.75	NA	22.84
61533	.....	A	Implant brain electrodes	*19.71	NA	2.35	NA	7.92	3.33	NA	30.96
61534	.....	A	Removal of brain lesion	*20.97	NA	2.77	NA	8.41	2.01	NA	31.39
61535	.....	A	Remove brain electrodes	*11.63	NA	2.39	NA	5.74	1.25	NA	18.62
61536	.....	A	Removal of brain lesion	*35.52	NA	2.77	NA	12.03	3.99	NA	51.54
61538	.....	A	Removal of brain tissue	*26.81	NA	2.77	NA	10.34	4.97	NA	42.12
61539	.....	A	Removal of brain tissue	*32.08	NA	2.77	NA	11.30	4.07	NA	47.45
61541	.....	A	Incision of brain tissue	*28.85	NA	2.39	NA	10.07	3.78	NA	42.70
61542	.....	A	Removal of brain tissue	*31.02	NA	2.77	NA	11.03	3.90	NA	45.95
61543	.....	A	Removal of brain tissue	*29.22	NA	2.77	NA	10.32	2.49	NA	42.03
61544	.....	A	Remove & treat brain lesion	23.71	NA	2.72	NA	2.72	2.11	NA	28.54
61545	.....	A	Excision of brain tumor	*43.80	NA	2.77	NA	14.02	4.80	NA	62.62
61546	.....	A	Removal of pituitary gland	*31.30	NA	2.77	NA	11.28	4.78	NA	47.36
61548	.....	A	Removal of pituitary gland	*21.53	NA	2.39	NA	8.52	4.03	NA	34.08
61550	.....	A	Release of skull seams	*14.65	NA	2.39	NA	6.37	1.11	NA	22.13

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
61552	.....	A	Release of skull seams	*19.56	NA	2.39	NA	7.80	2.70	NA	30.06
61556	.....	A	Incise skull/sutures	*22.26	NA	2.39	NA	8.46	3.04	NA	33.76
61557	.....	A	Incise skull/sutures	*22.38	NA	2.39	NA	8.49	3.05	NA	33.92
61558	.....	A	Excision of skull/sutures	*25.58	NA	2.77	NA	9.74	3.47	NA	38.79
61559	.....	A	Excision of skull/sutures	*32.79	NA	2.77	NA	11.55	4.50	NA	48.84
61563	.....	A	Excision of skull tumor	*26.83	NA	2.39	NA	9.60	3.68	NA	40.11
61564	.....	A	Excision of skull tumor	*33.83	NA	2.39	NA	11.35	4.64	NA	49.82
61570	.....	A	Remove brain foreign body	*24.60	NA	1.72	NA	8.16	3.06	NA	35.82
61571	.....	A	Incise skull for brain wound	*26.39	NA	1.72	NA	8.58	3.21	NA	38.18
61575	.....	A	Skull base/brainstem surgery	*34.36	NA	3.17	NA	12.50	5.05	NA	51.91
61576	.....	A	Skull base/brainstem surgery	*52.43	NA	3.17	NA	16.20	3.91	NA	72.54
61580	.....	A	Craniofacial approach, skull	*30.35	NA	2.86	NA	11.04	4.10	NA	45.49
61581	.....	A	Craniofacial approach, skull	*34.60	NA	3.26	NA	12.58	4.66	NA	51.84
61582	.....	A	Craniofacial approach, skull	*31.66	NA	3.26	NA	11.83	4.22	NA	47.71
61583	.....	A	Craniofacial approach, skull	*36.21	NA	4.01	NA	13.88	4.83	NA	54.92
61584	.....	A	Orbitocranial approach/skull	*34.65	NA	3.26	NA	12.59	4.68	NA	51.92
61585	.....	A	Orbitocranial approach/skull	*38.61	NA	3.26	NA	13.58	5.23	NA	57.42
61586	.....	A	Resect nasopharynx, skull	*25.10	NA	3.20	NA	9.91	2.32	NA	37.33
61590	.....	A	Infratemporal approach/skull	*41.78	NA	3.26	NA	14.37	5.68	NA	61.83
61591	.....	A	Infratemporal approach/skull	*43.68	NA	3.26	NA	14.85	5.96	NA	64.49
61592	.....	A	Orbitocranial approach/skull	*39.64	NA	3.26	NA	13.84	5.41	NA	58.89
61595	.....	A	Transtemporal approach/skull	*29.57	NA	3.26	NA	11.33	4.00	NA	44.90
61596	.....	A	Transcochlear approach/skull	*35.63	NA	2.86	NA	12.36	4.86	NA	52.85
61597	.....	A	Transcondylar approach/skull	*37.96	NA	3.26	NA	13.41	5.13	NA	56.50
61598	.....	A	Transpetrosal approach/skull	*33.41	NA	3.26	NA	12.28	4.52	NA	50.21
61600	.....	A	Resect/excise cranial lesion	*25.85	NA	3.26	NA	10.40	3.46	NA	39.71
61601	.....	A	Resect/excise cranial lesion	*27.89	NA	3.26	NA	10.90	3.72	NA	42.51
61605	.....	A	Resect/excise cranial lesion	*29.33	NA	2.86	NA	10.78	3.93	NA	44.04
61606	.....	A	Resect/excise cranial lesion	*38.83	NA	3.26	NA	13.63	5.25	NA	57.71
61607	.....	A	Resect/excise cranial lesion	*36.27	NA	3.26	NA	13.00	4.91	NA	54.18
61608	.....	A	Resect/excise cranial lesion	*42.10	NA	3.26	NA	14.45	5.71	NA	62.26
61609	.....	A	Transect, artery, sinus	9.89	NA	0.00	NA	2.47	1.40	NA	13.76
61610	.....	A	Transect, artery, sinus	29.67	NA	0.00	NA	7.42	4.21	NA	41.30
61611	.....	A	Transect, artery, sinus	7.42	NA	0.00	NA	1.86	1.06	NA	10.34
61612	.....	A	Transect, artery, sinus	27.88	NA	0.00	NA	6.97	3.96	NA	38.81
61613	.....	A	Remove aneurysm, sinus	*40.86	NA	2.86	NA	13.67	5.61	NA	60.14
61615	.....	A	Resect/excise lesion, skull	*32.07	NA	3.63	NA	12.39	4.31	NA	48.77
61616	.....	A	Resect/excise lesion, skull	*43.33	NA	4.01	NA	15.67	5.86	NA	64.86
61618	.....	A	Repair dura	*16.99	NA	2.86	NA	7.70	2.22	NA	26.91
61619	.....	A	Repair dura	*20.71	NA	2.86	NA	8.63	2.77	NA	32.11
61624	.....	A	Occlusion/embolization cath	20.15	NA	0.16	NA	5.00	1.79	NA	26.94
61626	.....	A	Occlusion/embolization cath	16.62	NA	0.16	NA	4.16	1.47	NA	22.25
61680	.....	A	Intracranial vessel surgery	*30.71	NA	2.77	NA	11.37	5.79	NA	47.87
61682	.....	A	Intracranial vessel surgery	*61.57	NA	2.77	NA	18.26	6.36	NA	86.19
61684	.....	A	Intracranial vessel surgery	*39.81	NA	2.77	NA	12.86	3.47	NA	56.14
61686	.....	A	Intracranial vessel surgery	*64.49	NA	2.77	NA	18.43	4.20	NA	87.12
61690	.....	A	Intracranial vessel surgery	*29.31	NA	2.77	NA	10.70	4.09	NA	44.10
61692	.....	A	Intracranial vessel surgery	*51.87	NA	2.77	NA	15.48	3.36	NA	70.71
61700	.....	A	Inner skull vessel surgery	*50.52	NA	2.15	NA	14.93	5.67	NA	71.12
61702	.....	A	Inner skull vessel surgery	*48.41	NA	2.15	NA	14.67	6.61	NA	69.69
61703	.....	A	Clamp neck artery	*17.47	NA	2.39	NA	7.24	2.24	NA	26.95
61705	.....	A	Revise circulation to head	*36.20	NA	2.39	NA	12.00	5.25	NA	53.45
61708	.....	A	Revise circulation to head	*35.30	NA	2.39	NA	11.16	2.32	NA	48.78
61710	.....	A	Revise circulation to head	*29.67	NA	2.39	NA	9.80	1.75	NA	41.22
61711	.....	A	Fusion of skull arteries	*36.33	NA	2.39	NA	12.24	6.20	NA	54.77
61712	.....	A	Skull or spine microsurgery	3.49	NA	0.00	NA	0.97	0.93	NA	5.39
61720	.....	A	Incise skull/brain surgery	*16.77	NA	2.39	NA	7.48	4.05	NA	28.30
61735	.....	A	Incise skull/brain surgery	*20.43	NA	2.39	NA	7.73	1.51	NA	29.67
61750	.....	A	Incise skull; brain biopsy	*18.20	NA	2.02	NA	7.39	4.31	NA	29.90
61751	.....	A	Brain biopsy with cat scan	*17.62	NA	2.02	NA	7.29	4.44	NA	29.35
61760	.....	A	Implant brain electrodes	21.00	NA	1.98	NA	7.39	1.75	NA	30.14
61770	.....	A	Incise skull for treatment	*21.44	NA	2.35	NA	8.32	3.43	NA	33.19
61790	.....	A	Treat trigeminal nerve	*10.86	0.99	0.99	4.25	4.25	3.03	18.14	18.14
61791	.....	A	Treat trigeminal tract	*14.61	NA	2.02	NA	6.35	3.16	NA	24.12
61793	.....	A	Focus radiation beam	*17.24	NA	2.39	NA	7.12	1.96	NA	26.32
61795	.....	A	Brain surgery using computer	4.04	NA	0.16	NA	1.42	1.55	NA	7.01
61850	.....	A	Implant neuroelectrodes	*12.39	NA	1.98	NA	5.62	2.26	NA	20.27
61855	.....	A	Implant neuroelectrodes	*13.39	NA	2.35	NA	6.12	1.47	NA	20.98
61860	.....	A	Implant neuroelectrodes	*20.87	NA	2.35	NA	7.79	1.59	NA	30.25
61865	.....	A	Implant neuroelectrodes	*22.97	NA	2.35	NA	8.58	3.09	NA	34.64
61870	.....	A	Implant neuroelectrodes	*14.94	NA	2.35	NA	6.32	0.82	NA	22.08
61875	.....	A	Implant neuroelectrodes	*15.06	NA	2.35	NA	6.46	1.31	NA	22.83
61880	.....	A	Revise/remove neuroelectrode	*6.29	NA	2.35	NA	4.39	0.66	NA	11.34
61885	.....	A	Implant neuroreceiver	*5.85	NA	2.35	NA	4.21	0.29	NA	10.35

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
61888	.....	A	Revise/remove neuroreceiver	*5.07	NA	1.63	NA	3.19	0.44	NA	8.70
62000	.....	A	Repair of skull fracture	*12.53	NA	1.39	NA	4.64	0.95	NA	18.12
62005	.....	A	Repair of skull fracture	*16.17	NA	1.76	NA	6.12	1.97	NA	24.26
62010	.....	A	Treatment of head injury	*19.81	NA	1.76	NA	7.23	3.39	NA	30.43
62100	.....	A	Repair brain fluid leakage	*22.03	NA	2.77	NA	9.02	3.72	NA	34.77
62115	.....	A	Reduction of skull defect	*21.66	NA	2.39	NA	8.06	1.82	NA	31.54
62116	.....	A	Reduction of skull defect	*23.59	NA	2.39	NA	8.52	1.99	NA	34.10
62117	.....	A	Reduction of skull defect	25.38	NA	2.35	NA	2.35	2.25	NA	29.98
62120	.....	A	Repair skull cavity lesion	*23.35	NA	2.39	NA	8.47	1.98	NA	33.80
62121	.....	A	Incise skull repair	*21.58	NA	2.39	NA	8.39	3.41	NA	33.38
62140	.....	A	Repair of skull defect	*13.51	NA	2.02	NA	5.94	2.39	NA	21.84
62141	.....	A	Repair of skull defect	*14.91	NA	2.39	NA	6.90	3.28	NA	25.09
62142	.....	A	Remove skull plate/flap	*10.79	NA	2.02	NA	5.40	2.64	NA	18.83
62143	.....	A	Replace skull plate/flap	*13.05	NA	2.39	NA	6.14	1.65	NA	20.84
62145	.....	A	Repair of skull & brain	*18.82	NA	2.39	NA	7.54	2.29	NA	28.65
62146	.....	A	Repair of skull with graft	*16.12	NA	2.39	NA	6.92	2.15	NA	25.19
62147	.....	A	Repair of skull with graft	*19.34	NA	2.39	NA	7.72	2.57	NA	29.63
62180	.....	A	Establish brain cavity shunt	*21.06	NA	2.35	NA	8.07	2.70	NA	31.83
62190	.....	A	Establish brain cavity shunt	*11.07	NA	2.35	NA	6.00	3.21	NA	20.28
62192	.....	A	Establish brain cavity shunt	*12.25	NA	2.35	NA	6.15	2.74	NA	21.14
62194	.....	A	Replace/irrigate catheter	*5.03	NA	1.01	NA	2.40	0.29	NA	7.72
62200	.....	A	Establish brain cavity shunt	*18.32	NA	2.35	NA	7.56	3.09	NA	28.97
62201	.....	A	Establish brain cavity shunt	*14.86	NA	2.35	NA	6.50	1.72	NA	23.08
62220	.....	A	Establish brain cavity shunt	*13.00	NA	2.35	NA	6.40	3.12	NA	22.52
62223	.....	A	Establish brain cavity shunt	*12.87	NA	2.35	NA	6.35	3.02	NA	22.24
62225	.....	A	Replace/irrigate catheter	*5.41	NA	1.72	NA	3.41	0.58	NA	9.40
62230	.....	A	Replace/revise brain shunt	*10.54	NA	1.72	NA	4.81	1.82	NA	17.17
62256	.....	A	Remove brain cavity shunt	*6.60	NA	2.35	NA	4.57	1.17	NA	12.34
62258	.....	A	Replace brain cavity shunt	*14.54	NA	1.72	NA	5.84	2.55	NA	22.93
62268	.....	A	Drain spinal cord cyst	4.74	NA	0.16	NA	1.32	0.36	NA	6.42
62269	.....	A	Needle biopsy spinal cord	5.02	NA	0.16	NA	1.36	0.28	NA	6.66
62270	.....	A	Spinal fluid tap, diagnostic	1.13	0.52	0.11	0.89	0.40	0.06	2.08	1.59
62272	.....	A	Drain spinal fluid	1.35	0.52	0.11	0.96	0.46	0.12	2.43	1.93
62273	.....	A	Treat lumbar spine lesion	2.15	0.73	0.16	1.42	0.73	0.26	3.83	3.14
62274	.....	A	Inject spinal anesthetic	1.78	1.21	0.16	1.91	0.63	0.17	3.86	2.58
62275	.....	A	Inject spinal anesthetic	1.79	1.39	0.16	2.12	0.63	0.19	4.10	2.61
62276	.....	A	Inject spinal anesthetic	2.04	1.46	0.16	2.27	0.70	0.23	4.54	2.97
62277	.....	A	Inject spinal anesthetic	2.15	1.64	0.16	2.52	0.72	0.23	4.90	3.10
62278	.....	A	Inject spinal anesthetic	1.51	1.62	0.16	2.36	0.59	0.26	4.13	2.36
62279	.....	A	Inject spinal anesthetic	1.58	1.25	0.16	1.93	0.60	0.24	3.75	2.42
62280	.....	A	Treat spinal cord lesion	2.58	2.16	0.31	3.23	0.97	0.14	5.95	3.69
62281	.....	A	Treat spinal cord lesion	2.61	2.29	0.61	3.43	1.38	0.28	6.32	4.27
62282	.....	A	Treat spinal canal lesion	2.28	2.29	0.61	3.38	1.33	0.40	6.06	4.01
62284	.....	A	Injection for myelogram	1.54	1.53	0.06	2.27	0.49	0.34	4.15	2.37
62287	.....	A	Percutaneous diskectomy	*8.08	NA	1.77	NA	4.51	2.65	NA	15.24
62288	.....	A	Injection into spinal canal	1.74	1.31	0.16	2.04	0.63	0.24	4.02	2.61
62289	.....	A	Injection into spinal canal	1.64	1.48	0.16	2.22	0.62	0.29	4.15	2.55
62290	.....	A	Inject for spine disk x-ray	3.00	1.53	0.06	2.57	0.78	0.24	5.81	4.02
62291	.....	A	Inject for spine disk x-ray	2.91	1.73	0.06	2.83	0.80	0.39	6.13	4.10
62292	.....	A	Injection into disk lesion	*7.86	NA	2.19	NA	4.86	2.13	NA	14.85
62294	.....	A	Injection into spinal artery	*11.83	NA	2.53	NA	5.82	0.68	NA	18.33
62298	.....	A	Injection into spinal canal	2.20	1.39	0.16	2.20	0.71	0.13	4.53	3.04
62350	.....	A	Implant spinal catheter	*6.87	1.25	1.25	3.26	3.26	1.02	11.15	11.15
62351	.....	A	Implant spinal catheter	*10.00	1.98	1.98	4.93	4.93	1.50	16.43	16.43
62355	.....	A	Remove spinal canal catheter	*5.45	1.25	1.25	2.87	2.87	0.68	9.00	9.00
62360	.....	A	Insert spine infusion device	*2.62	1.25	1.25	2.17	2.17	0.33	5.12	5.12
62361	.....	A	Implant spine infusion pump	*5.42	1.98	1.98	3.77	3.77	0.78	9.97	9.97
62362	.....	A	Implant spine infusion pump	*7.04	1.25	1.25	3.29	3.29	1.02	11.35	11.35
62365	.....	A	Remove spine infusion device	*5.42	1.25	1.25	2.86	2.86	0.68	8.96	8.96
62367	26	A	Analyze spine infusion pump	0.48	0.06	0.06	0.19	0.19	0.07	0.74	0.74
62368	26	A	Analyze spine infusion pump	0.75	0.06	0.06	0.26	0.26	0.11	1.12	1.12
63001	.....	A	Removal of spinal lamina	*15.82	NA	2.37	NA	7.11	3.42	NA	26.35
63003	.....	A	Removal of spinal lamina	*15.95	NA	2.37	NA	7.10	3.23	NA	26.28
63005	.....	A	Removal of spinal lamina	*14.92	NA	2.37	NA	6.84	3.10	NA	24.86
63011	.....	A	Removal of spinal lamina	*14.52	NA	2.37	NA	6.48	1.87	NA	22.87
63012	.....	A	Removal of spinal lamina	*15.40	NA	2.37	NA	6.96	3.15	NA	25.51
63015	.....	A	Removal of spinal lamina	*19.35	NA	2.37	NA	8.05	4.18	NA	31.58
63016	.....	A	Removal of spinal lamina	*19.20	NA	2.37	NA	8.00	4.11	NA	31.31
63017	.....	A	Removal of spinal lamina	*15.94	NA	2.37	NA	7.26	4.00	NA	27.20
63020	.....	A	Neck spine disk surgery	*14.81	NA	2.37	NA	6.88	3.38	NA	25.07
63030	.....	A	Low back disk surgery	*12.00	NA	2.37	NA	6.14	2.81	NA	20.95
63035	.....	A	Added spinal disk surgery	3.15	NA	0.00	NA	0.86	0.76	NA	4.77
63040	.....	A	Neck spine disk surgery	*18.81	NA	2.44	NA	8.03	4.30	NA	31.14
63042	.....	A	Low back disk surgery	*17.47	NA	2.44	NA	7.76	4.38	NA	29.61

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
63045	.....	A	Removal of spinal lamina	*16.50	NA	2.37	NA	7.47	4.38	NA	28.35
63046	.....	A	Removal of spinal lamina	*15.80	NA	2.37	NA	7.36	4.58	NA	27.74
63047	.....	A	Removal of spinal lamina	*14.61	NA	2.37	NA	7.08	4.48	NA	26.17
63048	.....	A	Removal of spinal lamina	3.26	NA	0.00	NA	0.94	1.03	NA	5.23
63055	.....	A	Decompress spinal cord	*21.99	NA	2.37	NA	8.63	4.18	NA	34.80
63056	.....	A	Decompress spinal cord	*20.36	NA	2.37	NA	8.18	3.76	NA	32.30
63057	.....	A	Decompress spinal cord	5.26	NA	0.00	NA	1.34	0.85	NA	7.45
63064	.....	A	Decompress spinal cord	*24.61	NA	2.37	NA	9.18	4.09	NA	37.88
63066	.....	A	Decompress spinal cord	3.26	NA	0.00	NA	0.81	0.45	NA	4.52
63075	.....	A	Neck spine disk surgery	*19.41	NA	2.37	NA	7.85	3.21	NA	30.47
63076	.....	A	Neck spine disk surgery	4.05	NA	0.00	NA	1.10	0.97	NA	6.12
63077	.....	A	Spine disk surgery, thorax	*21.44	NA	2.67	NA	8.65	3.17	NA	33.26
63078	.....	A	Spine disk surgery, thorax	3.28	NA	0.00	NA	0.82	0.45	NA	4.55
63081	.....	A	Removal of vertebral body	*23.73	NA	2.37	NA	9.08	4.50	NA	37.31
63082	.....	A	Removal of vertebral body	4.37	NA	0.00	NA	1.22	1.22	NA	6.81
63085	.....	A	Removal of vertebral body	*26.92	NA	2.76	NA	10.29	4.69	NA	41.90
63086	.....	A	Removal of vertebral body	3.19	NA	0.00	NA	0.93	1.07	NA	5.19
63087	.....	A	Removal of vertebral body	*35.57	NA	2.67	NA	12.11	4.85	NA	52.53
63088	.....	A	Removal of vertebral body	4.33	NA	0.00	NA	1.21	1.18	NA	6.72
63090	.....	A	Removal of vertebral body	*28.16	NA	2.67	NA	10.50	4.92	NA	43.58
63091	.....	A	Removal of vertebral body	3.03	NA	0.00	NA	0.76	0.46	NA	4.25
63170	.....	A	Incise spinal cord tract(s)	*19.83	NA	2.59	NA	8.22	3.28	NA	31.33
63172	.....	A	Drainage of spinal cyst	*17.66	NA	2.59	NA	7.96	4.26	NA	29.88
63173	.....	A	Drainage of spinal cyst	*21.99	NA	2.59	NA	8.37	1.81	NA	32.17
63180	.....	A	Revise spinal cord ligaments	*18.27	NA	2.59	NA	7.61	2.05	NA	27.93
63182	.....	A	Revise spinal cord ligaments	*20.50	NA	2.59	NA	8.13	2.21	NA	30.84
63185	.....	A	Incise spinal column/nerves	*15.04	NA	2.59	NA	7.09	2.93	NA	25.06
63190	.....	A	Incise spinal column/nerves	*17.45	NA	2.59	NA	7.83	3.91	NA	29.19
63191	.....	A	Incise spinal column/nerves	*17.54	NA	2.59	NA	7.48	2.21	NA	27.23
63194	.....	A	Incise spinal column & cord	*19.19	NA	2.59	NA	7.87	2.33	NA	29.39
63195	.....	A	Incise spinal column & cord	*18.84	NA	2.59	NA	7.74	2.11	NA	28.69
63196	.....	A	Incise spinal column & cord	20.57	NA	2.54	NA	2.54	1.83	NA	24.94
63197	.....	A	Incise spinal column & cord	*21.11	NA	2.59	NA	8.35	2.62	NA	32.08
63198	.....	A	Incise spinal column & cord	*25.38	NA	2.59	NA	9.41	3.19	NA	37.98
63199	.....	A	Incise spinal column & cord	*26.89	NA	2.59	NA	9.62	2.61	NA	39.12
63200	.....	A	Release of spinal cord	*19.18	NA	2.37	NA	7.50	1.83	NA	28.51
63250	.....	A	Revise spinal cord vessels	*40.76	NA	2.37	NA	12.97	5.22	NA	58.95
63251	.....	A	Revise spinal cord vessels	*41.20	NA	2.37	NA	12.87	4.32	NA	58.39
63252	.....	A	Revise spinal cord vessels	*41.19	NA	2.37	NA	13.13	5.52	NA	59.84
63265	.....	A	Excise intraspinal lesion	*21.56	NA	2.37	NA	8.47	3.90	NA	33.93
63266	.....	A	Excise intraspinal lesion	*22.30	NA	2.37	NA	8.75	4.43	NA	35.48
63267	.....	A	Excise intraspinal lesion	*17.95	NA	2.37	NA	7.75	4.20	NA	29.90
63268	.....	A	Excise intraspinal lesion	*18.52	NA	2.37	NA	7.49	2.46	NA	28.47
63270	.....	A	Excise intraspinal lesion	*26.80	NA	2.37	NA	9.51	3.42	NA	39.73
63271	.....	A	Excise intraspinal lesion	*26.92	NA	2.37	NA	9.84	4.79	NA	41.55
63272	.....	A	Excise intraspinal lesion	*25.32	NA	2.37	NA	9.37	4.26	NA	38.95
63273	.....	A	Excise intraspinal lesion	*24.29	NA	2.37	NA	8.90	3.12	NA	36.31
63275	.....	A	Biopsy/excise spinal tumor	*23.68	NA	2.37	NA	9.20	5.09	NA	37.97
63276	.....	A	Biopsy/excise spinal tumor	*23.45	NA	2.37	NA	9.04	4.62	NA	37.11
63277	.....	A	Biopsy/excise spinal tumor	*20.83	NA	2.37	NA	8.39	4.25	NA	33.47
63278	.....	A	Biopsy/excise spinal tumor	*20.56	NA	2.37	NA	8.34	4.32	NA	33.22
63280	.....	A	Biopsy/excise spinal tumor	*28.35	NA	2.37	NA	10.20	4.99	NA	43.54
63281	.....	A	Biopsy/excise spinal tumor	*28.05	NA	2.37	NA	10.13	4.96	NA	43.14
63282	.....	A	Biopsy/excise spinal tumor	*26.39	NA	2.37	NA	9.65	4.44	NA	40.48
63283	.....	A	Biopsy/excise spinal tumor	*25.00	NA	2.37	NA	9.12	3.44	NA	37.56
63285	.....	A	Biopsy/excise spinal tumor	*36.00	NA	2.37	NA	11.76	4.49	NA	52.25
63286	.....	A	Biopsy/excise spinal tumor	*35.63	NA	2.37	NA	11.78	4.92	NA	52.33
63287	.....	A	Biopsy/excise spinal tumor	*36.70	NA	2.37	NA	11.93	4.53	NA	53.16
63290	.....	A	Biopsy/excise spinal tumor	*37.38	NA	2.37	NA	12.10	4.65	NA	54.13
63300	.....	A	Removal of vertebral body	*24.43	NA	2.37	NA	8.69	2.02	NA	35.14
63301	.....	A	Removal of vertebral body	*27.60	NA	2.37	NA	9.72	3.58	NA	40.90
63302	.....	A	Removal of vertebral body	*27.81	NA	2.37	NA	9.65	3.02	NA	40.48
63303	.....	A	Removal of vertebral body	*30.50	NA	2.37	NA	10.32	3.39	NA	44.21
63304	.....	A	Removal of vertebral body	*30.33	NA	2.37	NA	10.08	2.49	NA	42.90
63305	.....	A	Removal of vertebral body	*32.03	NA	2.37	NA	10.73	3.75	NA	46.51
63306	.....	A	Removal of vertebral body	*32.22	NA	2.37	NA	10.53	2.65	NA	45.40
63307	.....	A	Removal of vertebral body	*31.63	NA	2.37	NA	10.48	2.98	NA	45.09
63308	.....	A	Removal of vertebral body	5.25	NA	0.00	NA	1.31	0.73	NA	7.29
63600	.....	A	Remove spinal cord lesion	*14.02	NA	2.53	NA	6.73	2.63	NA	23.38
63610	.....	A	Stimulation of spinal cord	8.73	NA	0.16	NA	2.56	2.06	NA	13.35
63615	.....	A	Remove lesion of spinal cord	*16.28	NA	2.53	NA	7.09	2.03	NA	25.40
63650	.....	A	Implant neuroelectrodes	*6.74	NA	1.63	NA	3.93	2.13	NA	12.80
63655	.....	A	Implant neuroelectrodes	*10.29	NA	2.35	NA	5.92	3.64	NA	19.85
63660	.....	A	Revise/remove neuroelectrode	*6.16	NA	1.98	NA	4.10	1.56	NA	11.82

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
63685	.....	A	Implant neuroreceiver	*7.04	NA	1.98	NA	4.27	1.46	NA	12.77
63688	.....	A	Revise/remove neuroreceiver	*5.39	NA	1.98	NA	3.87	1.26	NA	10.52
63690	.....	A	Analysis of neuroreceiver	0.45	0.43	0.16	0.65	0.32	0.12	1.22	0.89
63691	.....	A	Analysis of neuroreceiver	0.65	0.52	0.16	0.80	0.37	0.11	1.56	1.13
63700	.....	A	Repair of spinal herniation	*16.53	NA	2.39	NA	7.03	2.22	NA	25.78
63702	.....	A	Repair of spinal herniation	*18.48	NA	2.39	NA	7.51	2.49	NA	28.48
63704	.....	A	Repair of spinal herniation	*21.18	NA	2.39	NA	8.17	2.77	NA	32.12
63706	.....	A	Repair of spinal herniation	22.45	NA	2.35	NA	2.35	3.18	NA	27.98
63707	.....	A	Repair spinal fluid leakage	*11.26	NA	2.37	NA	5.92	2.56	NA	19.74
63709	.....	A	Repair spinal fluid leakage	*14.32	NA	2.37	NA	6.75	3.30	NA	24.37
63710	.....	A	Graft repair of spine defect	*14.07	NA	2.37	NA	6.32	1.58	NA	21.97
63740	.....	A	Install spinal shunt	*11.36	NA	2.35	NA	6.01	2.99	NA	20.36
63741	.....	A	Install spinal shunt	*8.25	NA	1.98	NA	4.74	2.39	NA	15.38
63744	.....	A	Revision of spinal shunt	*8.10	NA	1.98	NA	4.55	1.68	NA	14.33
63746	.....	A	Removal of spinal shunt	*6.43	NA	1.98	NA	4.05	1.08	NA	11.56
64400	.....	A	Injection for nerve block	1.11	1.18	0.16	1.69	0.45	0.05	2.85	1.61
64402	.....	A	Injection for nerve block	1.25	1.26	0.16	1.83	0.49	0.09	3.17	1.83
64405	.....	A	Injection for nerve block	1.32	0.93	0.16	1.43	0.50	0.07	2.82	1.89
64408	.....	A	Injection for nerve block	1.41	0.74	0.16	1.24	0.53	0.11	2.76	2.05
64410	.....	A	Injection for nerve block	1.43	0.86	0.16	1.39	0.54	0.15	2.97	2.12
64412	.....	A	Injection for nerve block	1.18	0.93	0.16	1.41	0.47	0.08	2.67	1.73
64413	.....	A	Injection for nerve block	1.40	0.92	0.16	1.44	0.52	0.08	2.92	2.00
64415	.....	A	Injection for nerve block	1.48	0.67	0.16	1.16	0.54	0.07	2.71	2.09
64417	.....	A	Injection for nerve block	1.44	0.88	0.16	1.42	0.55	0.15	3.01	2.14
64418	.....	A	Injection for nerve block	1.32	0.87	0.16	1.37	0.51	0.10	2.79	1.93
64420	.....	A	Injection for nerve block	1.18	0.84	0.16	1.29	0.47	0.07	2.54	1.72
64421	.....	A	Injection for nerve block	1.68	1.21	0.16	1.88	0.60	0.17	3.73	2.45
64425	.....	A	Injection for nerve block	1.75	0.75	0.16	1.32	0.60	0.10	3.17	2.45
64430	.....	A	Injection for nerve block	1.46	1.06	0.16	1.64	0.54	0.12	3.22	2.12
64435	.....	A	Injection for nerve block	1.45	0.97	0.16	1.52	0.54	0.09	3.06	2.08
64440	.....	A	Injection for nerve block	1.34	1.31	0.16	1.92	0.51	0.09	3.35	1.94
64441	.....	A	Injection for nerve block	1.79	1.58	0.16	2.34	0.62	0.12	4.25	2.53
64442	.....	A	Injection for nerve block	1.41	1.03	0.16	1.60	0.54	0.16	3.17	2.11
64443	.....	A	Injection for nerve block	0.98	0.55	0.00	0.91	0.24	0.12	2.01	1.34
64445	.....	A	Injection for nerve block	1.48	0.82	0.16	1.33	0.54	0.06	2.87	2.08
64450	.....	A	Injection for nerve block	1.27	0.75	0.16	1.21	0.49	0.05	2.53	1.81
64505	.....	A	Injection for nerve block	1.36	0.69	0.16	1.16	0.51	0.06	2.58	1.93
64508	.....	A	Injection for nerve block	1.12	0.74	0.16	1.17	0.46	0.08	2.37	1.66
64510	.....	A	Injection for nerve block	1.22	0.77	0.16	1.25	0.51	0.18	2.65	1.91
64520	.....	A	Injection for nerve block	1.35	1.19	0.16	1.79	0.53	0.17	3.31	2.05
64530	.....	A	Injection for nerve block	1.58	1.20	0.16	1.87	0.61	0.28	3.73	2.47
64550	.....	A	Apply neurostimulator	0.18	0.36	0.16	0.48	0.25	0.04	0.70	0.47
64553	.....	A	Implant neuroelectrodes	*2.31	1.37	1.37	2.19	2.19	0.10	4.60	4.60
64555	.....	A	Implant neuroelectrodes	*2.27	1.37	1.37	2.18	2.18	0.10	4.55	4.55
64560	.....	A	Implant neuroelectrodes	*2.36	1.45	1.45	2.33	2.33	0.24	4.93	4.93
64565	.....	A	Implant neuroelectrodes	*1.76	1.41	1.41	2.12	2.12	0.08	3.96	3.96
64573	.....	A	Implant neuroelectrodes	*4.43	NA	1.98	NA	3.51	0.61	NA	8.55
64575	.....	A	Implant neuroelectrodes	*4.35	NA	1.98	NA	3.45	0.40	NA	8.20
64577	.....	A	Implant neuroelectrodes	*4.62	NA	1.98	NA	3.52	0.45	NA	8.59
64580	.....	A	Implant neuroelectrodes	*4.12	NA	1.98	NA	3.36	0.20	NA	7.68
64585	.....	A	Revise/remove neuroelectrode	*2.06	1.36	1.34	2.12	2.10	0.09	4.27	4.25
64590	.....	A	Implant neuroreceiver	*2.40	NA	1.55	NA	2.49	0.35	NA	5.24
64595	.....	A	Revise/remove neuroreceiver	*1.73	NA	1.45	NA	2.19	0.21	NA	4.13
64600	.....	A	Injection treatment of nerve	*3.45	1.31	0.61	2.40	1.54	0.17	6.02	5.16
64605	.....	A	Injection treatment of nerve	*5.61	1.55	0.61	3.19	2.05	0.33	9.13	7.99
64610	.....	A	Injection treatment of nerve	*7.16	NA	1.44	NA	3.62	1.35	NA	12.13
64612	.....	A	Destroy nerve, face muscle	1.91	1.05	0.18	1.73	0.68	0.17	3.81	2.76
64613	.....	A	Destroy nerve, spine muscle	1.91	1.05	0.18	1.73	0.68	0.17	3.81	2.76
64620	.....	A	Injection treatment of nerve	*2.84	1.76	0.61	2.81	1.41	0.19	5.84	4.44
64622	.....	A	Injection treatment of nerve	*3.00	2.66	0.61	3.98	1.48	0.35	7.33	4.83
64623	.....	A	Injection treatment of nerve	0.99	0.73	0.00	1.15	0.25	0.17	2.31	1.41
64630	.....	A	Injection treatment of nerve	*3.00	2.33	0.61	3.58	1.49	0.38	6.96	4.87
64640	.....	A	Injection treatment of nerve	*2.76	2.33	0.61	3.47	1.37	0.09	6.32	4.22
64680	.....	A	Injection treatment of nerve	*2.62	2.32	0.61	3.50	1.41	0.41	6.53	4.44
64702	.....	A	Revise finger/toe nerve	*4.23	NA	1.77	NA	3.24	0.70	NA	8.17
64704	.....	A	Revise hand/foot nerve	*4.57	NA	1.77	NA	3.32	0.74	NA	8.63
64708	.....	A	Revise arm/leg nerve	*6.12	NA	2.09	NA	4.16	1.26	NA	11.54
64712	.....	A	Revision of sciatic nerve	*7.75	NA	2.09	NA	4.61	1.68	NA	14.04
64713	.....	A	Revision of arm nerve(s)	*11.00	NA	2.09	NA	5.33	1.72	NA	18.05
64714	.....	A	Revise low back nerve(s)	*10.33	NA	2.09	NA	5.12	1.41	NA	16.86
64716	.....	A	Revision of cranial nerve	5.80	NA	2.09	NA	3.96	0.67	NA	10.43
64718	.....	A	Revise ulnar nerve at elbow	*5.99	NA	2.09	NA	4.11	1.13	NA	11.23
64719	.....	A	Revise ulnar nerve at wrist	*4.85	NA	2.09	NA	3.79	0.85	NA	9.49
64721	.....	A	Carpal tunnel surgery	*4.29	3.03	2.45	4.82	4.10	0.83	9.94	9.22

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
64722	.....	A	Relieve pressure on nerve(s)	*4.70	NA	2.09	NA	3.82	1.11	NA	9.63
64726	.....	A	Release foot/toe nerve	*4.18	NA	2.09	NA	3.48	0.07	NA	7.73
64727	.....	A	Internal nerve revision	3.10	NA	0.00	NA	0.80	0.55	NA	4.45
64732	.....	A	Incision of brow nerve	*4.41	NA	1.77	NA	3.28	0.72	NA	8.41
64734	.....	A	Incision of cheek nerve	*4.92	NA	1.77	NA	3.39	0.67	NA	8.98
64736	.....	A	Incision of chin nerve	*4.60	NA	1.77	NA	3.26	0.42	NA	8.28
64738	.....	A	Incision of jaw nerve	*5.73	NA	1.77	NA	3.55	0.61	NA	9.89
64740	.....	A	Incision of tongue nerve	*5.59	NA	1.77	NA	3.52	0.62	NA	9.73
64742	.....	A	Incision of facial nerve	*6.22	NA	1.77	NA	3.62	0.44	NA	10.28
64744	.....	A	Incise nerve, back of head	*5.24	NA	1.77	NA	3.55	1.10	NA	9.89
64746	.....	A	Incise diaphragm nerve	*5.93	NA	2.09	NA	4.01	0.77	NA	10.71
64752	.....	A	Incision of vagus nerve	*7.06	NA	2.37	NA	4.63	0.85	NA	12.54
64755	.....	A	Incision of stomach nerves	13.10	NA	2.37	NA	6.26	2.27	NA	21.63
64760	.....	A	Incision of vagus nerve	*6.96	NA	2.37	NA	4.75	1.50	NA	13.21
64761	.....	A	Incision of pelvis nerve	*6.41	NA	1.77	NA	3.67	0.50	NA	10.58
64763	.....	A	Incise hip/thigh nerve	*6.93	NA	2.37	NA	4.61	0.92	NA	12.46
64766	.....	A	Incise hip/thigh nerve	*8.67	NA	2.37	NA	5.06	1.20	NA	14.93
64771	.....	A	Sever cranial nerve	*7.35	NA	2.09	NA	4.32	0.73	NA	12.40
64772	.....	A	Incision of spinal nerve	*7.21	NA	1.77	NA	4.03	1.30	NA	12.54
64774	.....	A	Remove skin nerve lesion	*5.17	NA	1.77	NA	3.39	0.45	NA	9.01
64776	.....	A	Remove digit nerve lesion	*5.12	NA	1.77	NA	3.37	0.41	NA	8.90
64778	.....	A	Added digit nerve surgery	3.11	NA	0.00	NA	0.78	0.43	NA	4.32
64782	.....	A	Remove limb nerve lesion	*6.23	NA	1.77	NA	3.63	0.46	NA	10.32
64783	.....	A	Added limb nerve surgery	3.72	NA	0.00	NA	0.92	0.47	NA	5.11
64784	.....	A	Remove nerve lesion	*9.82	NA	2.09	NA	4.91	0.96	NA	15.69
64786	.....	A	Remove sciatic nerve lesion	*15.46	NA	2.09	NA	6.40	2.14	NA	24.00
64787	.....	A	Implant nerve end	4.30	NA	0.00	NA	1.07	0.60	NA	5.97
64788	.....	A	Remove skin nerve lesion	*4.61	NA	1.77	NA	3.28	0.50	NA	8.39
64790	.....	A	Removal of nerve lesion	*11.31	NA	2.09	NA	5.29	1.22	NA	17.82
64792	.....	A	Removal of nerve lesion	*14.92	NA	2.09	NA	6.18	1.66	NA	22.76
64795	.....	A	Biopsy of nerve	3.01	NA	0.16	NA	0.94	0.39	NA	4.34
64802	.....	A	Remove sympathetic nerves	*9.15	NA	2.37	NA	5.14	1.10	NA	15.39
64804	.....	A	Remove sympathetic nerves	*14.64	NA	2.37	NA	6.64	2.44	NA	23.72
64809	.....	A	Remove sympathetic nerves	*13.67	NA	2.37	NA	6.34	2.04	NA	22.05
64818	.....	A	Remove sympathetic nerves	*10.30	NA	2.37	NA	5.53	1.72	NA	17.55
64820	.....	A	Remove sympathetic nerves	*10.37	NA	2.37	NA	5.48	1.42	NA	17.27
64830	.....	A	Microrepair of nerve	3.10	NA	0.00	NA	0.76	0.38	NA	4.24
64831	.....	A	Repair of digit nerve	*9.44	NA	2.09	NA	4.74	0.56	NA	14.74
64832	.....	A	Repair additional nerve	5.66	NA	0.00	NA	1.29	0.24	NA	7.19
64834	.....	A	Repair of hand or foot nerve	*10.19	NA	1.77	NA	4.52	0.56	NA	15.27
64835	.....	A	Repair of hand or foot nerve	*10.94	NA	2.09	NA	5.17	1.03	NA	17.14
64836	.....	A	Repair of hand or foot nerve	*10.94	NA	2.09	NA	5.21	1.22	NA	17.37
64837	.....	A	Repair additional nerve	6.26	NA	0.00	NA	1.56	0.85	NA	8.67
64840	.....	A	Repair of leg nerve	*13.02	NA	2.09	NA	5.51	0.53	NA	19.06
64856	.....	A	Repair/transpose nerve	*13.80	NA	2.09	NA	5.89	1.46	NA	21.15
64857	.....	A	Repair arm/leg nerve	*14.49	NA	2.09	NA	6.06	1.54	NA	22.09
64858	.....	A	Repair sciatic nerve	*16.49	NA	2.09	NA	6.62	2.11	NA	25.22
64859	.....	A	Additional nerve surgery	4.26	NA	0.00	NA	1.06	0.58	NA	5.90
64861	.....	A	Repair of arm nerves	*19.24	NA	2.73	NA	7.85	1.38	NA	28.47
64862	.....	A	Repair of low back nerves	*19.44	NA	2.37	NA	7.51	1.61	NA	28.56
64864	.....	A	Repair of facial nerve	*12.55	NA	2.09	NA	5.55	1.16	NA	19.26
64865	.....	A	Repair of facial nerve	*15.24	NA	2.09	NA	6.21	1.50	NA	22.95
64866	.....	A	Fusion of facial/other nerve	*15.74	NA	2.09	NA	6.40	1.84	NA	23.98
64868	.....	A	Fusion of facial/other nerve	*14.04	NA	2.09	NA	5.94	1.47	NA	21.45
64870	.....	A	Fusion of facial/other nerve	*15.99	NA	2.09	NA	6.42	1.70	NA	24.11
64872	.....	A	Subsequent repair of nerve	1.99	NA	0.00	NA	0.50	0.29	NA	2.78
64874	.....	A	Repair & revise nerve	2.98	NA	0.00	NA	0.75	0.43	NA	4.16
64876	.....	A	Repair nerve; shorten bone	3.38	NA	0.00	NA	0.85	0.48	NA	4.71
64885	.....	A	Nerve graft, head or neck	16.73	NA	2.09	NA	6.54	1.48	NA	24.75
64886	.....	A	Nerve graft, head or neck	19.95	NA	2.09	NA	7.30	1.77	NA	29.02
64890	.....	A	Nerve graft, hand or foot	*15.15	NA	2.09	NA	6.33	2.12	NA	23.60
64891	.....	A	Nerve graft, hand or foot	*16.14	NA	2.09	NA	6.46	1.73	NA	24.33
64892	.....	A	Nerve graft, arm or leg	*14.65	NA	2.09	NA	6.13	1.69	NA	22.47
64893	.....	A	Nerve graft, arm or leg	*15.60	NA	2.09	NA	6.46	2.27	NA	24.33
64895	.....	A	Nerve graft, hand or foot	*19.25	NA	2.09	NA	7.32	2.55	NA	29.12
64896	.....	A	Nerve graft, hand or foot	*20.49	NA	2.09	NA	7.45	1.90	NA	29.84
64897	.....	A	Nerve graft, arm or leg	*18.24	NA	2.09	NA	7.08	2.47	NA	27.79
64898	.....	A	Nerve graft, arm or leg	*19.50	NA	2.09	NA	7.33	2.35	NA	29.18
64901	.....	A	Additional nerve graft	10.22	NA	0.00	NA	2.43	0.87	NA	13.52
64902	.....	A	Additional nerve graft	11.83	NA	0.00	NA	2.81	0.99	NA	15.63
64905	.....	A	Nerve pedicle transfer	*14.02	NA	2.09	NA	5.77	0.70	NA	20.49
64907	.....	A	Nerve pedicle transfer	*18.83	NA	2.09	NA	7.23	2.55	NA	28.61
65091	.....	A	Revise eye	*6.46	NA	3.03	NA	5.20	0.45	NA	12.11
65093	.....	A	Revise eye with implant	*6.87	NA	3.13	NA	5.43	0.52	NA	12.82

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
65101	.....	A	Removal of eye	*7.03	NA	3.13	NA	5.46	0.47	NA	12.96
65103	.....	A	Remove eye/insert implant	*7.57	NA	3.13	NA	5.58	0.50	NA	13.65
65105	.....	A	Remove eye/attach implant	*8.49	NA	3.13	NA	5.79	0.55	NA	14.83
65110	.....	A	Removal of eye	*13.95	NA	3.13	NA	7.12	1.14	NA	22.21
65112	.....	A	Remove eye, revise socket	*16.38	NA	3.13	NA	7.64	1.09	NA	25.11
65114	.....	A	Remove eye, revise socket	*17.53	NA	3.13	NA	8.01	1.65	NA	27.19
65125	.....	A	Revise ocular implant	*3.12	1.44	1.44	2.46	2.46	0.13	5.71	5.71
65130	.....	A	Insert ocular implant	*7.15	NA	2.79	NA	5.08	0.50	NA	12.73
65135	.....	A	Insert ocular implant	*7.33	NA	2.79	NA	5.09	0.35	NA	12.77
65140	.....	A	Attach ocular implant	*8.02	NA	2.79	NA	5.23	0.33	NA	13.58
65150	.....	A	Revise ocular implant	*6.26	NA	2.79	NA	4.90	0.56	NA	11.72
65155	.....	A	Reinsert ocular implant	*8.66	NA	2.79	NA	5.50	0.90	NA	15.06
65175	.....	A	Removal of ocular implant	*6.28	NA	2.79	NA	4.87	0.40	NA	11.55
65205	.....	A	Remove foreign body from eye	0.71	0.99	0.11	1.36	0.30	0.02	2.09	1.03
65210	.....	A	Remove foreign body from eye	0.84	1.08	0.11	1.51	0.33	0.03	2.38	1.20
65220	.....	A	Remove foreign body from eye	0.71	1.03	0.11	1.42	0.30	0.04	2.17	1.05
65222	.....	A	Remove foreign body from eye	0.93	1.07	0.11	1.51	0.35	0.03	2.47	1.31
65235	.....	A	Remove foreign body from eye	*7.57	NA	2.03	NA	4.20	0.30	NA	12.07
65260	.....	A	Remove foreign body from eye	*10.96	NA	3.35	NA	6.59	0.45	NA	18.00
65265	.....	A	Remove foreign body from eye	*12.59	NA	3.76	NA	7.45	0.51	NA	20.55
65270	.....	A	Repair of eye wound	*1.90	1.25	0.74	1.96	1.34	0.07	3.93	3.31
65272	.....	A	Repair of eye wound	*3.82	1.48	1.20	2.66	2.32	0.10	6.58	6.24
65273	.....	A	Repair of eye wound	*4.36	NA	1.24	NA	2.52	0.21	NA	7.09
65275	.....	A	Repair of eye wound	*5.34	1.48	1.20	2.98	2.64	0.04	8.36	8.02
65280	.....	A	Repair of eye wound	*7.66	NA	2.17	NA	4.43	0.49	NA	12.58
65285	.....	A	Repair of eye wound	*12.90	NA	3.97	NA	7.81	0.64	NA	21.35
65286	.....	A	Repair of eye wound	*5.51	2.27	1.88	4.03	3.56	0.25	9.79	9.32
65290	.....	A	Repair of eye socket wound	*5.41	NA	2.23	NA	3.99	0.37	NA	9.77
65400	.....	A	Removal of eye lesion	*6.06	2.53	2.17	4.48	4.05	0.35	10.89	10.46
65410	.....	A	Biopsy of cornea	1.47	0.61	0.16	1.09	0.54	0.11	2.67	2.12
65420	.....	A	Removal of eye lesion	*4.17	2.27	1.88	3.73	3.26	0.23	8.13	7.66
65426	.....	A	Removal of eye lesion	*5.25	2.52	2.18	4.30	3.89	0.38	9.93	9.52
65430	.....	A	Corneal smear	1.47	1.06	0.11	1.62	0.47	0.03	3.12	1.97
65435	.....	A	Curette/treat cornea	0.92	0.58	0.16	0.92	0.41	0.04	1.88	1.37
65436	.....	A	Curette/treat cornea	*4.19	1.48	1.20	2.74	2.40	0.08	7.01	6.67
65450	.....	A	Treatment of corneal lesion	*3.27	2.27	1.88	3.52	3.05	0.17	6.96	6.49
65600	.....	A	Revision of cornea	*3.40	1.48	1.48	2.58	2.58	0.14	6.12	6.12
65710	.....	A	Corneal transplant	*12.35	NA	3.84	NA	7.64	1.13	NA	21.12
65730	.....	A	Corneal transplant	*14.25	NA	3.84	NA	8.09	1.29	NA	23.63
65750	.....	A	Corneal transplant	*15.00	NA	3.84	NA	8.26	1.33	NA	24.59
65755	.....	A	Corneal transplant	*14.89	NA	3.84	NA	8.25	1.39	NA	24.53
65770	.....	A	Revise cornea with implant	*17.56	NA	3.92	NA	8.78	0.71	NA	27.05
65772	.....	A	Correction of astigmatism	*4.29	1.72	1.57	3.11	2.92	0.31	7.71	7.52
65775	.....	A	Correction of astigmatism	*5.79	NA	3.18	NA	5.25	0.50	NA	11.54
65800	.....	A	Drainage of eye	1.91	0.61	0.16	1.19	0.64	0.10	3.20	2.65
65805	.....	A	Drainage of eye	1.91	0.61	0.16	1.19	0.64	0.10	3.20	2.65
65810	.....	A	Drainage of eye	*4.87	NA	2.26	NA	3.89	0.30	NA	9.06
65815	.....	A	Drainage of eye	*5.05	2.34	2.12	4.02	3.74	0.24	9.31	9.03
65820	.....	A	Relieve inner eye pressure	*8.13	NA	2.37	NA	4.79	0.51	NA	13.43
65850	.....	A	Incision of eye	*10.52	NA	2.74	NA	5.80	0.69	NA	17.01
65855	.....	A	Laser surgery of eye	*4.30	1.63	1.47	3.04	2.84	0.52	7.86	7.66
65860	.....	A	Incise inner eye adhesions	3.37	1.22	1.05	2.31	2.10	0.37	6.05	5.84
65865	.....	A	Incise inner eye adhesions	*5.60	NA	2.17	NA	3.96	0.41	NA	9.97
65870	.....	A	Incise inner eye adhesions	*6.27	NA	2.17	NA	4.09	0.31	NA	10.67
65875	.....	A	Incise inner eye adhesions	*6.54	NA	2.17	NA	4.15	0.34	NA	11.03
65880	.....	A	Incise inner eye adhesions	*7.09	NA	2.17	NA	4.28	0.37	NA	11.74
65900	.....	A	Remove eye lesion	*10.93	NA	3.61	NA	6.99	0.92	NA	18.84
65920	.....	A	Remove implant from eye	*8.40	NA	2.17	NA	4.58	0.44	NA	13.42
65930	.....	A	Remove blood clot from eye	*7.44	NA	2.74	NA	5.06	0.41	NA	12.91
66020	.....	A	Injection treatment of eye	*1.59	0.96	0.73	1.55	1.27	0.14	3.28	3.00
66030	.....	A	Injection treatment of eye	*1.25	0.96	0.73	1.45	1.17	0.03	2.73	2.45
66130	.....	A	Remove eye lesion	*7.69	1.48	1.20	3.55	3.21	0.28	11.52	11.18
66150	.....	A	Glaucoma surgery	*8.30	NA	2.74	NA	5.29	0.59	NA	14.18
66155	.....	A	Glaucoma surgery	*8.29	NA	2.74	NA	5.27	0.50	NA	14.06
66160	.....	A	Glaucoma surgery	*10.17	NA	2.74	NA	5.69	0.55	NA	16.41
66165	.....	A	Glaucoma surgery	*8.01	NA	2.74	NA	5.22	0.57	NA	13.80
66170	.....	A	Glaucoma surgery	*12.16	NA	2.74	NA	6.14	0.63	NA	18.93
66172	.....	A	Incision of eye	*15.04	NA	2.74	NA	6.77	0.63	NA	22.44
66180	.....	A	Implant eye shunt	*14.55	NA	3.21	NA	7.33	1.03	NA	22.91
66185	.....	A	Revise eye shunt	*8.14	NA	2.74	NA	5.25	0.58	NA	13.97
66220	.....	A	Repair eye lesion	*7.77	NA	3.35	NA	5.86	0.34	NA	13.97
66225	.....	A	Repair/graft eye lesion	*11.05	NA	2.80	NA	6.02	0.86	NA	17.93
66250	.....	A	Follow-up surgery of eye	*5.98	2.53	2.17	4.47	4.04	0.38	10.83	10.40
66500	.....	A	Incision of iris	*3.71	NA	1.24	NA	2.39	0.27	NA	6.37

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
66505	.....	A	Incision of iris	*4.08	NA	1.24	NA	2.45	0.17	NA	6.70
66600	.....	A	Remove iris and lesion	*8.68	NA	2.26	NA	4.77	0.51	NA	13.96
66605	.....	A	Removal of iris	*12.79	NA	3.61	NA	7.35	0.67	NA	20.81
66625	.....	A	Removal of iris	*5.13	2.34	2.12	4.09	3.81	0.48	9.70	9.42
66630	.....	A	Removal of iris	*6.16	NA	2.26	NA	4.21	0.45	NA	10.82
66635	.....	A	Removal of iris	*6.25	NA	2.17	NA	4.12	0.49	NA	10.86
66680	.....	A	Repair iris & ciliary body	*5.44	NA	2.17	NA	3.91	0.35	NA	9.70
66682	.....	A	Repair iris and ciliary body	*6.21	NA	2.26	NA	4.20	0.38	NA	10.79
66700	.....	A	Destruction, ciliary body	4.55	2.27	1.88	3.84	3.37	0.35	8.74	8.27
66710	.....	A	Destruction, ciliary body	4.55	2.31	1.88	3.91	3.38	0.41	8.87	8.34
66720	.....	A	Destruction, ciliary body	*4.78	2.27	1.88	3.90	3.43	0.38	9.06	8.59
66740	.....	A	Destruction, ciliary body	4.55	NA	2.17	NA	3.73	0.39	NA	8.67
66761	.....	A	Revision of iris	*4.07	1.22	1.05	2.49	2.27	0.47	7.03	6.81
66762	.....	A	Revision of iris	*4.58	1.15	1.02	2.53	2.37	0.55	7.66	7.50
66770	.....	A	Removal of inner eye lesion	*5.18	1.15	1.02	2.64	2.48	0.45	8.27	8.11
66820	.....	A	Incision, secondary cataract	*3.89	1.54	1.54	2.79	2.79	0.29	6.97	6.97
66821	.....	A	After cataract laser surgery	*2.35	1.22	1.05	2.09	1.88	0.37	4.81	4.60
66825	.....	A	Reposition intraocular lens	*8.23	NA	2.26	NA	4.64	0.38	NA	13.25
66830	.....	A	Removal of lens lesion	*8.20	2.27	2.27	4.65	4.65	0.40	13.25	13.25
66840	.....	A	Removal of lens material	*7.91	NA	2.34	NA	4.71	0.54	NA	13.16
66850	.....	A	Removal of lens material	*9.11	NA	2.34	NA	5.01	0.70	NA	14.82
66852	.....	A	Removal of lens material	*9.97	NA	2.34	NA	5.24	0.90	NA	16.11
66920	.....	A	Extraction of lens	*8.86	NA	2.34	NA	4.93	0.60	NA	14.39
66930	.....	A	Extraction of lens	*10.18	NA	2.34	NA	5.21	0.57	NA	15.96
66940	.....	A	Extraction of lens	*8.93	NA	2.34	NA	4.95	0.62	NA	14.50
66983	.....	A	Remove cataract, insert lens	*8.99	NA	1.96	NA	4.56	0.95	NA	14.50
66984	.....	A	Remove cataract, insert lens	*10.28	NA	1.96	NA	4.84	0.94	NA	16.06
66985	.....	A	Insert lens prosthesis	*8.39	NA	1.96	NA	4.36	0.63	NA	13.38
66986	.....	A	Exchange lens prosthesis	*12.28	NA	2.31	NA	5.65	0.63	NA	18.56
67005	.....	A	Partial removal of eye fluid	*5.70	NA	1.57	NA	3.41	1.13	NA	10.24
67010	.....	A	Partial removal of eye fluid	*6.87	NA	1.57	NA	3.65	1.04	NA	11.56
67015	.....	A	Release of eye fluid	*6.92	NA	2.44	NA	4.56	0.35	NA	11.83
67025	.....	A	Replace eye fluid	*6.84	4.10	2.18	6.57	4.24	0.36	13.77	11.44
67028	.....	A	Injection eye drug	2.52	2.29	0.16	3.39	0.79	0.18	6.09	3.49
67030	.....	A	Incise inner eye strands	*4.84	NA	2.20	NA	3.85	0.50	NA	9.19
67031	.....	A	Laser surgery, eye strands	*3.67	1.22	1.05	2.46	2.25	0.75	6.88	6.67
67036	.....	A	Removal of inner eye fluid	*11.89	NA	1.88	NA	5.23	1.49	NA	18.61
67038	.....	A	Strip retinal membrane	*21.24	NA	3.04	NA	8.75	1.80	NA	31.79
67039	.....	A	Laser treatment of retina	*14.52	NA	2.74	NA	6.89	1.68	NA	23.09
67040	.....	A	Laser treatment of retina	*17.23	NA	3.04	NA	7.86	1.75	NA	26.84
67101	.....	A	Repair, detached retina	*7.53	3.12	2.83	5.59	5.25	0.66	13.78	13.44
67105	.....	A	Repair, detached retina	*7.41	1.96	1.47	4.18	3.59	0.80	12.39	11.80
67107	.....	A	Repair detached retina	*14.84	NA	3.21	NA	7.40	1.10	NA	23.34
67108	.....	A	Repair detached retina	*20.82	NA	3.76	NA	9.53	1.76	NA	32.11
67110	.....	A	Repair detached retina	*8.81	5.34	3.21	8.65	6.05	0.97	18.43	15.83
67112	.....	A	Re-repair detached retina	*16.86	NA	3.76	NA	8.47	0.86	NA	26.19
67115	.....	A	Release, encircling material	*4.99	NA	2.20	NA	3.87	0.44	NA	9.30
67120	.....	A	Remove eye implant material	*5.98	3.90	2.18	6.15	4.05	0.38	12.51	10.41
67121	.....	A	Remove eye implant material	*10.67	NA	3.35	NA	6.53	0.49	NA	17.69
67141	.....	A	Treatment of retina	*5.20	2.17	2.17	3.89	3.89	0.48	9.57	9.57
67145	.....	A	Treatment of retina	*5.37	1.44	1.24	3.04	2.80	0.49	8.90	8.66
67208	.....	A	Treatment of retinal lesion	*6.70	1.96	1.96	3.97	3.97	0.52	11.19	11.19
67210	.....	A	Treatment of retinal lesion	*10.05	1.56	1.24	4.20	3.82	0.47	14.72	14.34
67218	.....	A	Treatment of retinal lesion	*13.52	NA	3.35	NA	7.20	0.70	NA	21.42
67227	.....	A	Treatment of retinal lesion	*6.58	2.13	2.02	4.15	4.01	0.51	11.24	11.10
67228	.....	A	Treatment of retinal lesion	*12.74	1.84	1.10	5.14	4.24	0.48	18.36	17.46
67250	.....	A	Reinforce eye wall	*8.66	NA	2.79	NA	5.39	0.40	NA	14.45
67255	.....	A	Reinforce/graft eye wall	*8.90	NA	2.79	NA	5.54	0.87	NA	15.31
67311	.....	A	Revise eye muscle	*6.65	NA	1.96	NA	3.94	0.47	NA	11.06
67312	.....	A	Revise two eye muscles	*8.54	NA	1.96	NA	4.37	0.53	NA	13.44
67314	.....	A	Revise eye muscle	*7.52	NA	1.96	NA	4.16	0.58	NA	12.26
67316	.....	A	Revise two eye muscles	*9.66	NA	1.96	NA	4.65	0.67	NA	14.98
67318	.....	A	Revise eye muscle(s)	*7.85	NA	2.18	NA	4.45	0.33	NA	12.63
67320	.....	A	Revise eye muscle(s)	*8.66	NA	2.81	NA	5.48	0.69	NA	14.83
67331	.....	A	Eye surgery follow-up	*8.12	NA	2.13	NA	4.49	0.54	NA	13.15
67332	.....	A	Rerevise eye muscles	*8.99	NA	2.34	NA	4.95	0.58	NA	14.52
67334	.....	A	Revise eye muscle w/suture	*7.96	NA	2.10	NA	4.37	0.33	NA	12.66
67335	.....	A	Eye suture during surgery	2.49	NA	0.00	NA	0.64	0.43	NA	3.56
67340	.....	A	Revise eye muscle	*9.85	NA	2.81	NA	5.68	0.41	NA	15.94
67343	.....	A	Release eye tissue	*7.35	NA	2.23	NA	4.40	0.31	NA	12.06
67345	.....	A	Destroy nerve of eye muscle	*2.96	1.41	0.18	2.42	0.93	0.26	5.64	4.15
67350	.....	A	Biopsy eye muscle	2.87	NA	0.16	NA	0.86	0.13	NA	3.86
67400	.....	A	Explore/biopsy eye socket	*9.76	NA	3.15	NA	6.11	0.62	NA	16.49
67405	.....	A	Explore/drain eye socket	*7.93	NA	3.15	NA	5.72	0.67	NA	14.32

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
67412	.....	A	Explore/treat eye socket	*9.50	NA	3.80	NA	6.86	0.67	NA	17.03
67413	.....	A	Explore/treat eye socket	*10.00	NA	3.15	NA	6.15	0.57	NA	16.72
67414	.....	A	Explore/decompress eye socke	10.07	NA	3.80	NA	6.94	0.44	NA	17.45
67415	.....	A	Aspiration orbital contents	1.76	NA	0.16	NA	0.61	0.12	NA	2.49
67420	.....	A	Explore/treat eye socket	*20.06	NA	3.43	NA	8.82	1.11	NA	29.99
67430	.....	A	Explore/treat eye socket	*13.39	NA	3.43	NA	7.24	0.54	NA	21.17
67440	.....	A	Explore/drain eye socket	*13.09	NA	3.43	NA	7.27	0.97	NA	21.33
67445	.....	A	Explore/decompress eye socke	13.36	NA	3.80	NA	7.68	0.57	NA	21.61
67450	.....	A	Explore/biopsy eye socket	*13.51	NA	3.43	NA	7.34	0.87	NA	21.72
67500	.....	A	Inject/treat eye socket	0.79	0.88	0.16	1.25	0.38	0.06	2.10	1.23
67505	.....	A	Inject/treat eye socket	0.82	1.03	0.11	1.45	0.33	0.06	2.33	1.21
67515	.....	A	Inject/treat eye socket	0.61	1.03	0.11	1.39	0.28	0.03	2.03	0.92
67550	.....	A	Insert eye socket implant	*10.19	NA	2.79	NA	5.79	0.70	NA	16.68
67560	.....	A	Revise eye socket implant	*10.60	NA	2.79	NA	5.83	0.48	NA	16.91
67570	.....	A	Decompress optic nerve	12.52	NA	3.80	NA	7.46	0.39	NA	20.37
67700	.....	A	Drainage of eyelid abscess	*1.35	1.72	0.84	2.40	1.32	0.03	3.78	2.70
67710	.....	A	Incision of eyelid	*1.02	1.56	0.72	2.14	1.12	0.06	3.22	2.20
67715	.....	A	Incision of eyelid fold	*1.22	NA	0.74	NA	1.19	0.09	NA	2.50
67800	.....	A	Remove eyelid lesion	*1.38	1.59	0.84	2.25	1.33	0.05	3.68	2.76
67801	.....	A	Remove eyelid lesions	*1.88	1.08	0.74	1.75	1.34	0.08	3.71	3.30
67805	.....	A	Remove eyelid lesions	*2.22	3.08	0.72	4.25	1.39	0.08	6.55	3.69
67808	.....	A	Remove eyelid lesion(s)	*3.80	NA	1.25	NA	2.39	0.13	NA	6.32
67810	.....	A	Biopsy of eyelid	1.48	1.47	0.16	2.12	0.53	0.05	3.65	2.06
67820	.....	A	Revise eyelashes	0.89	1.08	0.16	1.52	0.40	0.02	2.43	1.31
67825	.....	A	Revise eyelashes	*1.38	1.64	0.72	2.31	1.20	0.05	3.74	2.63
67830	.....	A	Revise eyelashes	*1.70	2.03	0.72	2.88	1.29	0.17	4.75	3.16
67835	.....	A	Revise eyelashes	*5.56	NA	1.32	NA	2.93	0.45	NA	8.94
67840	.....	A	Remove eyelid lesion	*2.04	2.23	0.83	3.18	1.47	0.07	5.29	3.58
67850	.....	A	Treat eyelid lesion	*1.69	1.95	0.72	2.75	1.26	0.05	4.49	3.00
67875	.....	A	Closure of eyelid by suture	1.35	1.90	0.16	2.63	0.52	0.13	4.11	2.00
67880	.....	A	Revision of eyelid	*3.80	2.23	0.83	3.60	1.89	0.23	7.63	5.92
67882	.....	A	Revision of eyelid	*5.07	3.59	1.24	5.56	2.71	0.37	11.00	8.15
67900	.....	A	Repair brow defect	*6.14	2.89	1.99	4.92	3.81	0.20	11.26	10.15
67901	.....	A	Repair eyelid defect	*6.97	NA	1.99	NA	4.09	0.64	NA	11.70
67902	.....	A	Repair eyelid defect	*7.03	NA	1.99	NA	4.12	0.72	NA	11.87
67903	.....	A	Repair eyelid defect	*6.37	2.69	1.99	4.83	3.98	0.73	11.93	11.08
67904	.....	A	Repair eyelid defect	*6.26	4.07	2.94	6.48	5.12	0.71	13.45	12.09
67906	.....	A	Repair eyelid defect	*6.79	2.62	1.99	4.76	3.99	0.36	11.91	11.14
67908	.....	A	Repair eyelid defect	*5.13	2.87	2.26	4.74	4.00	0.54	10.41	9.67
67909	.....	A	Revise eyelid defect	*5.40	2.87	2.26	4.79	4.05	0.48	10.67	9.93
67911	.....	A	Revise eyelid defect	*5.27	NA	2.30	NA	4.13	0.79	NA	10.19
67914	.....	A	Repair eyelid defect	*3.68	2.34	1.05	3.75	2.17	0.39	7.82	6.24
67915	.....	A	Repair eyelid defect	*3.18	1.95	1.05	3.08	1.99	0.07	6.33	5.24
67916	.....	A	Repair eyelid defect	*5.31	3.83	1.50	5.92	3.07	0.38	11.61	8.76
67917	.....	A	Repair eyelid defect	*6.02	3.01	2.26	5.09	4.18	0.47	11.58	10.67
67921	.....	A	Repair eyelid defect	*3.40	2.28	1.05	3.57	2.07	0.20	7.17	5.67
67922	.....	A	Repair eyelid defect	*3.06	1.95	0.97	3.06	1.87	0.07	6.19	5.00
67923	.....	A	Repair eyelid defect	*5.88	3.83	1.50	6.04	3.20	0.38	12.30	9.46
67924	.....	A	Repair eyelid defect	*5.79	2.78	1.99	4.75	3.78	0.43	10.97	10.00
67930	.....	A	Repair eyelid wound	*3.61	2.23	0.83	3.53	1.81	0.08	7.22	5.50
67935	.....	A	Repair eyelid wound	*6.22	3.59	1.24	5.79	2.93	0.24	12.25	9.39
67938	.....	A	Remove eyelid foreign body	*1.33	1.65	0.84	2.31	1.32	0.03	3.67	2.68
67950	.....	A	Revision of eyelid	*5.82	2.73	2.30	4.70	4.18	0.45	10.97	10.45
67961	.....	A	Revision of eyelid	*5.69	2.06	1.71	3.86	3.44	0.50	10.05	9.63
67966	.....	A	Revision of eyelid	*6.57	2.73	1.57	4.91	3.50	0.66	12.14	10.73
67971	.....	A	Reconstruction of eyelid	*9.79	NA	1.77	NA	4.45	0.64	NA	14.88
67973	.....	A	Reconstruction of eyelid	*12.87	NA	2.00	NA	5.45	0.91	NA	19.23
67974	.....	A	Reconstruction of eyelid	*12.84	NA	2.00	NA	5.44	0.87	NA	19.15
67975	.....	A	Reconstruction of eyelid	*9.13	NA	1.77	NA	4.21	0.24	NA	13.58
68020	.....	A	Incise/drain eyelid lining	*1.37	1.58	0.84	2.23	1.33	0.03	3.63	2.73
68040	.....	A	Treatment of eyelid lesions	0.85	1.09	0.16	1.52	0.39	0.02	2.39	1.26
68100	.....	A	Biopsy of eyelid lining	1.35	1.28	0.16	1.87	0.51	0.06	3.28	1.92
68110	.....	A	Remove eyelid lining lesion	*1.77	1.72	0.72	2.50	1.28	0.07	4.34	3.12
68115	.....	A	Remove eyelid lining lesion	*2.36	2.13	0.72	3.14	1.42	0.11	5.61	3.89
68130	.....	A	Remove eyelid lining lesion	*4.93	NA	1.70	NA	3.20	0.22	NA	8.35
68135	.....	A	Remove eyelid lining lesion	*1.84	1.72	0.72	2.51	1.29	0.04	4.39	3.17
68200	.....	A	Treat eyelid by injection	0.49	1.02	0.11	1.36	0.25	0.03	1.88	0.77
68320	.....	A	Revise/graft eyelid lining	*5.37	1.38	1.10	2.95	2.61	0.42	8.74	8.40
68325	.....	A	Revise/graft eyelid lining	*7.36	NA	1.10	NA	3.09	0.62	NA	11.07
68326	.....	A	Revise/graft eyelid lining	*7.15	NA	1.10	NA	3.02	0.49	NA	10.66
68328	.....	A	Revise/graft eyelid lining	*8.18	NA	1.10	NA	3.31	0.82	NA	12.31
68330	.....	A	Revise eyelid lining	*4.83	2.00	1.70	3.57	3.21	0.35	8.75	8.39
68335	.....	A	Revise/graft eyelid lining	*7.19	NA	1.10	NA	3.07	0.68	NA	10.94
68340	.....	A	Separate eyelid adhesions	*4.17	3.59	1.24	5.32	2.47	0.17	9.66	6.81

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
68360	.....	A	Revise eyelid lining	*4.37	1.99	1.70	3.45	3.10	0.33	8.15	7.80
68362	.....	A	Revise eyelid lining	*7.34	NA	2.58	NA	4.84	0.42	NA	12.60
68400	.....	A	Incise/drain tear gland	*1.69	2.13	0.83	2.98	1.39	0.06	4.73	3.14
68420	.....	A	Incise/drain tear sac	*2.30	2.19	0.83	3.19	1.52	0.06	5.55	3.88
68440	.....	A	Incise tear duct opening	*0.94	1.53	0.72	2.08	1.10	0.04	3.06	2.08
68500	.....	A	Removal of tear gland	*11.02	NA	2.40	NA	5.51	0.75	NA	17.28
68505	.....	A	Partial removal tear gland	*10.94	NA	2.40	NA	5.44	0.49	NA	16.87
68510	.....	A	Biopsy of tear gland	4.61	2.65	0.16	4.30	1.27	0.28	9.19	6.16
68520	.....	A	Removal of tear sac	*7.51	NA	1.87	NA	4.04	0.51	NA	12.06
68525	.....	A	Biopsy of tear sac	4.43	NA	0.16	NA	1.22	0.23	NA	5.88
68530	.....	A	Clearance of tear duct	*3.66	3.08	0.72	4.59	1.72	0.17	8.42	5.55
68540	.....	A	Remove tear gland lesion	*10.60	NA	2.10	NA	4.99	0.50	NA	16.09
68550	.....	A	Remove tear gland lesion	*13.26	NA	2.44	NA	6.04	0.74	NA	20.04
68700	.....	A	Repair tear ducts	*6.60	NA	1.87	NA	3.76	0.15	NA	10.51
68705	.....	A	Revise tear duct opening	*2.06	1.62	0.72	2.44	1.34	0.05	4.55	3.45
68720	.....	A	Create tear sac drain	*8.96	NA	1.87	NA	4.41	0.74	NA	14.11
68745	.....	A	Create tear duct drain	*8.63	NA	1.87	NA	4.27	0.45	NA	13.35
68750	.....	A	Create tear duct drain	*8.66	NA	2.15	NA	4.70	0.83	NA	14.19
68760	.....	A	Close tear duct opening	*1.73	1.54	0.84	2.26	1.41	0.04	4.03	3.18
68761	.....	A	Close tear duct opening	1.31	1.32	0.84	1.91	1.31	0.04	3.26	2.66
68770	.....	A	Close tear system fistula	*7.02	3.83	1.50	6.26	3.41	0.23	13.51	10.66
68801	.....	A	Dilate tear duct opening	*0.94	1.47	0.84	2.00	1.23	0.02	2.96	2.19
68810	.....	A	Probe nasolacrimal duct	*1.90	1.86	0.72	2.70	1.30	0.03	4.63	3.23
68811	.....	A	Probe nasolacrimal duct	*2.35	0.72	0.72	1.42	1.42	0.09	3.86	3.86
68815	.....	A	Probe nasolacrimal duct	*3.20	3.08	0.72	4.47	1.60	0.10	7.77	4.90
68840	.....	A	Explore/irrigate tear ducts	*1.25	1.53	0.84	2.14	1.30	0.03	3.42	2.58
68850	.....	A	Injection for tear sac x-ray	0.80	4.30	0.09	5.43	0.30	0.04	6.27	1.14
69000	.....	A	Drain external ear lesion	*1.45	0.83	0.43	1.33	0.85	0.03	2.81	2.33
69005	.....	A	Drain external ear lesion	*2.11	0.83	0.67	1.50	1.31	0.13	3.74	3.55
69020	.....	A	Drain outer ear canal lesion	*1.48	0.83	0.43	1.34	0.85	0.04	2.86	2.37
69100	.....	A	Biopsy of external ear	0.81	1.19	0.16	1.65	0.39	0.07	2.53	1.27
69105	.....	A	Biopsy of external ear canal	0.85	0.60	0.16	0.94	0.40	0.09	1.88	1.34
69110	.....	A	Partial removal external ear	*3.44	1.11	0.79	2.19	1.80	0.37	6.00	5.61
69120	.....	A	Removal of external ear	*4.05	NA	1.42	NA	2.63	0.07	NA	6.75
69140	.....	A	Remove ear canal lesion(s)	*7.97	NA	1.96	NA	4.32	0.88	NA	13.17
69145	.....	A	Remove ear canal lesion(s)	*2.62	1.11	0.79	1.99	1.60	0.28	4.89	4.50
69150	.....	A	Extensive ear canal surgery	*13.43	NA	1.99	NA	5.64	1.25	NA	20.32
69155	.....	A	Extensive ear/neck surgery	*20.80	NA	2.27	NA	7.68	1.61	NA	30.09
69200	.....	A	Clear outer ear canal	0.77	0.54	0.10	0.84	0.30	0.04	1.65	1.11
69205	.....	A	Clear outer ear canal	1.15	NA	0.67	NA	1.10	0.11	NA	2.36
69210	.....	A	Remove impacted ear wax	0.61	0.54	0.10	0.80	0.26	0.02	1.43	0.89
69220	.....	A	Clean out mastoid cavity	0.83	0.60	0.16	0.93	0.39	0.05	1.81	1.27
69222	.....	A	Clean out mastoid cavity	*1.40	0.82	0.67	1.32	1.14	0.08	2.80	2.62
69300	.....	R	Revise external ear	6.36	NA	0.50	NA	2.06	0.28	NA	8.70
69310	.....	A	Rebuild outer ear canal	*10.79	NA	1.99	NA	5.02	1.08	NA	16.89
69320	.....	A	Rebuild outer ear canal	*16.96	NA	2.27	NA	6.85	1.66	NA	25.47
69400	.....	A	Inflate middle ear canal	0.83	0.60	0.16	0.93	0.39	0.05	1.81	1.27
69401	.....	A	Inflate middle ear canal	0.63	0.56	0.16	0.83	0.34	0.03	1.49	1.00
69405	.....	A	Catheterize middle ear canal	*2.63	0.83	0.43	1.59	1.11	0.04	4.26	3.78
69410	.....	A	Inset middle ear baffle	0.33	0.61	0.16	0.83	0.29	0.07	1.23	0.69
69420	.....	A	Incision of eardrum	*1.33	0.83	0.43	1.31	0.83	0.08	2.72	2.24
69421	.....	A	Incision of eardrum	*1.73	0.83	0.67	1.41	1.23	0.13	3.27	3.09
69424	.....	A	Remove ventilating tube	0.85	0.61	0.16	0.94	0.40	0.06	1.85	1.31
69433	.....	A	Create eardrum opening	*1.52	0.83	0.43	1.37	0.89	0.15	3.04	2.56
69436	.....	A	Create eardrum opening	*1.96	0.74	0.67	1.38	1.30	0.23	3.57	3.49
69440	.....	A	Exploration of middle ear	*7.57	NA	1.70	NA	3.94	0.93	NA	12.44
69450	.....	A	Eardrum revision	*5.57	NA	1.66	NA	3.50	1.15	NA	10.22
69501	.....	A	Mastoidectomy	*9.07	NA	1.70	NA	4.32	1.17	NA	14.56
69502	.....	A	Mastoidectomy	*12.38	NA	1.99	NA	5.45	1.45	NA	19.28
69505	.....	A	Remove mastoid structures	*12.99	NA	1.99	NA	5.66	1.79	NA	20.44
69511	.....	A	Extensive mastoid surgery	*13.52	NA	1.99	NA	5.79	1.84	NA	21.15
69530	.....	A	Extensive mastoid surgery	*19.19	NA	2.27	NA	7.35	1.72	NA	28.26
69535	.....	A	Remove part of temporal bone	*36.14	NA	2.27	NA	11.31	2.85	NA	50.30
69540	.....	A	Remove ear lesion	*1.20	0.83	0.67	1.30	1.11	0.14	2.64	2.45
69550	.....	A	Remove ear lesion	*10.99	NA	1.96	NA	5.23	2.00	NA	18.22
69552	.....	A	Remove ear lesion	*19.46	NA	1.99	NA	7.09	1.86	NA	28.41
69554	.....	A	Remove ear lesion	*33.16	NA	1.99	NA	10.26	2.63	NA	46.05
69601	.....	A	Mastoid surgery revision	*13.24	NA	2.27	NA	6.01	1.55	NA	20.80
69602	.....	A	Mastoid surgery revision	*13.58	NA	1.99	NA	5.78	1.75	NA	21.11
69603	.....	A	Mastoid surgery revision	*14.02	NA	1.99	NA	5.91	1.88	NA	21.81
69604	.....	A	Mastoid surgery revision	*14.02	NA	1.99	NA	6.08	2.70	NA	22.80
69605	.....	A	Mastoid surgery revision	*18.49	NA	2.27	NA	7.23	1.86	NA	27.58
69610	.....	A	Repair of eardrum	*4.43	0.87	0.67	2.05	1.81	0.10	6.58	6.34
69620	.....	A	Repair of eardrum	*5.89	1.73	1.71	3.66	3.63	1.16	10.71	10.68

[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
69631	.....	A	Repair eardrum structures	*9.86	NA	1.99	NA	4.93	1.61	NA	16.40
69632	.....	A	Rebuild eardrum structures	*12.75	NA	2.27	NA	5.94	1.73	NA	20.42
69633	.....	A	Rebuild eardrum structures	*12.10	NA	2.27	NA	5.81	1.78	NA	19.69
69635	.....	A	Repair eardrum structures	*13.33	NA	1.99	NA	5.76	1.91	NA	21.00
69636	.....	A	Rebuild eardrum structures	*15.22	NA	2.27	NA	6.57	2.11	NA	23.90
69637	.....	A	Rebuild eardrum structures	*15.11	NA	2.27	NA	6.57	2.22	NA	23.90
69641	.....	A	Revise middle ear & mastoid	*12.71	NA	1.99	NA	5.62	1.87	NA	20.20
69642	.....	A	Revise middle ear & mastoid	*16.84	NA	2.27	NA	6.94	2.21	NA	25.99
69643	.....	A	Revise middle ear & mastoid	*15.32	NA	2.27	NA	6.68	2.51	NA	24.51
69644	.....	A	Revise middle ear & mastoid	*16.97	NA	2.27	NA	7.08	2.70	NA	26.75
69645	.....	A	Revise middle ear & mastoid	*16.38	NA	2.27	NA	6.91	2.51	NA	25.80
69646	.....	A	Revise middle ear & mastoid	*17.99	NA	2.27	NA	7.24	2.40	NA	27.63
69650	.....	A	Release middle ear bone	*9.66	NA	1.66	NA	4.43	1.33	NA	15.42
69660	.....	A	Revise middle ear bone	*11.90	NA	1.66	NA	5.03	1.82	NA	18.75
69661	.....	A	Revise middle ear bone	*15.74	NA	1.96	NA	6.26	1.93	NA	23.93
69662	.....	A	Revise middle ear bone	*15.44	NA	1.96	NA	6.19	1.94	NA	23.57
69666	.....	A	Repair middle ear structures	*9.75	NA	1.66	NA	4.55	1.77	NA	16.07
69667	.....	A	Repair middle ear structures	*9.76	NA	1.66	NA	4.53	1.66	NA	15.95
69670	.....	A	Remove mastoid air cells	*11.51	NA	1.99	NA	5.18	1.08	NA	17.77
69676	.....	A	Remove middle ear nerve	*9.52	NA	1.96	NA	4.66	0.86	NA	15.04
69700	.....	A	Close mastoid fistula	*8.23	NA	0.90	NA	3.08	0.84	NA	12.15
69711	.....	A	Remove/repair hearing aid	*10.44	NA	1.99	NA	4.81	0.44	NA	15.69
69720	.....	A	Release facial nerve	*14.38	NA	2.28	NA	6.43	2.27	NA	23.08
69725	.....	A	Release facial nerve	*25.38	NA	1.99	NA	8.31	1.51	NA	35.20
69740	.....	A	Repair facial nerve	*15.96	NA	1.71	NA	5.95	1.69	NA	23.60
69745	.....	A	Repair facial nerve	*16.69	NA	1.99	NA	6.41	1.53	NA	24.63
69801	.....	A	Incise inner ear	*8.56	NA	1.70	NA	4.35	1.84	NA	14.75
69802	.....	A	Incise inner ear	*13.10	NA	1.99	NA	5.56	1.22	NA	19.88
69805	.....	A	Explore inner ear	*13.82	NA	1.70	NA	5.54	2.00	NA	21.36
69806	.....	A	Explore inner ear	*12.35	NA	1.99	NA	5.68	2.54	NA	20.57
69820	.....	A	Establish inner ear window	*10.34	NA	1.99	NA	4.91	1.00	NA	16.25
69840	.....	A	Revise inner ear window	*10.26	NA	1.99	NA	4.78	0.51	NA	15.55
69905	.....	A	Remove inner ear	*11.10	NA	1.96	NA	5.27	2.07	NA	18.44
69910	.....	A	Remove inner ear & mastoid	*13.63	NA	1.99	NA	5.92	2.34	NA	21.89
69915	.....	A	Incise inner ear nerve	*21.23	NA	1.99	NA	7.52	2.02	NA	30.77
69930	.....	A	Implant cochlear device	*16.81	NA	2.34	NA	7.27	3.34	NA	27.42
69950	.....	A	Incise inner ear nerve	*25.64	NA	2.39	NA	9.04	2.31	NA	36.99
69955	.....	A	Release facial nerve	*27.04	NA	1.99	NA	8.84	2.25	NA	38.13
69960	.....	A	Release inner ear canal	*27.04	NA	1.99	NA	8.77	1.93	NA	37.74
69970	.....	A	Remove inner ear lesion	*30.04	NA	2.77	NA	10.45	2.26	NA	42.75
70010	.....	A	Contrast x-ray of brain	1.19	1.01	1.01	1.56	1.56	0.34	3.09	3.09
70010	26	A	Contrast x-ray of brain	1.19	0.09	0.09	0.39	0.39	0.08	1.66	1.66
70010	TC	A	Contrast x-ray of brain	0.00	0.92	0.92	1.17	1.17	0.26	1.43	1.43
70015	.....	A	Contrast x-ray of brain	1.19	1.01	1.01	1.53	1.53	0.17	2.89	2.89
70015	26	A	Contrast x-ray of brain	1.19	0.09	0.09	0.39	0.39	0.08	1.66	1.66
70015	TC	A	Contrast x-ray of brain	0.00	0.92	0.92	1.14	1.14	0.09	1.23	1.23
70030	.....	A	X-ray eye for foreign body	0.17	0.42	0.42	0.55	0.55	0.04	0.76	0.76
70030	26	A	X-ray eye for foreign body	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
70030	TC	A	X-ray eye for foreign body	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
70100	.....	A	X-ray exam of jaw	0.18	0.46	0.46	0.61	0.61	0.04	0.83	0.83
70100	26	A	X-ray exam of jaw	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
70100	TC	A	X-ray exam of jaw	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
70110	.....	A	X-ray exam of jaw	0.25	0.50	0.50	0.67	0.67	0.06	0.98	0.98
70110	26	A	X-ray exam of jaw	0.25	0.06	0.06	0.13	0.13	0.02	0.40	0.40
70110	TC	A	X-ray exam of jaw	0.00	0.44	0.44	0.54	0.54	0.04	0.58	0.58
70120	.....	A	X-ray exam of mastoids	0.18	0.42	0.42	0.56	0.56	0.05	0.79	0.79
70120	26	A	X-ray exam of mastoids	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
70120	TC	A	X-ray exam of mastoids	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
70130	.....	A	X-ray exam of mastoids	0.34	0.63	0.63	0.86	0.86	0.07	1.27	1.27
70130	26	A	X-ray exam of mastoids	0.34	0.06	0.06	0.15	0.15	0.02	0.51	0.51
70130	TC	A	X-ray exam of mastoids	0.00	0.57	0.57	0.71	0.71	0.05	0.76	0.76
70134	.....	A	X-ray exam of middle ear	0.34	0.50	0.50	0.70	0.70	0.07	1.11	1.11
70134	26	A	X-ray exam of middle ear	0.34	0.06	0.06	0.15	0.15	0.02	0.51	0.51
70134	TC	A	X-ray exam of middle ear	0.00	0.44	0.44	0.55	0.55	0.05	0.60	0.60
70140	.....	A	X-ray exam of facial bones	0.19	0.42	0.42	0.56	0.56	0.05	0.80	0.80
70140	26	A	X-ray exam of facial bones	0.19	0.06	0.06	0.12	0.12	0.01	0.32	0.32
70140	TC	A	X-ray exam of facial bones	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
70150	.....	A	X-ray exam of facial bones	0.26	0.50	0.50	0.69	0.69	0.07	1.02	1.02
70150	26	A	X-ray exam of facial bones	0.26	0.06	0.06	0.14	0.14	0.02	0.42	0.42
70150	TC	A	X-ray exam of facial bones	0.00	0.44	0.44	0.55	0.55	0.05	0.60	0.60
70160	.....	A	X-ray exam of nasal bones	0.17	0.50	0.50	0.65	0.65	0.04	0.86	0.86
70160	26	A	X-ray exam of nasal bones	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
70160	TC	A	X-ray exam of nasal bones	0.00	0.44	0.44	0.54	0.54	0.03	0.57	0.57
70170	.....	A	X-ray exam of tear duct	0.30	1.10	1.10	1.43	1.43	0.08	1.81	1.81

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
70170	26	A	X-ray exam of tear duct	0.30	0.12	0.12	0.22	0.22	0.02	0.54	0.54
70170	TC	A	X-ray exam of tear duct	0.00	0.98	0.98	1.21	1.21	0.06	1.27	1.27
70190	.....	A	X-ray exam of eye sockets	0.21	0.42	0.42	0.56	0.56	0.05	0.82	0.82
70190	26	A	X-ray exam of eye sockets	0.21	0.06	0.06	0.12	0.12	0.01	0.34	0.34
70190	TC	A	X-ray exam of eye sockets	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
70200	.....	A	X-ray exam of eye sockets	0.28	0.54	0.54	0.73	0.73	0.07	1.08	1.08
70200	26	A	X-ray exam of eye sockets	0.28	0.06	0.06	0.14	0.14	0.02	0.44	0.44
70200	TC	A	X-ray exam of eye sockets	0.00	0.48	0.48	0.59	0.59	0.05	0.64	0.64
70210	.....	A	X-ray exam of sinuses	0.17	0.42	0.42	0.55	0.55	0.05	0.77	0.77
70210	26	A	X-ray exam of sinuses	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
70210	TC	A	X-ray exam of sinuses	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
70220	.....	A	X-ray exam of sinuses	0.25	0.50	0.50	0.68	0.68	0.07	1.00	1.00
70220	26	A	X-ray exam of sinuses	0.25	0.06	0.06	0.13	0.13	0.02	0.40	0.40
70220	TC	A	X-ray exam of sinuses	0.00	0.44	0.44	0.55	0.55	0.05	0.60	0.60
70240	.....	A	X-ray exam pituitary saddle	0.19	0.42	0.42	0.56	0.56	0.04	0.79	0.79
70240	26	A	X-ray exam pituitary saddle	0.19	0.06	0.06	0.12	0.12	0.01	0.32	0.32
70240	TC	A	X-ray exam pituitary saddle	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
70250	.....	A	X-ray exam of skull	0.24	0.45	0.45	0.61	0.61	0.06	0.91	0.91
70250	26	A	X-ray exam of skull	0.24	0.06	0.06	0.13	0.13	0.02	0.39	0.39
70250	TC	A	X-ray exam of skull	0.00	0.39	0.39	0.48	0.48	0.04	0.52	0.52
70260	.....	A	X-ray exam of skull	0.34	0.54	0.54	0.75	0.75	0.08	1.17	1.17
70260	26	A	X-ray exam of skull	0.34	0.06	0.06	0.15	0.15	0.02	0.51	0.51
70260	TC	A	X-ray exam of skull	0.00	0.48	0.48	0.60	0.60	0.06	0.66	0.66
70300	.....	A	X-ray exam of teeth	0.10	0.35	0.35	0.45	0.45	0.03	0.58	0.58
70300	26	A	X-ray exam of teeth	0.10	0.06	0.06	0.10	0.10	0.01	0.21	0.21
70300	TC	A	X-ray exam of teeth	0.00	0.29	0.29	0.35	0.35	0.02	0.37	0.37
70310	.....	A	X-ray exam of teeth	0.16	0.35	0.35	0.46	0.46	0.04	0.66	0.66
70310	26	A	X-ray exam of teeth	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
70310	TC	A	X-ray exam of teeth	0.00	0.29	0.29	0.35	0.35	0.03	0.38	0.38
70320	.....	A	Full mouth x-ray of teeth	0.22	0.45	0.45	0.61	0.61	0.07	0.90	0.90
70320	26	A	Full mouth x-ray of teeth	0.22	0.06	0.06	0.13	0.13	0.02	0.37	0.37
70320	TC	A	Full mouth x-ray of teeth	0.00	0.39	0.39	0.48	0.48	0.05	0.53	0.53
70328	.....	A	X-ray exam of jaw joint	0.18	0.42	0.42	0.56	0.56	0.04	0.78	0.78
70328	26	A	X-ray exam of jaw joint	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
70328	TC	A	X-ray exam of jaw joint	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
70330	.....	A	X-ray exam of jaw joints	0.24	0.50	0.50	0.68	0.68	0.07	0.99	0.99
70330	26	A	X-ray exam of jaw joints	0.24	0.06	0.06	0.13	0.13	0.02	0.39	0.39
70330	TC	A	X-ray exam of jaw joints	0.00	0.44	0.44	0.55	0.55	0.05	0.60	0.60
70332	.....	A	X-ray exam of jaw joint	0.54	1.09	1.09	1.49	1.49	0.17	2.20	2.20
70332	26	A	X-ray exam of jaw joint	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
70332	TC	A	X-ray exam of jaw joint	0.00	0.97	0.97	1.21	1.21	0.13	1.34	1.34
70336	.....	A	Magnetic image jaw joint	1.48	8.30	8.30	10.61	10.61	0.73	12.82	12.82
70336	26	A	Magnetic image jaw joint	1.48	0.10	0.10	0.46	0.46	0.06	2.00	2.00
70336	TC	A	Magnetic image jaw joint	0.00	8.20	8.20	10.15	10.15	0.67	10.82	10.82
70350	.....	A	X-ray head for orthodontia	0.17	0.37	0.37	0.49	0.49	0.03	0.69	0.69
70350	26	A	X-ray head for orthodontia	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
70350	TC	A	X-ray head for orthodontia	0.00	0.31	0.31	0.38	0.38	0.02	0.40	0.40
70355	.....	A	Panoramic x-ray of jaws	0.20	0.37	0.37	0.50	0.50	0.05	0.75	0.75
70355	26	A	Panoramic x-ray of jaws	0.20	0.06	0.06	0.12	0.12	0.01	0.33	0.33
70355	TC	A	Panoramic x-ray of jaws	0.00	0.31	0.31	0.38	0.38	0.04	0.42	0.42
70360	.....	A	X-ray exam of neck	0.17	0.42	0.42	0.55	0.55	0.04	0.76	0.76
70360	26	A	X-ray exam of neck	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
70360	TC	A	X-ray exam of neck	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
70370	.....	A	Throat x-ray & fluoroscopy	0.32	0.82	0.82	1.10	1.10	0.10	1.52	1.52
70370	26	A	Throat x-ray & fluoroscopy	0.32	0.06	0.06	0.15	0.15	0.02	0.49	0.49
70370	TC	A	Throat x-ray & fluoroscopy	0.00	0.76	0.76	0.95	0.95	0.08	1.03	1.03
70371	.....	A	Speech evaluation, complex	0.84	0.24	0.24	0.53	0.53	0.19	1.56	1.56
70371	26	A	Speech evaluation, complex	0.84	0.12	0.12	0.35	0.35	0.06	1.25	1.25
70371	TC	A	Speech evaluation, complex	0.00	0.12	0.12	0.18	0.18	0.13	0.31	0.31
70373	.....	A	Contrast x-ray of larynx	0.44	1.09	1.09	1.45	1.45	0.14	2.03	2.03
70373	26	A	Contrast x-ray of larynx	0.44	0.12	0.12	0.25	0.25	0.03	0.72	0.72
70373	TC	A	Contrast x-ray of larynx	0.00	0.97	0.97	1.20	1.20	0.11	1.31	1.31
70380	.....	A	X-ray exam of salivary gland	0.17	0.42	0.42	0.55	0.55	0.05	0.77	0.77
70380	26	A	X-ray exam of salivary gland	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
70380	TC	A	X-ray exam of salivary gland	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
70390	.....	A	X-ray exam of salivary duct	0.38	1.10	1.10	1.46	1.46	0.14	1.98	1.98
70390	26	A	X-ray exam of salivary duct	0.38	0.12	0.12	0.24	0.24	0.03	0.65	0.65
70390	TC	A	X-ray exam of salivary duct	0.00	0.98	0.98	1.22	1.22	0.11	1.33	1.33
70450	.....	A	CAT scan of head or brain	0.85	2.30	2.30	3.07	3.07	0.35	4.27	4.27
70450	26	A	CAT scan of head or brain	0.85	0.10	0.10	0.32	0.32	0.06	1.23	1.23
70450	TC	A	CAT scan of head or brain	0.00	2.20	2.20	2.75	2.75	0.29	3.04	3.04
70460	.....	A	Contrast CAT scan of head	1.13	2.79	2.79	3.75	3.75	0.43	5.31	5.31
70460	26	A	Contrast CAT scan of head	1.13	0.10	0.10	0.39	0.39	0.08	1.60	1.60
70460	TC	A	Contrast CAT scan of head	0.00	2.69	2.69	3.36	3.36	0.35	3.71	3.71

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
70470	.....	A	Contrast CAT scans of head	1.27	3.10	3.10	4.17	4.17	0.52	5.96	5.96
70470	26	A	Contrast CAT scans of head	1.27	0.10	0.10	0.42	0.42	0.09	1.78	1.78
70470	TC	A	Contrast CAT scans of head	0.00	3.00	3.00	3.75	3.75	0.43	4.18	4.18
70480	.....	A	CAT scan of skull	1.28	2.71	2.71	3.66	3.66	0.38	5.32	5.32
70480	26	A	CAT scan of skull	1.28	0.10	0.10	0.42	0.42	0.09	1.79	1.79
70480	TC	A	CAT scan of skull	0.00	2.61	2.61	3.24	3.24	0.29	3.53	3.53
70481	.....	A	Contrast CAT scan of skull	1.38	3.10	3.10	4.18	4.18	0.44	6.00	6.00
70481	26	A	Contrast CAT scan of skull	1.38	0.10	0.10	0.45	0.45	0.09	1.92	1.92
70481	TC	A	Contrast CAT scan of skull	0.00	3.00	3.00	3.73	3.73	0.35	4.08	4.08
70482	.....	A	Contrast CAT scans of skull	1.45	3.35	3.35	4.52	4.52	0.53	6.50	6.50
70482	26	A	Contrast CAT scans of skull	1.45	0.10	0.10	0.46	0.46	0.10	2.01	2.01
70482	TC	A	Contrast CAT scans of skull	0.00	3.25	3.25	4.06	4.06	0.43	4.49	4.49
70486	.....	A	CAT scan of face, jaw	1.14	2.46	2.46	3.34	3.34	0.37	4.85	4.85
70486	26	A	CAT scan of face, jaw	1.14	0.10	0.10	0.39	0.39	0.08	1.61	1.61
70486	TC	A	CAT scan of face, jaw	0.00	2.36	2.36	2.95	2.95	0.29	3.24	3.24
70487	.....	A	Contrast CAT scan, face/jaw	1.30	2.95	2.95	3.98	3.98	0.44	5.72	5.72
70487	26	A	Contrast CAT scan, face/jaw	1.30	0.10	0.10	0.43	0.43	0.09	1.82	1.82
70487	TC	A	Contrast CAT scan, face/jaw	0.00	2.85	2.85	3.55	3.55	0.35	3.90	3.90
70488	.....	A	Contrast CAT scans face/jaw	1.42	3.15	3.15	4.27	4.27	0.53	6.22	6.22
70488	26	A	Contrast CAT scans face/jaw	1.42	0.10	0.10	0.46	0.46	0.10	1.98	1.98
70488	TC	A	Contrast CAT scans face/jaw	0.00	3.05	3.05	3.81	3.81	0.43	4.24	4.24
70490	.....	A	CAT scan of neck tissue	1.28	2.41	2.41	3.30	3.30	0.38	4.96	4.96
70490	26	A	CAT scan of neck tissue	1.28	0.10	0.10	0.42	0.42	0.09	1.79	1.79
70490	TC	A	CAT scan of neck tissue	0.00	2.31	2.31	2.88	2.88	0.29	3.17	3.17
70491	.....	A	Contrast CAT of neck tissue	1.38	2.89	2.89	3.93	3.93	0.44	5.75	5.75
70491	26	A	Contrast CAT of neck tissue	1.38	0.10	0.10	0.45	0.45	0.09	1.92	1.92
70491	TC	A	Contrast CAT of neck tissue	0.00	2.79	2.79	3.48	3.48	0.35	3.83	3.83
70492	.....	A	Contrast CAT of neck tissue	1.45	3.15	3.15	4.27	4.27	0.53	6.25	6.25
70492	26	A	Contrast CAT of neck tissue	1.45	0.10	0.10	0.46	0.46	0.10	2.01	2.01
70492	TC	A	Contrast CAT of neck tissue	0.00	3.05	3.05	3.81	3.81	0.43	4.24	4.24
70540	.....	A	Magnetic image, face, neck	1.48	8.58	8.58	10.95	10.95	0.77	13.20	13.20
70540	26	A	Magnetic image, face, neck	1.48	0.10	0.10	0.47	0.47	0.10	2.05	2.05
70540	TC	A	Magnetic image, face, neck	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
70541	.....	R	Magnetic image, head (MRA)	1.81	8.97	8.97	11.51	11.51	0.77	14.09	14.09
70541	26	R	Magnetic image, head (MRA)	1.81	0.10	0.10	0.54	0.54	0.10	2.45	2.45
70541	TC	R	Magnetic image, head (MRA)	0.00	8.87	8.87	10.97	10.97	0.67	11.64	11.64
70551	.....	A	Magnetic image, brain (MRI)	1.48	8.58	8.58	10.95	10.95	0.77	13.20	13.20
70551	26	A	Magnetic image, brain (MRI)	1.48	0.10	0.10	0.47	0.47	0.10	2.05	2.05
70551	TC	A	Magnetic image, brain (MRI)	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
70552	.....	A	Magnetic image, brain (MRI)	1.78	8.86	8.86	11.40	11.40	0.93	14.11	14.11
70552	26	A	Magnetic image, brain (MRI)	1.78	0.10	0.10	0.54	0.54	0.12	2.44	2.44
70552	TC	A	Magnetic image, brain (MRI)	0.00	8.76	8.76	10.86	10.86	0.81	11.67	11.67
70553	.....	A	Magnetic image, brain	2.36	10.68	10.68	13.90	13.90	1.65	17.91	17.91
70553	26	A	Magnetic image, brain	2.36	0.10	0.10	0.68	0.68	0.16	3.20	3.20
70553	TC	A	Magnetic image, brain	0.00	10.58	10.58	13.22	13.22	1.49	14.71	14.71
71010	.....	A	Chest x-ray	0.18	0.44	0.44	0.59	0.59	0.04	0.81	0.81
71010	26	A	Chest x-ray	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
71010	TC	A	Chest x-ray	0.00	0.38	0.38	0.47	0.47	0.03	0.50	0.50
71015	.....	A	X-ray exam of chest	0.21	0.53	0.53	0.70	0.70	0.04	0.95	0.95
71015	26	A	X-ray exam of chest	0.21	0.06	0.06	0.12	0.12	0.01	0.34	0.34
71015	TC	A	X-ray exam of chest	0.00	0.47	0.47	0.58	0.58	0.03	0.61	0.61
71020	.....	A	Chest x-ray	0.22	0.58	0.58	0.76	0.76	0.05	1.03	1.03
71020	26	A	Chest x-ray	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
71020	TC	A	Chest x-ray	0.00	0.52	0.52	0.64	0.64	0.04	0.68	0.68
71021	.....	A	Chest x-ray	0.27	0.61	0.61	0.82	0.82	0.07	1.16	1.16
71021	26	A	Chest x-ray	0.27	0.06	0.06	0.14	0.14	0.02	0.43	0.43
71021	TC	A	Chest x-ray	0.00	0.55	0.55	0.68	0.68	0.05	0.73	0.73
71022	.....	A	Chest x-ray	0.31	0.69	0.69	0.93	0.93	0.07	1.31	1.31
71022	26	A	Chest x-ray	0.31	0.06	0.06	0.15	0.15	0.02	0.48	0.48
71022	TC	A	Chest x-ray	0.00	0.63	0.63	0.78	0.78	0.05	0.83	0.83
71023	.....	A	Chest x-ray and fluoroscopy	0.38	0.91	0.91	1.20	1.20	0.08	1.66	1.66
71023	26	A	Chest x-ray and fluoroscopy	0.38	0.06	0.06	0.16	0.16	0.03	0.57	0.57
71023	TC	A	Chest x-ray and fluoroscopy	0.00	0.85	0.85	1.04	1.04	0.05	1.09	1.09
71030	.....	A	Chest x-ray	0.31	0.78	0.78	1.04	1.04	0.07	1.42	1.42
71030	26	A	Chest x-ray	0.31	0.06	0.06	0.15	0.15	0.02	0.48	0.48
71030	TC	A	Chest x-ray	0.00	0.72	0.72	0.89	0.89	0.05	0.94	0.94
71034	.....	A	Chest x-ray & fluoroscopy	0.46	1.37	1.37	1.80	1.80	0.12	2.38	2.38
71034	26	A	Chest x-ray & fluoroscopy	0.46	0.06	0.06	0.18	0.18	0.03	0.67	0.67
71034	TC	A	Chest x-ray & fluoroscopy	0.00	1.31	1.31	1.62	1.62	0.09	1.71	1.71
71035	.....	A	Chest x-ray	0.18	0.57	0.57	0.75	0.75	0.04	0.97	0.97
71035	26	A	Chest x-ray	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
71035	TC	A	Chest x-ray	0.00	0.51	0.51	0.63	0.63	0.03	0.66	0.66
71036	.....	A	X-ray guidance for biopsy	0.54	0.55	0.55	0.82	0.82	0.14	1.50	1.50
71036	26	A	X-ray guidance for biopsy	0.54	0.04	0.04	0.18	0.18	0.04	0.76	0.76

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
71036	TC	A	X-ray guidance for biopsy	0.00	0.51	0.51	0.64	0.64	0.10	0.74	0.74
71038		A	X-ray guidance for biopsy	0.54	0.38	0.38	0.61	0.61	0.15	1.30	1.30
71038	26	A	X-ray guidance for biopsy	0.54	0.02	0.02	0.15	0.15	0.04	0.73	0.73
71038	TC	A	X-ray guidance for biopsy	0.00	0.36	0.36	0.46	0.46	0.11	0.57	0.57
71040		A	Contrast x-ray of bronchi	0.58	1.09	1.09	1.48	1.48	0.13	2.19	2.19
71040	26	A	Contrast x-ray of bronchi	0.58	0.12	0.12	0.28	0.28	0.04	0.90	0.90
71040	TC	A	Contrast x-ray of bronchi	0.00	0.97	0.97	1.20	1.20	0.09	1.29	1.29
71060		A	Contrast x-ray of bronchi	0.74	1.09	1.09	1.53	1.53	0.19	2.46	2.46
71060	26	A	Contrast x-ray of bronchi	0.74	0.12	0.12	0.32	0.32	0.05	1.11	1.11
71060	TC	A	Contrast x-ray of bronchi	0.00	0.97	0.97	1.21	1.21	0.14	1.35	1.35
71090		A	X-ray & pacemaker insertion	0.54	0.54	0.54	0.81	0.81	0.15	1.50	1.50
71090	26	A	X-ray & pacemaker insertion	0.54	0.04	0.04	0.18	0.18	0.04	0.76	0.76
71090	TC	A	X-ray & pacemaker insertion	0.00	0.50	0.50	0.63	0.63	0.11	0.74	0.74
71100		A	X-ray exam of ribs	0.22	0.70	0.70	0.92	0.92	0.06	1.20	1.20
71100	26	A	X-ray exam of ribs	0.22	0.06	0.06	0.13	0.13	0.02	0.37	0.37
71100	TC	A	X-ray exam of ribs	0.00	0.64	0.64	0.79	0.79	0.04	0.83	0.83
71101		A	X-ray exam of ribs, chest	0.27	0.65	0.65	0.87	0.87	0.06	1.20	1.20
71101	26	A	X-ray exam of ribs, chest	0.27	0.06	0.06	0.14	0.14	0.02	0.43	0.43
71101	TC	A	X-ray exam of ribs, chest	0.00	0.59	0.59	0.73	0.73	0.04	0.77	0.77
71110		A	X-ray exam of ribs	0.27	0.57	0.57	0.77	0.77	0.07	1.11	1.11
71110	26	A	X-ray exam of ribs	0.27	0.06	0.06	0.14	0.14	0.02	0.43	0.43
71110	TC	A	X-ray exam of ribs	0.00	0.51	0.51	0.63	0.63	0.05	0.68	0.68
71111		A	X-ray exam of ribs, chest	0.32	0.73	0.73	0.98	0.98	0.08	1.38	1.38
71111	26	A	X-ray exam of ribs, chest	0.32	0.06	0.06	0.15	0.15	0.02	0.49	0.49
71111	TC	A	X-ray exam of ribs, chest	0.00	0.67	0.67	0.83	0.83	0.06	0.89	0.89
71120		A	X-ray exam of breastbone	0.20	0.46	0.46	0.61	0.61	0.05	0.86	0.86
71120	26	A	X-ray exam of breastbone	0.20	0.06	0.06	0.12	0.12	0.01	0.33	0.33
71120	TC	A	X-ray exam of breastbone	0.00	0.40	0.40	0.49	0.49	0.04	0.53	0.53
71130		A	X-ray exam of breastbone	0.22	0.50	0.50	0.66	0.66	0.05	0.93	0.93
71130	26	A	X-ray exam of breastbone	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
71130	TC	A	X-ray exam of breastbone	0.00	0.44	0.44	0.54	0.54	0.04	0.58	0.58
71250		A	Cat scan of chest	1.16	2.76	2.76	3.72	3.72	0.44	5.32	5.32
71250	26	A	Cat scan of chest	1.16	0.10	0.10	0.40	0.40	0.08	1.64	1.64
71250	TC	A	Cat scan of chest	0.00	2.66	2.66	3.32	3.32	0.36	3.68	3.68
71260		A	Contrast CAT scan of chest	1.24	3.53	3.53	4.69	4.69	0.51	6.44	6.44
71260	26	A	Contrast CAT scan of chest	1.24	0.10	0.10	0.41	0.41	0.08	1.73	1.73
71260	TC	A	Contrast CAT scan of chest	0.00	3.43	3.43	4.28	4.28	0.43	4.71	4.71
71270		A	Contrast CAT scans of chest	1.38	3.79	3.79	5.06	5.06	0.61	7.05	7.05
71270	26	A	Contrast CAT scans of chest	1.38	0.10	0.10	0.45	0.45	0.09	1.92	1.92
71270	TC	A	Contrast CAT scans of chest	0.00	3.69	3.69	4.61	4.61	0.52	5.13	5.13
71550		A	Magnetic image, chest	1.60	9.48	9.48	12.09	12.09	0.78	14.47	14.47
71550	26	A	Magnetic image, chest	1.60	0.10	0.10	0.50	0.50	0.11	2.21	2.21
71550	TC	A	Magnetic image, chest	0.00	9.38	9.38	11.59	11.59	0.67	12.26	12.26
71555		N	Magnetic imaging/chest (MRA)	+1.81	8.97	8.97	11.51	11.51	0.78	14.10	14.10
71555	26	N	Magnetic imaging/chest (MRA)	+1.81	0.10	0.10	0.54	0.54	0.11	2.46	2.46
71555	TC	N	Magnetic imaging/chest (MRA)	+0.00	8.87	8.87	10.97	10.97	0.67	11.64	11.64
72010		A	X-ray exam of spine	0.45	0.53	0.53	0.76	0.76	0.09	1.30	1.30
72010	26	A	X-ray exam of spine	0.45	0.06	0.06	0.18	0.18	0.03	0.66	0.66
72010	TC	A	X-ray exam of spine	0.00	0.47	0.47	0.58	0.58	0.06	0.64	0.64
72020		A	X-ray exam of spine	0.15	0.41	0.41	0.54	0.54	0.04	0.73	0.73
72020	26	A	X-ray exam of spine	0.15	0.06	0.06	0.11	0.11	0.01	0.27	0.27
72020	TC	A	X-ray exam of spine	0.00	0.35	0.35	0.43	0.43	0.03	0.46	0.46
72040		A	X-ray exam of neck spine	0.22	0.42	0.42	0.56	0.56	0.05	0.83	0.83
72040	26	A	X-ray exam of neck spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72040	TC	A	X-ray exam of neck spine	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
72050		A	X-ray exam of neck spine	0.31	0.56	0.56	0.77	0.77	0.08	1.16	1.16
72050	26	A	X-ray exam of neck spine	0.31	0.06	0.06	0.15	0.15	0.02	0.48	0.48
72050	TC	A	X-ray exam of neck spine	0.00	0.50	0.50	0.62	0.62	0.06	0.68	0.68
72052		A	X-ray exam of neck spine	0.36	0.63	0.63	0.87	0.87	0.09	1.32	1.32
72052	26	A	X-ray exam of neck spine	0.36	0.06	0.06	0.16	0.16	0.02	0.54	0.54
72052	TC	A	X-ray exam of neck spine	0.00	0.57	0.57	0.71	0.71	0.07	0.78	0.78
72069		A	X-ray exam of trunk spine	0.22	0.65	0.65	0.85	0.85	0.04	1.11	1.11
72069	26	A	X-ray exam of trunk spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72069	TC	A	X-ray exam of trunk spine	0.00	0.59	0.59	0.73	0.73	0.03	0.76	0.76
72070		A	X-ray exam of thorax spine	0.22	0.49	0.49	0.65	0.65	0.05	0.92	0.92
72070	26	A	X-ray exam of thorax spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72070	TC	A	X-ray exam of thorax spine	0.00	0.43	0.43	0.53	0.53	0.04	0.57	0.57
72072		A	X-ray exam of thoracic spine	0.22	0.54	0.54	0.71	0.71	0.06	0.99	0.99
72072	26	A	X-ray exam of thoracic spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72072	TC	A	X-ray exam of thoracic spine	0.00	0.48	0.48	0.59	0.59	0.05	0.64	0.64
72074		A	X-ray exam of thoracic spine	0.22	0.73	0.73	0.95	0.95	0.07	1.24	1.24
72074	26	A	X-ray exam of thoracic spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72074	TC	A	X-ray exam of thoracic spine	0.00	0.67	0.67	0.83	0.83	0.06	0.89	0.89
72080		A	X-ray exam of trunk spine	0.22	0.49	0.49	0.65	0.65	0.05	0.92	0.92

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
72080	26	A	X-ray exam of trunk spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72080	TC	A	X-ray exam of trunk spine	0.00	0.43	0.43	0.53	0.53	0.04	0.57	0.57
72090	.....	A	X-ray exam of trunk spine	0.28	0.63	0.63	0.84	0.84	0.06	1.18	1.18
72090	26	A	X-ray exam of trunk spine	0.28	0.06	0.06	0.14	0.14	0.02	0.44	0.44
72090	TC	A	X-ray exam of trunk spine	0.00	0.57	0.57	0.70	0.70	0.04	0.74	0.74
72100	.....	A	X-ray exam of lower spine	0.22	0.49	0.49	0.65	0.65	0.05	0.92	0.92
72100	26	A	X-ray exam of lower spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72100	TC	A	X-ray exam of lower spine	0.00	0.43	0.43	0.53	0.53	0.04	0.57	0.57
72110	.....	A	X-ray exam of lower spine	0.31	0.75	0.75	1.01	1.01	0.08	1.40	1.40
72110	26	A	X-ray exam of lower spine	0.31	0.06	0.06	0.15	0.15	0.02	0.48	0.48
72110	TC	A	X-ray exam of lower spine	0.00	0.69	0.69	0.86	0.86	0.06	0.92	0.92
72114	.....	A	X-ray exam of lower spine	0.36	0.90	0.90	1.19	1.19	0.09	1.64	1.64
72114	26	A	X-ray exam of lower spine	0.36	0.06	0.06	0.16	0.16	0.02	0.54	0.54
72114	TC	A	X-ray exam of lower spine	0.00	0.84	0.84	1.03	1.03	0.07	1.10	1.10
72120	.....	A	X-ray exam of lower spine	0.22	0.73	0.73	0.95	0.95	0.07	1.24	1.24
72120	26	A	X-ray exam of lower spine	0.22	0.06	0.06	0.12	0.12	0.01	0.35	0.35
72120	TC	A	X-ray exam of lower spine	0.00	0.67	0.67	0.83	0.83	0.06	0.89	0.89
72125	.....	A	CAT scan of neck spine	1.16	2.76	2.76	3.72	3.72	0.44	5.32	5.32
72125	26	A	CAT scan of neck spine	1.16	0.10	0.10	0.40	0.40	0.08	1.64	1.64
72125	TC	A	CAT scan of neck spine	0.00	2.66	2.66	3.32	3.32	0.36	3.68	3.68
72126	.....	A	Contrast CAT scan of neck	1.22	3.53	3.53	4.69	4.69	0.51	6.42	6.42
72126	26	A	Contrast CAT scan of neck	1.22	0.10	0.10	0.41	0.41	0.08	1.71	1.71
72126	TC	A	Contrast CAT scan of neck	0.00	3.43	3.43	4.28	4.28	0.43	4.71	4.71
72127	.....	A	Contrast CAT scans of neck	1.27	3.79	3.79	5.03	5.03	0.61	6.91	6.91
72127	26	A	Contrast CAT scans of neck	1.27	0.10	0.10	0.42	0.42	0.09	1.78	1.78
72127	TC	A	Contrast CAT scans of neck	0.00	3.69	3.69	4.61	4.61	0.52	5.13	5.13
72128	.....	A	CAT scan of thorax spine	1.16	2.76	2.76	3.72	3.72	0.44	5.32	5.32
72128	26	A	CAT scan of thorax spine	1.16	0.10	0.10	0.40	0.40	0.08	1.64	1.64
72128	TC	A	CAT scan of thorax spine	0.00	2.66	2.66	3.32	3.32	0.36	3.68	3.68
72129	.....	A	Contrast CAT scan of thorax	1.22	3.53	3.53	4.69	4.69	0.51	6.42	6.42
72129	26	A	Contrast CAT scan of thorax	1.22	0.10	0.10	0.41	0.41	0.08	1.71	1.71
72129	TC	A	Contrast CAT scan of thorax	0.00	3.43	3.43	4.28	4.28	0.43	4.71	4.71
72130	.....	A	Contrast CAT scans of thorax	1.27	3.79	3.79	5.03	5.03	0.61	6.91	6.91
72130	26	A	Contrast CAT scans of thorax	1.27	0.10	0.10	0.42	0.42	0.09	1.78	1.78
72130	TC	A	Contrast CAT scans of thorax	0.00	3.69	3.69	4.61	4.61	0.52	5.13	5.13
72131	.....	A	CAT scan of lower spine	1.16	2.76	2.76	3.72	3.72	0.44	5.32	5.32
72131	26	A	CAT scan of lower spine	1.16	0.10	0.10	0.40	0.40	0.08	1.64	1.64
72131	TC	A	CAT scan of lower spine	0.00	2.66	2.66	3.32	3.32	0.36	3.68	3.68
72132	.....	A	Contrast CAT of lower spine	1.22	3.53	3.53	4.69	4.69	0.51	6.42	6.42
72132	26	A	Contrast CAT of lower spine	1.22	0.10	0.10	0.41	0.41	0.08	1.71	1.71
72132	TC	A	Contrast CAT of lower spine	0.00	3.43	3.43	4.28	4.28	0.43	4.71	4.71
72133	.....	A	Contrast CAT scans, low spine	1.27	3.79	3.79	5.03	5.03	0.61	6.91	6.91
72133	26	A	Contrast CAT scans, low spine	1.27	0.10	0.10	0.42	0.42	0.09	1.78	1.78
72133	TC	A	Contrast CAT scans, low spine	0.00	3.69	3.69	4.61	4.61	0.52	5.13	5.13
72141	.....	A	Magnetic image, neck spine	1.60	8.58	8.58	10.98	10.98	0.78	13.36	13.36
72141	26	A	Magnetic image, neck spine	1.60	0.10	0.10	0.50	0.50	0.11	2.21	2.21
72141	TC	A	Magnetic image, neck spine	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
72142	.....	A	Magnetic image, neck spine	1.92	8.86	8.86	11.43	11.43	0.94	14.29	14.29
72142	26	A	Magnetic image, neck spine	1.92	0.10	0.10	0.57	0.57	0.13	2.62	2.62
72142	TC	A	Magnetic image, neck spine	0.00	8.76	8.76	10.86	10.86	0.81	11.67	11.67
72146	.....	A	Magnetic image, chest spine	1.60	8.58	8.58	11.00	11.00	0.85	13.45	13.45
72146	26	A	Magnetic image, chest spine	1.60	0.10	0.10	0.50	0.50	0.11	2.21	2.21
72146	TC	A	Magnetic image, chest spine	0.00	8.48	8.48	10.50	10.50	0.74	11.24	11.24
72147	.....	A	Magnetic image, chest spine	1.92	8.86	8.86	11.43	11.43	0.94	14.29	14.29
72147	26	A	Magnetic image, chest spine	1.92	0.10	0.10	0.57	0.57	0.13	2.62	2.62
72147	TC	A	Magnetic image, chest spine	0.00	8.76	8.76	10.86	10.86	0.81	11.67	11.67
72148	.....	A	Magnetic image, lumbar spine	1.48	8.58	8.58	10.97	10.97	0.84	13.29	13.29
72148	26	A	Magnetic image, lumbar spine	1.48	0.10	0.10	0.47	0.47	0.10	2.05	2.05
72148	TC	A	Magnetic image, lumbar spine	0.00	8.48	8.48	10.50	10.50	0.74	11.24	11.24
72149	.....	A	Magnetic image, lumbar spine	1.78	8.86	8.86	11.40	11.40	0.93	14.11	14.11
72149	26	A	Magnetic image, lumbar spine	1.78	0.10	0.10	0.54	0.54	0.12	2.44	2.44
72149	TC	A	Magnetic image, lumbar spine	0.00	8.76	8.76	10.86	10.86	0.81	11.67	11.67
72156	.....	A	Magnetic image, neck spine	2.57	10.68	10.68	13.94	13.94	1.66	18.17	18.17
72156	26	A	Magnetic image, neck spine	2.57	0.10	0.10	0.72	0.72	0.17	3.46	3.46
72156	TC	A	Magnetic image, neck spine	0.00	10.58	10.58	13.22	13.22	1.49	14.71	14.71
72157	.....	A	Magnetic image, chest spine	2.57	10.68	10.68	13.94	13.94	1.66	18.17	18.17
72157	26	A	Magnetic image, chest spine	2.57	0.10	0.10	0.72	0.72	0.17	3.46	3.46
72157	TC	A	Magnetic image, chest spine	0.00	10.58	10.58	13.22	13.22	1.49	14.71	14.71
72158	.....	A	Magnetic image, lumbar spine	2.36	10.68	10.68	13.90	13.90	1.65	17.91	17.91
72158	26	A	Magnetic image, lumbar spine	2.36	0.10	0.10	0.68	0.68	0.16	3.20	3.20
72158	TC	A	Magnetic image, lumbar spine	0.00	10.58	10.58	13.22	13.22	1.49	14.71	14.71
72159	.....	N	Magnetic imaging/spine (MRA)	+1.80	8.86	8.86	11.38	11.38	0.84	14.02	14.02
72159	26	N	Magnetic imaging/spine (MRA)	+1.80	0.10	0.10	0.54	0.54	0.10	2.44	2.44
72159	TC	N	Magnetic imaging/spine (MRA)	+0.00	8.76	8.76	10.84	10.84	0.74	11.58	11.58

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
72170	.....	A	X-ray exam of pelvis	0.17	0.41	0.41	0.54	0.54	0.04	0.75	0.75
72170	26	A	X-ray exam of pelvis	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
72170	TC	A	X-ray exam of pelvis	0.00	0.35	0.35	0.43	0.43	0.03	0.46	0.46
72190	.....	A	X-ray exam of pelvis	0.21	0.65	0.65	0.85	0.85	0.05	1.11	1.11
72190	26	A	X-ray exam of pelvis	0.21	0.06	0.06	0.12	0.12	0.01	0.34	0.34
72190	TC	A	X-ray exam of pelvis	0.00	0.59	0.59	0.73	0.73	0.04	0.77	0.77
72192	.....	A	CAT scan of pelvis	1.09	2.79	2.79	3.74	3.74	0.43	5.26	5.26
72192	26	A	CAT scan of pelvis	1.09	0.10	0.10	0.38	0.38	0.07	1.54	1.54
72192	TC	A	CAT scan of pelvis	0.00	2.69	2.69	3.36	3.36	0.36	3.72	3.72
72193	.....	A	Contrast CAT scan of pelvis	1.16	3.13	3.13	4.18	4.18	0.49	5.83	5.83
72193	26	A	Contrast CAT scan of pelvis	1.16	0.10	0.10	0.40	0.40	0.08	1.64	1.64
72193	TC	A	Contrast CAT scan of pelvis	0.00	3.03	3.03	3.78	3.78	0.41	4.19	4.19
72194	.....	A	Contrast CAT scans of pelvis	1.22	3.66	3.66	4.85	4.85	0.58	6.65	6.65
72194	26	A	Contrast CAT scans of pelvis	1.22	0.10	0.10	0.41	0.41	0.08	1.71	1.71
72194	TC	A	Contrast CAT scans of pelvis	0.00	3.56	3.56	4.44	4.44	0.50	4.94	4.94
72196	.....	A	Magnetic image, pelvis	1.60	8.58	8.58	10.98	10.98	0.78	13.36	13.36
72196	26	A	Magnetic image, pelvis	1.60	0.10	0.10	0.50	0.50	0.11	2.21	2.21
72196	TC	A	Magnetic image, pelvis	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
72198	.....	N	Magnetic imaging/pelvis (MRA)	+1.80	8.86	8.86	11.37	11.37	0.78	13.95	13.95
72198	26	N	Magnetic imaging/pelvis (MRA)	+1.80	0.10	0.10	0.54	0.54	0.11	2.45	2.45
72198	TC	N	Magnetic imaging/pelvis (MRA)	+0.00	8.76	8.76	10.83	10.83	0.67	11.50	11.50
72200	.....	A	X-ray exam sacroiliac joints	0.17	0.42	0.42	0.55	0.55	0.04	0.76	0.76
72200	26	A	X-ray exam sacroiliac joints	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
72200	TC	A	X-ray exam sacroiliac joints	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
72202	.....	A	X-ray exam sacroiliac joints	0.19	0.50	0.50	0.66	0.66	0.05	0.90	0.90
72202	26	A	X-ray exam sacroiliac joints	0.19	0.06	0.06	0.12	0.12	0.01	0.32	0.32
72202	TC	A	X-ray exam sacroiliac joints	0.00	0.44	0.44	0.54	0.54	0.04	0.58	0.58
72220	.....	A	X-ray exam of tailbone	0.17	0.42	0.42	0.55	0.55	0.05	0.77	0.77
72220	26	A	X-ray exam of tailbone	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
72220	TC	A	X-ray exam of tailbone	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
72240	.....	A	Contrast x-ray of neck spine	0.91	1.01	1.01	1.50	1.50	0.35	2.76	2.76
72240	26	A	Contrast x-ray of neck spine	0.91	0.09	0.09	0.32	0.32	0.06	1.29	1.29
72240	TC	A	Contrast x-ray of neck spine	0.00	0.92	0.92	1.18	1.18	0.29	1.47	1.47
72255	.....	A	Contrast x-ray thorax spine	0.91	1.13	1.13	1.64	1.64	0.32	2.87	2.87
72255	26	A	Contrast x-ray thorax spine	0.91	0.09	0.09	0.32	0.32	0.06	1.29	1.29
72255	TC	A	Contrast x-ray thorax spine	0.00	1.04	1.04	1.32	1.32	0.26	1.58	1.58
72265	.....	A	Contrast x-ray lower spine	0.83	0.97	0.97	1.43	1.43	0.31	2.57	2.57
72265	26	A	Contrast x-ray lower spine	0.83	0.09	0.09	0.31	0.31	0.06	1.20	1.20
72265	TC	A	Contrast x-ray lower spine	0.00	0.88	0.88	1.12	1.12	0.25	1.37	1.37
72270	.....	A	Contrast x-ray of spine	1.33	1.27	1.27	1.94	1.94	0.46	3.73	3.73
72270	26	A	Contrast x-ray of spine	1.33	0.09	0.09	0.42	0.42	0.09	1.84	1.84
72270	TC	A	Contrast x-ray of spine	0.00	1.18	1.18	1.52	1.52	0.37	1.89	1.89
72285	.....	A	X-ray of neck spine disk	0.83	1.01	1.01	1.54	1.54	0.56	2.93	2.93
72285	26	A	X-ray of neck spine disk	0.83	0.09	0.09	0.31	0.31	0.06	1.20	1.20
72285	TC	A	X-ray of neck spine disk	0.00	0.92	0.92	1.23	1.23	0.50	1.73	1.73
72295	.....	A	X-ray of lower spine disk	0.83	1.01	1.01	1.53	1.53	0.52	2.88	2.88
72295	26	A	X-ray of lower spine disk	0.83	0.09	0.09	0.31	0.31	0.06	1.20	1.20
72295	TC	A	X-ray of lower spine disk	0.00	0.92	0.92	1.22	1.22	0.46	1.68	1.68
73000	.....	A	X-ray exam of collarbone	0.16	0.42	0.42	0.55	0.55	0.04	0.75	0.75
73000	26	A	X-ray exam of collarbone	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73000	TC	A	X-ray exam of collarbone	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
73010	.....	A	X-ray exam of shoulder blade	0.17	0.42	0.42	0.55	0.55	0.04	0.76	0.76
73010	26	A	X-ray exam of shoulder blade	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73010	TC	A	X-ray exam of shoulder blade	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
73020	.....	A	X-ray exam of shoulder	0.15	0.38	0.38	0.50	0.50	0.04	0.69	0.69
73020	26	A	X-ray exam of shoulder	0.15	0.06	0.06	0.11	0.11	0.01	0.27	0.27
73020	TC	A	X-ray exam of shoulder	0.00	0.32	0.32	0.39	0.39	0.03	0.42	0.42
73030	.....	A	X-ray exam of shoulder	0.18	0.46	0.46	0.61	0.61	0.05	0.84	0.84
73030	26	A	X-ray exam of shoulder	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
73030	TC	A	X-ray exam of shoulder	0.00	0.40	0.40	0.49	0.49	0.04	0.53	0.53
73040	.....	A	Contrast x-ray of shoulder	0.54	1.09	1.09	1.49	1.49	0.17	2.20	2.20
73040	26	A	Contrast x-ray of shoulder	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
73040	TC	A	Contrast x-ray of shoulder	0.00	0.97	0.97	1.21	1.21	0.13	1.34	1.34
73050	.....	A	X-ray exam of shoulders	0.20	0.65	0.65	0.85	0.85	0.05	1.10	1.10
73050	26	A	X-ray exam of shoulders	0.20	0.06	0.06	0.12	0.12	0.01	0.33	0.33
73050	TC	A	X-ray exam of shoulders	0.00	0.59	0.59	0.73	0.73	0.04	0.77	0.77
73060	.....	A	X-ray exam of humerus	0.17	0.57	0.57	0.74	0.74	0.05	0.96	0.96
73060	26	A	X-ray exam of humerus	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73060	TC	A	X-ray exam of humerus	0.00	0.51	0.51	0.63	0.63	0.04	0.67	0.67
73070	.....	A	X-ray exam of elbow	0.15	0.42	0.42	0.55	0.55	0.04	0.74	0.74
73070	26	A	X-ray exam of elbow	0.15	0.06	0.06	0.11	0.11	0.01	0.27	0.27
73070	TC	A	X-ray exam of elbow	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
73080	.....	A	X-ray exam of elbow	0.17	0.50	0.50	0.65	0.65	0.05	0.87	0.87
73080	26	A	X-ray exam of elbow	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
73080	TC	A	X-ray exam of elbow	0.00	0.44	0.44	0.54	0.54	0.04	0.58	0.58
73085		A	Contrast x-ray of elbow	0.54	1.09	1.09	1.49	1.49	0.17	2.20	2.20
73085	26	A	Contrast x-ray of elbow	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
73085	TC	A	Contrast x-ray of elbow	0.00	0.97	0.97	1.21	1.21	0.13	1.34	1.34
73090		A	X-ray exam of forearm	0.16	0.49	0.49	0.64	0.64	0.04	0.84	0.84
73090	26	A	X-ray exam of forearm	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73090	TC	A	X-ray exam of forearm	0.00	0.43	0.43	0.53	0.53	0.03	0.56	0.56
73092		A	X-ray exam of arm, infant	0.16	0.46	0.46	0.60	0.60	0.04	0.80	0.80
73092	26	A	X-ray exam of arm, infant	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73092	TC	A	X-ray exam of arm, infant	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
73100		A	X-ray exam of wrist	0.16	0.42	0.42	0.55	0.55	0.04	0.75	0.75
73100	26	A	X-ray exam of wrist	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73100	TC	A	X-ray exam of wrist	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
73110		A	X-ray exam of wrist	0.17	0.50	0.50	0.65	0.65	0.04	0.86	0.86
73110	26	A	X-ray exam of wrist	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73110	TC	A	X-ray exam of wrist	0.00	0.44	0.44	0.54	0.54	0.03	0.57	0.57
73115		A	Contrast x-ray of wrist	0.54	1.09	1.09	1.48	1.48	0.14	2.16	2.16
73115	26	A	Contrast x-ray of wrist	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
73115	TC	A	Contrast x-ray of wrist	0.00	0.97	0.97	1.20	1.20	0.10	1.30	1.30
73120		A	X-ray exam of hand	0.16	0.42	0.42	0.55	0.55	0.04	0.75	0.75
73120	26	A	X-ray exam of hand	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73120	TC	A	X-ray exam of hand	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
73130		A	X-ray exam of hand	0.17	0.46	0.46	0.60	0.60	0.04	0.81	0.81
73130	26	A	X-ray exam of hand	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73130	TC	A	X-ray exam of hand	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
73140		A	X-ray exam of finger(s)	0.13	0.46	0.46	0.60	0.60	0.04	0.77	0.77
73140	26	A	X-ray exam of finger(s)	0.13	0.06	0.06	0.11	0.11	0.01	0.25	0.25
73140	TC	A	X-ray exam of finger(s)	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
73200		A	CAT scan of arm	1.09	2.46	2.46	3.33	3.33	0.37	4.79	4.79
73200	26	A	CAT scan of arm	1.09	0.10	0.10	0.38	0.38	0.07	1.54	1.54
73200	TC	A	CAT scan of arm	0.00	2.36	2.36	2.95	2.95	0.30	3.25	3.25
73201		A	Contrast CAT scan of arm	1.16	2.80	2.80	3.77	3.77	0.44	5.37	5.37
73201	26	A	Contrast CAT scan of arm	1.16	0.10	0.10	0.40	0.40	0.08	1.64	1.64
73201	TC	A	Contrast CAT scan of arm	0.00	2.70	2.70	3.37	3.37	0.36	3.73	3.73
73202		A	Contrast CAT scans of arm	1.22	3.21	3.21	4.30	4.30	0.53	6.05	6.05
73202	26	A	Contrast CAT scans of arm	1.22	0.10	0.10	0.41	0.41	0.08	1.71	1.71
73202	TC	A	Contrast CAT scans of arm	0.00	3.11	3.11	3.89	3.89	0.45	4.34	4.34
73220		A	Magnetic image, arm, hand	1.48	8.58	8.58	10.95	10.95	0.77	13.20	13.20
73220	26	A	Magnetic image, arm, hand	1.48	0.10	0.10	0.47	0.47	0.10	2.05	2.05
73220	TC	A	Magnetic image, arm, hand	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
73221		A	Magnetic image, joint of arm	1.48	8.58	8.58	10.94	10.94	0.73	13.15	13.15
73221	26	A	Magnetic image, joint of arm	1.48	0.10	0.10	0.46	0.46	0.06	2.00	2.00
73221	TC	A	Magnetic image, joint of arm	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
73225		N	Magnetic imaging/upper (MRA)	+1.73	8.86	8.86	11.36	11.36	0.77	13.86	13.86
73225	26	N	Magnetic imaging/upper (MRA)	+1.73	0.10	0.10	0.53	0.53	0.10	2.36	2.36
73225	TC	N	Magnetic imaging/upper (MRA)	+0.00	8.76	8.76	10.83	10.83	0.67	11.50	11.50
73500		A	X-ray exam of hip	0.17	0.38	0.38	0.50	0.50	0.04	0.71	0.71
73500	26	A	X-ray exam of hip	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73500	TC	A	X-ray exam of hip	0.00	0.32	0.32	0.39	0.39	0.03	0.42	0.42
73510		A	X-ray exam of hip	0.21	0.42	0.42	0.56	0.56	0.05	0.82	0.82
73510	26	A	X-ray exam of hip	0.21	0.06	0.06	0.12	0.12	0.01	0.34	0.34
73510	TC	A	X-ray exam of hip	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
73520		A	X-ray exam of hips	0.26	0.66	0.66	0.88	0.88	0.06	1.20	1.20
73520	26	A	X-ray exam of hips	0.26	0.06	0.06	0.14	0.14	0.02	0.42	0.42
73520	TC	A	X-ray exam of hips	0.00	0.60	0.60	0.74	0.74	0.04	0.78	0.78
73525		A	Contrast x-ray of hip	0.54	1.09	1.09	1.49	1.49	0.17	2.20	2.20
73525	26	A	Contrast x-ray of hip	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
73525	TC	A	Contrast x-ray of hip	0.00	0.97	0.97	1.21	1.21	0.13	1.34	1.34
73530		A	X-ray exam of hip	0.29	0.08	0.08	0.18	0.18	0.05	0.52	0.52
73530	26	A	X-ray exam of hip	0.29	0.04	0.04	0.12	0.12	0.02	0.43	0.43
73530	TC	A	X-ray exam of hip	0.00	0.04	0.04	0.06	0.06	0.03	0.09	0.09
73540		A	X-ray exam of pelvis & hips	0.20	0.42	0.42	0.56	0.56	0.05	0.81	0.81
73540	26	A	X-ray exam of pelvis & hips	0.20	0.06	0.06	0.12	0.12	0.01	0.33	0.33
73540	TC	A	X-ray exam of pelvis & hips	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
73550		A	X-ray exam of thigh	0.17	0.49	0.49	0.64	0.64	0.05	0.86	0.86
73550	26	A	X-ray exam of thigh	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73550	TC	A	X-ray exam of thigh	0.00	0.43	0.43	0.53	0.53	0.04	0.57	0.57
73560		A	X-ray exam of knee	0.17	0.43	0.43	0.56	0.56	0.04	0.77	0.77
73560	26	A	X-ray exam of knee	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73560	TC	A	X-ray exam of knee	0.00	0.37	0.37	0.45	0.45	0.03	0.48	0.48
73562		A	X-ray exam of knee	0.18	0.44	0.44	0.59	0.59	0.05	0.82	0.82
73562	26	A	X-ray exam of knee	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
73562	TC	A	X-ray exam of knee	0.00	0.38	0.38	0.47	0.47	0.04	0.51	0.51
73564		A	X-ray exam of knee	0.22	0.56	0.56	0.75	0.75	0.06	1.03	1.03

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
73564	26	A	X-ray exam of knee	0.22	0.06	0.06	0.13	0.13	0.02	0.37	0.37
73564	TC	A	X-ray exam of knee	0.00	0.50	0.50	0.62	0.62	0.04	0.66	0.66
73565	.....	A	X-ray exam of knee	0.17	0.41	0.41	0.54	0.54	0.04	0.75	0.75
73565	26	A	X-ray exam of knee	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73565	TC	A	X-ray exam of knee	0.00	0.35	0.35	0.43	0.43	0.03	0.46	0.46
73580	.....	A	Contrast x-ray of knee joint	0.54	1.09	1.09	1.50	1.50	0.21	2.25	2.25
73580	26	A	Contrast x-ray of knee joint	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
73580	TC	A	Contrast x-ray of knee joint	0.00	0.97	0.97	1.22	1.22	0.17	1.39	1.39
73590	.....	A	X-ray exam of lower leg	0.17	0.49	0.49	0.64	0.64	0.04	0.85	0.85
73590	26	A	X-ray exam of lower leg	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73590	TC	A	X-ray exam of lower leg	0.00	0.43	0.43	0.53	0.53	0.03	0.56	0.56
73592	.....	A	X-ray exam of leg, infant	0.16	0.46	0.46	0.60	0.60	0.04	0.80	0.80
73592	26	A	X-ray exam of leg, infant	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73592	TC	A	X-ray exam of leg, infant	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
73600	.....	A	X-ray exam of ankle	0.16	0.45	0.45	0.59	0.59	0.04	0.79	0.79
73600	26	A	X-ray exam of ankle	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73600	TC	A	X-ray exam of ankle	0.00	0.39	0.39	0.48	0.48	0.03	0.51	0.51
73610	.....	A	X-ray exam of ankle	0.17	0.46	0.46	0.60	0.60	0.04	0.81	0.81
73610	26	A	X-ray exam of ankle	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73610	TC	A	X-ray exam of ankle	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
73615	.....	A	Contrast x-ray of ankle	0.54	1.09	1.09	1.49	1.49	0.17	2.20	2.20
73615	26	A	Contrast x-ray of ankle	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
73615	TC	A	Contrast x-ray of ankle	0.00	0.97	0.97	1.21	1.21	0.13	1.34	1.34
73620	.....	A	X-ray exam of foot	0.16	0.42	0.42	0.55	0.55	0.04	0.75	0.75
73620	26	A	X-ray exam of foot	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73620	TC	A	X-ray exam of foot	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
73630	.....	A	X-ray exam of foot	0.17	0.46	0.46	0.60	0.60	0.04	0.81	0.81
73630	26	A	X-ray exam of foot	0.17	0.06	0.06	0.11	0.11	0.01	0.29	0.29
73630	TC	A	X-ray exam of foot	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
73650	.....	A	X-ray exam of heel	0.16	0.42	0.42	0.55	0.55	0.04	0.75	0.75
73650	26	A	X-ray exam of heel	0.16	0.06	0.06	0.11	0.11	0.01	0.28	0.28
73650	TC	A	X-ray exam of heel	0.00	0.36	0.36	0.44	0.44	0.03	0.47	0.47
73660	.....	A	X-ray exam of toe(s)	0.13	0.46	0.46	0.60	0.60	0.04	0.77	0.77
73660	26	A	X-ray exam of toe(s)	0.13	0.06	0.06	0.11	0.11	0.01	0.25	0.25
73660	TC	A	X-ray exam of toe(s)	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
73700	.....	A	CAT scan of leg	1.09	2.70	2.70	3.61	3.61	0.37	5.07	5.07
73700	26	A	CAT scan of leg	1.09	0.10	0.10	0.38	0.38	0.07	1.54	1.54
73700	TC	A	CAT scan of leg	0.00	2.60	2.60	3.23	3.23	0.30	3.53	3.53
73701	.....	A	Contrast CAT scan of leg	1.16	2.80	2.80	3.77	3.77	0.44	5.37	5.37
73701	26	A	Contrast CAT scan of leg	1.16	0.10	0.10	0.40	0.40	0.08	1.64	1.64
73701	TC	A	Contrast CAT scan of leg	0.00	2.70	2.70	3.37	3.37	0.36	3.73	3.73
73702	.....	A	Contrast CAT scans of leg	1.22	3.21	3.21	4.30	4.30	0.53	6.05	6.05
73702	26	A	Contrast CAT scans of leg	1.22	0.10	0.10	0.41	0.41	0.08	1.71	1.71
73702	TC	A	Contrast CAT scans of leg	0.00	3.11	3.11	3.89	3.89	0.45	4.34	4.34
73720	.....	A	Magnetic image, leg, foot	1.48	8.58	8.58	10.95	10.95	0.77	13.20	13.20
73720	26	A	Magnetic image, leg, foot	1.48	0.10	0.10	0.47	0.47	0.10	2.05	2.05
73720	TC	A	Magnetic image, leg, foot	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
73721	.....	A	Magnetic image, joint of leg	1.48	8.58	8.58	10.94	10.94	0.73	13.15	13.15
73721	26	A	Magnetic image, joint of leg	1.48	0.10	0.10	0.46	0.46	0.06	2.00	2.00
73721	TC	A	Magnetic image, joint of leg	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
73725	.....	N	Magnetic imaging/lower (MRA)	+1.82	9.67	9.67	12.35	12.35	0.77	14.94	14.94
73725	26	N	Magnetic imaging/lower (MRA)	+1.82	0.10	0.10	0.54	0.54	0.10	2.46	2.46
73725	TC	N	Magnetic imaging/lower (MRA)	+0.00	9.57	9.57	11.81	11.81	0.67	12.48	12.48
74000	.....	A	X-ray exam of abdomen	0.18	0.41	0.41	0.55	0.55	0.04	0.77	0.77
74000	26	A	X-ray exam of abdomen	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
74000	TC	A	X-ray exam of abdomen	0.00	0.35	0.35	0.43	0.43	0.03	0.46	0.46
74010	.....	A	X-ray exam of abdomen	0.23	0.57	0.57	0.76	0.76	0.06	1.05	1.05
74010	26	A	X-ray exam of abdomen	0.23	0.06	0.06	0.13	0.13	0.02	0.38	0.38
74010	TC	A	X-ray exam of abdomen	0.00	0.51	0.51	0.63	0.63	0.04	0.67	0.67
74020	.....	A	X-ray exam of abdomen	0.27	0.57	0.57	0.77	0.77	0.06	1.10	1.10
74020	26	A	X-ray exam of abdomen	0.27	0.06	0.06	0.14	0.14	0.02	0.43	0.43
74020	TC	A	X-ray exam of abdomen	0.00	0.51	0.51	0.63	0.63	0.04	0.67	0.67
74022	.....	A	X-ray exam series, abdomen	0.32	0.65	0.65	0.88	0.88	0.07	1.27	1.27
74022	26	A	X-ray exam series, abdomen	0.32	0.06	0.06	0.15	0.15	0.02	0.49	0.49
74022	TC	A	X-ray exam series, abdomen	0.00	0.59	0.59	0.73	0.73	0.05	0.78	0.78
74150	.....	A	CAT scan of abdomen	1.19	3.29	3.29	4.36	4.36	0.43	5.98	5.98
74150	26	A	CAT scan of abdomen	1.19	0.10	0.10	0.40	0.40	0.08	1.67	1.67
74150	TC	A	CAT scan of abdomen	0.00	3.19	3.19	3.96	3.96	0.35	4.31	4.31
74160	.....	A	Contrast CAT scan of abdomen	1.27	3.58	3.58	4.76	4.76	0.50	6.53	6.53
74160	26	A	Contrast CAT scan of abdomen	1.27	0.10	0.10	0.42	0.42	0.09	1.78	1.78
74160	TC	A	Contrast CAT scan of abdomen	0.00	3.48	3.48	4.34	4.34	0.41	4.75	4.75
74170	.....	A	Contrast CAT scans, abdomen	1.40	3.98	3.98	5.29	5.29	0.60	7.29	7.29
74170	26	A	Contrast CAT scans, abdomen	1.40	0.10	0.10	0.45	0.45	0.10	1.95	1.95
74170	TC	A	Contrast CAT scans, abdomen	0.00	3.88	3.88	4.84	4.84	0.50	5.34	5.34

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
74181	.....	A	Magnetic image, abdomen (MRI) ...	1.60	9.48	9.48	12.09	12.09	0.78	14.47	14.47
74181	26	A	Magnetic image, abdomen (MRI) ...	1.60	0.10	0.10	0.50	0.50	0.11	2.21	2.21
74181	TC	A	Magnetic image, abdomen (MRI) ...	0.00	9.38	9.38	11.59	11.59	0.67	12.26	12.26
74185	.....	N	Magnetic image/abdomen (MRA) ...	+1.80	10.56	10.56	13.44	13.44	0.78	16.02	16.02
74185	26	N	Magnetic image/abdomen (MRA) ...	+1.80	0.10	0.10	0.54	0.54	0.11	2.45	2.45
74185	TC	N	Magnetic image/abdomen (MRA) ...	+0.00	10.46	10.46	12.90	12.90	0.67	13.57	13.57
74190	.....	A	X-ray exam of peritoneum	0.48	1.19	1.19	1.58	1.58	0.10	2.16	2.16
74190	26	A	X-ray exam of peritoneum	0.48	0.12	0.12	0.26	0.26	0.02	0.76	0.76
74190	TC	A	X-ray exam of peritoneum	0.00	1.07	1.07	1.32	1.32	0.08	1.40	1.40
74210	.....	A	Contrast xray exam of throat	0.36	1.43	1.43	1.85	1.85	0.09	2.30	2.30
74210	26	A	Contrast xray exam of throat	0.36	0.09	0.09	0.20	0.20	0.02	0.58	0.58
74210	TC	A	Contrast xray exam of throat	0.00	1.34	1.34	1.65	1.65	0.07	1.72	1.72
74220	.....	A	Contrast xray exam, esophagus	0.46	1.62	1.62	2.10	2.10	0.10	2.66	2.66
74220	26	A	Contrast xray exam, esophagus	0.46	0.09	0.09	0.22	0.22	0.03	0.71	0.71
74220	TC	A	Contrast xray exam, esophagus	0.00	1.53	1.53	1.88	1.88	0.07	1.95	1.95
74230	.....	A	Cinema xray throat/esophagus	0.53	1.40	1.40	1.86	1.86	0.12	2.51	2.51
74230	26	A	Cinema xray throat/esophagus	0.53	0.09	0.09	0.24	0.24	0.04	0.81	0.81
74230	TC	A	Cinema xray throat/esophagus	0.00	1.31	1.31	1.62	1.62	0.08	1.70	1.70
74235	.....	A	Remove esophagus obstruction	1.19	0.24	0.24	0.62	0.62	0.25	2.06	2.06
74235	26	A	Remove esophagus obstruction	1.19	0.12	0.12	0.43	0.43	0.08	1.70	1.70
74235	TC	A	Remove esophagus obstruction	0.00	0.12	0.12	0.19	0.19	0.17	0.36	0.36
74240	.....	A	X-ray exam upper GI tract	0.69	1.72	1.72	2.28	2.28	0.14	3.11	3.11
74240	26	A	X-ray exam upper GI tract	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
74240	TC	A	X-ray exam upper GI tract	0.00	1.63	1.63	2.01	2.01	0.09	2.10	2.10
74241	.....	A	X-ray exam upper GI tract	0.69	1.72	1.72	2.28	2.28	0.14	3.11	3.11
74241	26	A	X-ray exam upper GI tract	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
74241	TC	A	X-ray exam upper GI tract	0.00	1.63	1.63	2.01	2.01	0.09	2.10	2.10
74245	.....	A	X-ray exam upper GI tract	0.91	2.37	2.37	3.14	3.14	0.21	4.26	4.26
74245	26	A	X-ray exam upper GI tract	0.91	0.09	0.09	0.32	0.32	0.06	1.29	1.29
74245	TC	A	X-ray exam upper GI tract	0.00	2.28	2.28	2.82	2.82	0.15	2.97	2.97
74246	.....	A	Contrast xray upper GI tract	0.69	1.96	1.96	2.58	2.58	0.15	3.42	3.42
74246	26	A	Contrast xray upper GI tract	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
74246	TC	A	Contrast xray upper GI tract	0.00	1.87	1.87	2.31	2.31	0.10	2.41	2.41
74247	.....	A	Contrast xray upper GI tract	0.69	2.02	2.02	2.64	2.64	0.16	3.49	3.49
74247	26	A	Contrast xray upper GI tract	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
74247	TC	A	Contrast xray upper GI tract	0.00	1.93	1.93	2.37	2.37	0.11	2.48	2.48
74249	.....	A	Contrast xray upper GI tract	0.91	2.50	2.50	3.30	3.30	0.22	4.43	4.43
74249	26	A	Contrast xray upper GI tract	0.91	0.09	0.09	0.32	0.32	0.06	1.29	1.29
74249	TC	A	Contrast xray upper GI tract	0.00	2.41	2.41	2.98	2.98	0.16	3.14	3.14
74250	.....	A	X-ray exam of small bowel	0.47	2.20	2.20	2.81	2.81	0.11	3.39	3.39
74250	26	A	X-ray exam of small bowel	0.47	0.09	0.09	0.22	0.22	0.03	0.72	0.72
74250	TC	A	X-ray exam of small bowel	0.00	2.11	2.11	2.59	2.59	0.08	2.67	2.67
74251	.....	A	X-ray exam of small bowel	0.69	6.26	6.26	7.82	7.82	0.11	8.62	8.62
74251	26	A	X-ray exam of small bowel	0.69	0.12	0.12	0.31	0.31	0.03	1.03	1.03
74251	TC	A	X-ray exam of small bowel	0.00	6.14	6.14	7.51	7.51	0.08	7.59	7.59
74260	.....	A	X-ray exam of small bowel	0.50	5.32	5.32	6.62	6.62	0.12	7.24	7.24
74260	26	A	X-ray exam of small bowel	0.50	0.12	0.12	0.27	0.27	0.03	0.80	0.80
74260	TC	A	X-ray exam of small bowel	0.00	5.20	5.20	6.35	6.35	0.09	6.44	6.44
74270	.....	A	Contrast x-ray exam of colon	0.69	2.29	2.29	2.98	2.98	0.16	3.83	3.83
74270	26	A	Contrast x-ray exam of colon	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
74270	TC	A	Contrast x-ray exam of colon	0.00	2.20	2.20	2.71	2.71	0.11	2.82	2.82
74280	.....	A	Contrast x-ray exam of colon	0.99	2.48	2.48	3.29	3.29	0.21	4.49	4.49
74280	26	A	Contrast x-ray exam of colon	0.99	0.09	0.09	0.34	0.34	0.07	1.40	1.40
74280	TC	A	Contrast x-ray exam of colon	0.00	2.39	2.39	2.95	2.95	0.14	3.09	3.09
74283	.....	A	Contrast x-ray exam of colon	2.02	2.01	2.01	2.95	2.95	0.30	5.27	5.27
74283	26	A	Contrast x-ray exam of colon	2.02	0.09	0.09	0.58	0.58	0.14	2.74	2.74
74283	TC	A	Contrast x-ray exam of colon	0.00	1.92	1.92	2.37	2.37	0.16	2.53	2.53
74290	.....	A	Contrast x-ray, gallbladder	0.32	1.38	1.38	1.78	1.78	0.07	2.17	2.17
74290	26	A	Contrast x-ray, gallbladder	0.32	0.09	0.09	0.19	0.19	0.02	0.53	0.53
74290	TC	A	Contrast x-ray, gallbladder	0.00	1.29	1.29	1.59	1.59	0.05	1.64	1.64
74291	.....	A	Contrast x-rays, gallbladder	0.20	1.43	1.43	1.81	1.81	0.04	2.05	2.05
74291	26	A	Contrast x-rays, gallbladder	0.20	0.09	0.09	0.16	0.16	0.01	0.37	0.37
74291	TC	A	Contrast x-rays, gallbladder	0.00	1.34	1.34	1.65	1.65	0.03	1.68	1.68
74300	26	A	X-ray bile ducts, pancreas	0.36	0.12	0.12	0.23	0.23	0.02	0.61	0.61
74301	26	A	Additional x-rays at surgery	0.21	0.12	0.12	0.20	0.20	0.01	0.42	0.42
74305	.....	A	X-ray bile ducts, pancreas	0.42	0.24	0.24	0.41	0.41	0.08	0.91	0.91
74305	26	A	X-ray bile ducts, pancreas	0.42	0.12	0.12	0.25	0.25	0.03	0.70	0.70
74305	TC	A	X-ray bile ducts, pancreas	0.00	0.12	0.12	0.16	0.16	0.05	0.21	0.21
74320	.....	A	Contrast x-ray of bile ducts	0.54	0.24	0.24	0.47	0.47	0.23	1.24	1.24
74320	26	A	Contrast x-ray of bile ducts	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
74320	TC	A	Contrast x-ray of bile ducts	0.00	0.12	0.12	0.19	0.19	0.19	0.38	0.38
74327	.....	A	X-ray for bile stone removal	0.70	0.24	0.24	0.48	0.48	0.16	1.34	1.34
74327	26	A	X-ray for bile stone removal	0.70	0.12	0.12	0.31	0.31	0.05	1.06	1.06
74327	TC	A	X-ray for bile stone removal	0.00	0.12	0.12	0.17	0.17	0.11	0.28	0.28

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
74328	.....	A	Xray for bile duct endoscopy	0.70	0.24	0.24	0.50	0.50	0.24	1.44	1.44
74328	26	A	Xray for bile duct endoscopy	0.70	0.12	0.12	0.31	0.31	0.05	1.06	1.06
74328	TC	A	Xray for bile duct endoscopy	0.00	0.12	0.12	0.19	0.19	0.19	0.38	0.38
74329	.....	A	X-ray for pancreas endoscopy	0.70	0.24	0.24	0.50	0.50	0.24	1.44	1.44
74329	26	A	X-ray for pancreas endoscopy	0.70	0.12	0.12	0.31	0.31	0.05	1.06	1.06
74329	TC	A	X-ray for pancreas endoscopy	0.00	0.12	0.12	0.19	0.19	0.19	0.38	0.38
74330	.....	A	Xray, bile/pancreas endoscopy	0.90	0.24	0.24	0.55	0.55	0.24	1.69	1.69
74330	26	A	Xray, bile/pancreas endoscopy	0.90	0.12	0.12	0.36	0.36	0.05	1.31	1.31
74330	TC	A	Xray, bile/pancreas endoscopy	0.00	0.12	0.12	0.19	0.19	0.19	0.38	0.38
74340	.....	A	X-ray guide for GI tube	0.54	0.24	0.24	0.47	0.47	0.21	1.22	1.22
74340	26	A	X-ray guide for GI tube	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
74340	TC	A	X-ray guide for GI tube	0.00	0.12	0.12	0.19	0.19	0.17	0.36	0.36
74350	.....	A	X-ray guide, stomach tube	0.76	0.24	0.24	0.52	0.52	0.24	1.52	1.52
74350	26	A	X-ray guide, stomach tube	0.76	0.12	0.12	0.33	0.33	0.05	1.14	1.14
74350	TC	A	X-ray guide, stomach tube	0.00	0.12	0.12	0.19	0.19	0.19	0.38	0.38
74355	.....	A	X-ray guide, intestinal tube	0.76	0.24	0.24	0.52	0.52	0.22	1.50	1.50
74355	26	A	X-ray guide, intestinal tube	0.76	0.12	0.12	0.33	0.33	0.05	1.14	1.14
74355	TC	A	X-ray guide, intestinal tube	0.00	0.12	0.12	0.19	0.19	0.17	0.36	0.36
74360	.....	A	X-ray guide, GI dilation	0.54	0.24	0.24	0.46	0.46	0.23	1.23	1.23
74360	26	A	X-ray guide, GI dilation	0.54	0.12	0.12	0.27	0.27	0.04	0.85	0.85
74360	TC	A	X-ray guide, GI dilation	0.00	0.12	0.12	0.19	0.19	0.19	0.38	0.38
74363	.....	A	X-ray, bile duct dilation	0.88	0.24	0.24	0.58	0.58	0.43	1.89	1.89
74363	26	A	X-ray, bile duct dilation	0.88	0.12	0.12	0.35	0.35	0.06	1.29	1.29
74363	TC	A	X-ray, bile duct dilation	0.00	0.12	0.12	0.23	0.23	0.37	0.60	0.60
74400	.....	A	Contrast x-ray urinary tract	0.49	1.64	1.64	2.13	2.13	0.14	2.76	2.76
74400	26	A	Contrast x-ray urinary tract	0.49	0.12	0.12	0.26	0.26	0.03	0.78	0.78
74400	TC	A	Contrast x-ray urinary tract	0.00	1.52	1.52	1.87	1.87	0.11	1.98	1.98
74405	.....	A	Contrast x-ray urinary tract	0.49	1.62	1.62	2.12	2.12	0.16	2.77	2.77
74405	26	A	Contrast x-ray urinary tract	0.49	0.09	0.09	0.23	0.23	0.03	0.75	0.75
74405	TC	A	Contrast x-ray urinary tract	0.00	1.53	1.53	1.89	1.89	0.13	2.02	2.02
74410	.....	A	Contrast x-ray urinary tract	0.49	1.58	1.58	2.07	2.07	0.15	2.71	2.71
74410	26	A	Contrast x-ray urinary tract	0.49	0.09	0.09	0.23	0.23	0.03	0.75	0.75
74410	TC	A	Contrast x-ray urinary tract	0.00	1.49	1.49	1.84	1.84	0.12	1.96	1.96
74415	.....	A	Contrast x-ray urinary tract	0.49	1.93	1.93	2.51	2.51	0.16	3.16	3.16
74415	26	A	Contrast x-ray urinary tract	0.49	0.09	0.09	0.23	0.23	0.03	0.75	0.75
74415	TC	A	Contrast x-ray urinary tract	0.00	1.84	1.84	2.28	2.28	0.13	2.41	2.41
74420	.....	A	Contrast x-ray urinary tract	0.36	1.85	1.85	2.39	2.39	0.19	2.94	2.94
74420	26	A	Contrast x-ray urinary tract	0.36	0.05	0.05	0.15	0.15	0.02	0.53	0.53
74420	TC	A	Contrast x-ray urinary tract	0.00	1.80	1.80	2.24	2.24	0.17	2.41	2.41
74425	.....	A	Contrast x-ray urinary tract	0.36	1.99	1.99	2.53	2.53	0.10	2.99	2.99
74425	26	A	Contrast x-ray urinary tract	0.36	0.12	0.12	0.23	0.23	0.02	0.61	0.61
74425	TC	A	Contrast x-ray urinary tract	0.00	1.87	1.87	2.30	2.30	0.08	2.38	2.38
74430	.....	A	Contrast x-ray of bladder	0.32	1.27	1.27	1.64	1.64	0.09	2.05	2.05
74430	26	A	Contrast x-ray of bladder	0.32	0.12	0.12	0.22	0.22	0.02	0.56	0.56
74430	TC	A	Contrast x-ray of bladder	0.00	1.15	1.15	1.42	1.42	0.07	1.49	1.49
74440	.....	A	Xray exam male genital tract	0.38	0.50	0.50	0.71	0.71	0.10	1.19	1.19
74440	26	A	Xray exam male genital tract	0.38	0.12	0.12	0.24	0.24	0.03	0.65	0.65
74440	TC	A	Xray exam male genital tract	0.00	0.38	0.38	0.47	0.47	0.07	0.54	0.54
74445	.....	A	X-ray exam of penis	1.14	1.77	1.77	2.45	2.45	0.15	3.74	3.74
74445	26	A	X-ray exam of penis	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
74445	TC	A	X-ray exam of penis	0.00	1.65	1.65	2.03	2.03	0.07	2.10	2.10
74450	.....	A	X-ray exam urethra/bladder	0.33	1.27	1.27	1.65	1.65	0.11	2.09	2.09
74450	26	A	X-ray exam urethra/bladder	0.33	0.12	0.12	0.23	0.23	0.02	0.58	0.58
74450	TC	A	X-ray exam urethra/bladder	0.00	1.15	1.15	1.42	1.42	0.09	1.51	1.51
74455	.....	A	X-ray exam urethra/bladder	0.33	1.27	1.27	1.66	1.66	0.12	2.11	2.11
74455	26	A	X-ray exam urethra/bladder	0.33	0.12	0.12	0.23	0.23	0.02	0.58	0.58
74455	TC	A	X-ray exam urethra/bladder	0.00	1.15	1.15	1.43	1.43	0.10	1.53	1.53
74470	.....	A	X-ray exam of kidney lesion	0.54	1.19	1.19	1.60	1.60	0.12	2.26	2.26
74470	26	A	X-ray exam of kidney lesion	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
74470	TC	A	X-ray exam of kidney lesion	0.00	1.07	1.07	1.32	1.32	0.08	1.40	1.40
74475	.....	A	Xray control catheter insert	0.54	0.24	0.24	0.48	0.48	0.29	1.31	1.31
74475	26	A	Xray control catheter insert	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
74475	TC	A	Xray control catheter insert	0.00	0.12	0.12	0.20	0.20	0.25	0.45	0.45
74480	.....	A	Xray control catheter insert	0.54	9.93	9.93	12.29	12.29	0.29	13.12	13.12
74480	26	A	Xray control catheter insert	0.54	0.07	0.07	0.21	0.21	0.04	0.79	0.79
74480	TC	A	Xray control catheter insert	0.00	9.86	9.86	12.08	12.08	0.25	12.33	12.33
74485	.....	A	X-ray guide, GU dilation	0.54	9.80	9.80	12.11	12.11	0.23	12.88	12.88
74485	26	A	X-ray guide, GU dilation	0.54	0.07	0.07	0.21	0.21	0.04	0.79	0.79
74485	TC	A	X-ray guide, GU dilation	0.00	9.73	9.73	11.90	11.90	0.19	12.09	12.09
74710	.....	A	X-ray measurement of pelvis	0.34	1.18	1.18	1.53	1.53	0.09	1.96	1.96
74710	26	A	X-ray measurement of pelvis	0.34	0.06	0.06	0.15	0.15	0.02	0.51	0.51
74710	TC	A	X-ray measurement of pelvis	0.00	1.12	1.12	1.38	1.38	0.07	1.45	1.45
74740	.....	A	X-ray female genital tract	0.38	1.27	1.27	1.66	1.66	0.11	2.15	2.15
74740	26	A	X-ray female genital tract	0.38	0.12	0.12	0.24	0.24	0.03	0.65	0.65

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
74740	TC	A	X-ray female genital tract	0.00	1.15	1.15	1.42	1.42	0.08	1.50	1.50
74742	.....	A	X-ray fallopian tube	0.61	1.27	1.27	1.74	1.74	0.23	2.58	2.58
74742	26	A	X-ray fallopian tube	0.61	0.12	0.12	0.29	0.29	0.04	0.94	0.94
74742	TC	A	X-ray fallopian tube	0.00	1.15	1.15	1.45	1.45	0.19	1.64	1.64
74775	.....	A	X-ray exam of perineum	0.62	1.24	1.24	1.68	1.68	0.13	2.43	2.43
74775	26	A	X-ray exam of perineum	0.62	0.12	0.12	0.29	0.29	0.04	0.95	0.95
74775	TC	A	X-ray exam of perineum	0.00	1.12	1.12	1.39	1.39	0.09	1.48	1.48
75552	.....	A	Magnetic image, myocardium	1.60	10.17	10.17	12.92	12.92	0.78	15.30	15.30
75552	26	A	Magnetic image, myocardium	1.60	0.10	0.10	0.50	0.50	0.11	2.21	2.21
75552	TC	A	Magnetic image, myocardium	0.00	10.07	10.07	12.42	12.42	0.67	13.09	13.09
75553	.....	A	Magnetic image, myocardium	2.00	10.46	10.46	13.37	13.37	0.78	16.15	16.15
75553	26	A	Magnetic image, myocardium	2.00	0.10	0.10	0.59	0.59	0.11	2.70	2.70
75553	TC	A	Magnetic image, myocardium	0.00	10.36	10.36	12.78	12.78	0.67	13.45	13.45
75554	.....	A	Cardiac MRI/function	1.83	12.28	12.28	15.54	15.54	0.78	18.15	18.15
75554	26	A	Cardiac MRI/function	1.83	0.10	0.10	0.55	0.55	0.11	2.49	2.49
75554	TC	A	Cardiac MRI/function	0.00	12.18	12.18	14.99	14.99	0.67	15.66	15.66
75555	.....	A	Cardiac MRI/limited study	1.74	10.17	10.17	12.95	12.95	0.78	15.47	15.47
75555	26	A	Cardiac MRI/limited study	1.74	0.10	0.10	0.53	0.53	0.11	2.38	2.38
75555	TC	A	Cardiac MRI/limited study	0.00	10.07	10.07	12.42	12.42	0.67	13.09	13.09
75600	.....	A	Contrast x-ray exam of aorta	0.49	8.27	8.27	10.36	10.36	0.78	11.63	11.63
75600	26	A	Contrast x-ray exam of aorta	0.49	0.12	0.12	0.26	0.26	0.03	0.78	0.78
75600	TC	A	Contrast x-ray exam of aorta	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75605	.....	A	Contrast x-ray exam of aorta	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75605	26	A	Contrast x-ray exam of aorta	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75605	TC	A	Contrast x-ray exam of aorta	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75625	.....	A	Contrast x-ray exam of aorta	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75625	26	A	Contrast x-ray exam of aorta	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75625	TC	A	Contrast x-ray exam of aorta	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75630	.....	A	X-ray aorta, leg arteries	1.79	8.61	8.61	11.08	11.08	0.88	13.75	13.75
75630	26	A	X-ray aorta, leg arteries	1.79	0.12	0.12	0.56	0.56	0.09	2.44	2.44
75630	TC	A	X-ray aorta, leg arteries	0.00	8.49	8.49	10.52	10.52	0.79	11.31	11.31
75650	.....	A	Artery x-rays, head & neck	1.49	8.27	8.27	10.60	10.60	0.85	12.94	12.94
75650	26	A	Artery x-rays, head & neck	1.49	0.12	0.12	0.50	0.50	0.10	2.09	2.09
75650	TC	A	Artery x-rays, head & neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75658	.....	A	X-ray exam of arm arteries	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75658	26	A	X-ray exam of arm arteries	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75658	TC	A	X-ray exam of arm arteries	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75660	.....	A	Artery x-rays, head & neck	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75660	26	A	Artery x-rays, head & neck	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75660	TC	A	Artery x-rays, head & neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75662	.....	A	Artery x-rays, head & neck	1.66	8.27	8.27	10.64	10.64	0.86	13.16	13.16
75662	26	A	Artery x-rays, head & neck	1.66	0.12	0.12	0.54	0.54	0.11	2.31	2.31
75662	TC	A	Artery x-rays, head & neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75665	.....	A	Artery x-rays, head & neck	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75665	26	A	Artery x-rays, head & neck	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75665	TC	A	Artery x-rays, head & neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75671	.....	A	Artery x-rays, head & neck	1.66	8.27	8.27	10.64	10.64	0.86	13.16	13.16
75671	26	A	Artery x-rays, head & neck	1.66	0.12	0.12	0.54	0.54	0.11	2.31	2.31
75671	TC	A	Artery x-rays, head & neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75676	.....	A	Artery x-rays, neck	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75676	26	A	Artery x-rays, neck	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75676	TC	A	Artery x-rays, neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75680	.....	A	Artery x-rays, neck	1.66	8.27	8.27	10.64	10.64	0.86	13.16	13.16
75680	26	A	Artery x-rays, neck	1.66	0.12	0.12	0.54	0.54	0.11	2.31	2.31
75680	TC	A	Artery x-rays, neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75685	.....	A	Artery x-rays, spine	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75685	26	A	Artery x-rays, spine	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75685	TC	A	Artery x-rays, spine	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75705	.....	A	Artery x-rays, spine	2.18	8.27	8.27	10.76	10.76	0.90	13.84	13.84
75705	26	A	Artery x-rays, spine	2.18	0.12	0.12	0.66	0.66	0.15	2.99	2.99
75705	TC	A	Artery x-rays, spine	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75710	.....	A	Artery x-rays, arm/leg	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75710	26	A	Artery x-rays, arm/leg	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75710	TC	A	Artery x-rays, arm/leg	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75716	.....	A	Artery x-rays, arms/legs	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75716	26	A	Artery x-rays, arms/legs	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75716	TC	A	Artery x-rays, arms/legs	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75722	.....	A	Artery x-rays, kidney	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75722	26	A	Artery x-rays, kidney	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75722	TC	A	Artery x-rays, kidney	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75724	.....	A	Artery x-rays, kidneys	1.49	8.27	8.27	10.60	10.60	0.85	12.94	12.94
75724	26	A	Artery x-rays, kidneys	1.49	0.12	0.12	0.50	0.50	0.10	2.09	2.09
75724	TC	A	Artery x-rays, kidneys	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75726	.....	A	Artery x-rays, abdomen	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
75726	26	A	Artery x-rays, abdomen	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75726	TC	A	Artery x-rays, abdomen	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75731	.....	A	Artery x-rays, adrenal gland	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75731	26	A	Artery x-rays, adrenal gland	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75731	TC	A	Artery x-rays, adrenal gland	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75733	.....	A	Artery x-rays, adrenal glands	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75733	26	A	Artery x-rays, adrenal glands	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75733	TC	A	Artery x-rays, adrenal glands	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75736	.....	A	Artery x-rays, pelvis	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75736	26	A	Artery x-rays, pelvis	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75736	TC	A	Artery x-rays, pelvis	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75741	.....	A	Artery x-rays, lung	1.31	8.27	8.27	10.56	10.56	0.84	12.71	12.71
75741	26	A	Artery x-rays, lung	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75741	TC	A	Artery x-rays, lung	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75743	.....	A	Artery x-rays, lungs	1.66	8.27	8.27	10.64	10.64	0.86	13.16	13.16
75743	26	A	Artery x-rays, lungs	1.66	0.12	0.12	0.54	0.54	0.11	2.31	2.31
75743	TC	A	Artery x-rays, lungs	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75746	.....	A	Artery x-rays, lung	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75746	26	A	Artery x-rays, lung	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75746	TC	A	Artery x-rays, lung	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75756	.....	A	Artery x-rays, chest	1.14	0.24	0.24	0.72	0.72	0.83	2.69	2.69
75756	26	A	Artery x-rays, chest	1.14	0.12	0.12	0.41	0.41	0.08	1.63	1.63
75756	TC	A	Artery x-rays, chest	0.00	0.12	0.12	0.31	0.31	0.75	1.06	1.06
75774	.....	A	Artery x-ray, each vessel	0.36	8.16	8.16	10.20	10.20	0.77	11.33	11.33
75774	26	A	Artery x-ray, each vessel	0.36	0.01	0.01	0.10	0.10	0.02	0.48	0.48
75774	TC	A	Artery x-ray, each vessel	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75790	.....	A	Visualize A-V shunt	1.84	1.00	1.00	1.67	1.67	0.21	3.72	3.72
75790	26	A	Visualize A-V shunt	1.84	0.12	0.12	0.58	0.58	0.12	2.54	2.54
75790	TC	A	Visualize A-V shunt	0.00	0.88	0.88	1.09	1.09	0.09	1.18	1.18
75801	.....	A	Lymph vessel x-ray, arm/leg	0.81	3.62	3.62	4.68	4.68	0.38	5.87	5.87
75801	26	A	Lymph vessel x-ray, arm/leg	0.81	0.12	0.12	0.34	0.34	0.05	1.20	1.20
75801	TC	A	Lymph vessel x-ray, arm/leg	0.00	3.50	3.50	4.34	4.34	0.33	4.67	4.67
75803	.....	A	Lymph vessel x-ray, arms/legs	1.17	3.62	3.62	4.76	4.76	0.41	6.34	6.34
75803	26	A	Lymph vessel x-ray, arms/legs	1.17	0.12	0.12	0.42	0.42	0.08	1.67	1.67
75803	TC	A	Lymph vessel x-ray, arms/legs	0.00	3.50	3.50	4.34	4.34	0.33	4.67	4.67
75805	.....	A	Lymph vessel x-ray, trunk	0.81	4.06	4.06	5.22	5.22	0.42	6.45	6.45
75805	26	A	Lymph vessel x-ray, trunk	0.81	0.12	0.12	0.34	0.34	0.05	1.20	1.20
75805	TC	A	Lymph vessel x-ray, trunk	0.00	3.94	3.94	4.88	4.88	0.37	5.25	5.25
75807	.....	A	Lymph vessel x-ray, trunk	1.17	4.06	4.06	5.30	5.30	0.45	6.92	6.92
75807	26	A	Lymph vessel x-ray, trunk	1.17	0.12	0.12	0.42	0.42	0.08	1.67	1.67
75807	TC	A	Lymph vessel x-ray, trunk	0.00	3.94	3.94	4.88	4.88	0.37	5.25	5.25
75809	.....	A	Nonvascular shunt, x-ray	0.47	0.47	0.47	0.70	0.70	0.08	1.25	1.25
75809	26	A	Nonvascular shunt, x-ray	0.47	0.12	0.12	0.26	0.26	0.03	0.76	0.76
75809	TC	A	Nonvascular shunt, x-ray	0.00	0.35	0.35	0.44	0.44	0.05	0.49	0.49
75810	.....	A	Vein x-ray, spleen/liver	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75810	26	A	Vein x-ray, spleen/liver	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75810	TC	A	Vein x-ray, spleen/liver	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75820	.....	A	Vein x-ray, arm/leg	0.70	0.73	0.73	1.07	1.07	0.11	1.88	1.88
75820	26	A	Vein x-ray, arm/leg	0.70	0.12	0.12	0.31	0.31	0.05	1.06	1.06
75820	TC	A	Vein x-ray, arm/leg	0.00	0.61	0.61	0.76	0.76	0.06	0.82	0.82
75822	.....	A	Vein x-ray, arms/legs	1.06	1.08	1.08	1.59	1.59	0.16	2.81	2.81
75822	26	A	Vein x-ray, arms/legs	1.06	0.12	0.12	0.40	0.40	0.07	1.53	1.53
75822	TC	A	Vein x-ray, arms/legs	0.00	0.96	0.96	1.19	1.19	0.09	1.28	1.28
75825	.....	A	Vein x-ray, trunk	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75825	26	A	Vein x-ray, trunk	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75825	TC	A	Vein x-ray, trunk	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75827	.....	A	Vein x-ray, chest	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75827	26	A	Vein x-ray, chest	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75827	TC	A	Vein x-ray, chest	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75831	.....	A	Vein x-ray, kidney	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75831	26	A	Vein x-ray, kidney	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75831	TC	A	Vein x-ray, kidney	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75833	.....	A	Vein x-ray, kidneys	1.49	8.27	8.27	10.60	10.60	0.85	12.94	12.94
75833	26	A	Vein x-ray, kidneys	1.49	0.12	0.12	0.50	0.50	0.10	2.09	2.09
75833	TC	A	Vein x-ray, kidneys	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75840	.....	A	Vein x-ray, adrenal gland	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75840	26	A	Vein x-ray, adrenal gland	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75840	TC	A	Vein x-ray, adrenal gland	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75842	.....	A	Vein x-ray, adrenal glands	1.49	8.27	8.27	10.60	10.60	0.85	12.94	12.94
75842	26	A	Vein x-ray, adrenal glands	1.49	0.12	0.12	0.50	0.50	0.10	2.09	2.09
75842	TC	A	Vein x-ray, adrenal glands	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75860	.....	A	Vein x-ray, neck	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75860	26	A	Vein x-ray, neck	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75860	TC	A	Vein x-ray, neck	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
75870	.....	A	Vein x-ray, skull	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75870	26	A	Vein x-ray, skull	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75870	TC	A	Vein x-ray, skull	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75872	.....	A	Vein x-ray, skull	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75872	26	A	Vein x-ray, skull	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75872	TC	A	Vein x-ray, skull	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75880	.....	A	Vein x-ray, eye socket	0.70	0.73	0.73	1.07	1.07	0.11	1.88	1.88
75880	26	A	Vein x-ray, eye socket	0.70	0.12	0.12	0.31	0.31	0.05	1.06	1.06
75880	TC	A	Vein x-ray, eye socket	0.00	0.61	0.61	0.76	0.76	0.06	0.82	0.82
75885	.....	A	Vein x-ray, liver	1.44	8.27	8.27	10.59	10.59	0.85	12.88	12.88
75885	26	A	Vein x-ray, liver	1.44	0.12	0.12	0.49	0.49	0.10	2.03	2.03
75885	TC	A	Vein x-ray, liver	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75887	.....	A	Vein x-ray, liver	1.44	8.27	8.27	10.59	10.59	0.85	12.88	12.88
75887	26	A	Vein x-ray, liver	1.44	0.12	0.12	0.49	0.49	0.10	2.03	2.03
75887	TC	A	Vein x-ray, liver	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75889	.....	A	Vein x-ray, liver	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75889	26	A	Vein x-ray, liver	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75889	TC	A	Vein x-ray, liver	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75891	.....	A	Vein x-ray, liver	1.14	8.27	8.27	10.52	10.52	0.83	12.49	12.49
75891	26	A	Vein x-ray, liver	1.14	0.12	0.12	0.42	0.42	0.08	1.64	1.64
75891	TC	A	Vein x-ray, liver	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75893	.....	A	Venous sampling by catheter	0.54	8.27	8.27	10.38	10.38	0.79	11.71	11.71
75893	26	A	Venous sampling by catheter	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
75893	TC	A	Venous sampling by catheter	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75894	.....	A	Xrays, transcatheter therapy	1.31	15.73	15.73	19.81	19.81	1.53	22.65	22.65
75894	26	A	Xrays, transcatheter therapy	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75894	TC	A	Xrays, transcatheter therapy	0.00	15.61	15.61	19.35	19.35	1.44	20.79	20.79
75896	.....	A	Xrays, transcatheter therapy	1.31	13.69	13.69	17.28	17.28	1.34	19.93	19.93
75896	26	A	Xrays, transcatheter therapy	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75896	TC	A	Xrays, transcatheter therapy	0.00	13.57	13.57	16.82	16.82	1.25	18.07	18.07
75898	.....	A	Follow-up angiogram	1.65	0.80	0.80	1.37	1.37	0.18	3.20	3.20
75898	26	A	Follow-up angiogram	1.65	0.12	0.12	0.53	0.53	0.11	2.29	2.29
75898	TC	A	Follow-up angiogram	0.00	0.68	0.68	0.84	0.84	0.07	0.91	0.91
75900	.....	A	Arterial catheter exchange	0.49	13.69	13.69	17.08	17.08	1.29	18.86	18.86
75900	26	A	Arterial catheter exchange	0.49	0.12	0.12	0.26	0.26	0.03	0.78	0.78
75900	TC	A	Arterial catheter exchange	0.00	13.57	13.57	16.82	16.82	1.26	18.08	18.08
75940	.....	A	X-ray placement, vein filter	0.54	8.27	8.27	10.38	10.38	0.79	11.71	11.71
75940	26	A	X-ray placement, vein filter	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
75940	TC	A	X-ray placement, vein filter	0.00	8.15	8.15	10.10	10.10	0.75	10.85	10.85
75945	.....	A	Intravascular us	0.29	NA	1.14	NA	1.52	0.31	NA	2.12
75945	26	A	Intravascular us	0.29	NA	0.09	NA	0.18	0.03	NA	0.50
75945	TC	A	Intravascular us	0.00	NA	1.05	NA	1.34	0.28	NA	1.62
75946	.....	A	Intravascular us	0.29	NA	0.10	NA	0.22	0.17	NA	0.68
75946	26	A	Intravascular us	0.29	NA	0.05	NA	0.13	0.03	NA	0.45
75946	TC	A	Intravascular us	0.00	NA	0.05	NA	0.09	0.14	NA	0.23
75960	.....	A	Transcatheter intro, stent	0.82	9.76	9.76	12.28	12.28	0.94	14.04	14.04
75960	26	A	Transcatheter intro, stent	0.82	0.12	0.12	0.34	0.34	0.06	1.22	1.22
75960	TC	A	Transcatheter intro, stent	0.00	9.64	9.64	11.94	11.94	0.88	12.82	12.82
75961	.....	A	Retrieval, broken catheter	4.25	6.91	6.91	9.55	9.55	0.90	14.70	14.70
75961	26	A	Retrieval, broken catheter	4.25	0.12	0.12	1.14	1.14	0.28	5.67	5.67
75961	TC	A	Retrieval, broken catheter	0.00	6.79	6.79	8.41	8.41	0.62	9.03	9.03
75962	.....	A	Repair arterial blockage	0.54	10.30	10.30	12.90	12.90	0.98	14.42	14.42
75962	26	A	Repair arterial blockage	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
75962	TC	A	Repair arterial blockage	0.00	10.18	10.18	12.62	12.62	0.94	13.56	13.56
75964	.....	A	Repair artery blockage, each	0.36	5.55	5.55	6.96	6.96	0.52	7.84	7.84
75964	26	A	Repair artery blockage, each	0.36	0.12	0.12	0.23	0.23	0.02	0.61	0.61
75964	TC	A	Repair artery blockage, each	0.00	5.43	5.43	6.73	6.73	0.50	7.23	7.23
75966	.....	A	Repair arterial blockage	1.31	10.30	10.30	13.08	13.08	1.03	15.42	15.42
75966	26	A	Repair arterial blockage	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75966	TC	A	Repair arterial blockage	0.00	10.18	10.18	12.62	12.62	0.94	13.56	13.56
75968	.....	A	Repair artery blockage, each	0.36	5.55	5.55	6.96	6.96	0.52	7.84	7.84
75968	26	A	Repair artery blockage, each	0.36	0.12	0.12	0.23	0.23	0.02	0.61	0.61
75968	TC	A	Repair artery blockage, each	0.00	5.43	5.43	6.73	6.73	0.50	7.23	7.23
75970	.....	A	Vascular biopsy	0.83	7.58	7.58	9.59	9.59	0.75	11.17	11.17
75970	26	A	Vascular biopsy	0.83	0.12	0.12	0.34	0.34	0.06	1.23	1.23
75970	TC	A	Vascular biopsy	0.00	7.46	7.46	9.25	9.25	0.69	9.94	9.94
75978	.....	A	Repair venous blockage	0.54	10.30	10.30	12.90	12.90	0.98	14.42	14.42
75978	26	A	Repair venous blockage	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
75978	TC	A	Repair venous blockage	0.00	10.18	10.18	12.62	12.62	0.94	13.56	13.56
75980	.....	A	Contrast xray exam bile duct	1.44	3.67	3.67	4.89	4.89	0.43	6.76	6.76
75980	26	A	Contrast xray exam bile duct	1.44	0.17	0.17	0.55	0.55	0.10	2.09	2.09
75980	TC	A	Contrast xray exam bile duct	0.00	3.50	3.50	4.34	4.34	0.33	4.67	4.67
75982	.....	A	Contrast xray exam bile duct	1.44	4.06	4.06	5.37	5.37	0.47	7.28	7.28
75982	26	A	Contrast xray exam bile duct	1.44	0.12	0.12	0.49	0.49	0.10	2.03	2.03

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
75982	TC	A	Contrast xray exam bile duct	0.00	3.94	3.94	4.88	4.88	0.37	5.25	5.25
75984		A	Xray control catheter change	0.72	1.38	1.38	1.88	1.88	0.17	2.77	2.77
75984	26	A	Xray control catheter change	0.72	0.12	0.12	0.32	0.32	0.05	1.09	1.09
75984	TC	A	Xray control catheter change	0.00	1.26	1.26	1.56	1.56	0.12	1.68	1.68
75989		A	Abscess drainage under x-ray	1.19	2.16	2.16	2.96	2.96	0.27	4.42	4.42
75989	26	A	Abscess drainage under x-ray	1.19	0.12	0.12	0.43	0.43	0.08	1.70	1.70
75989	TC	A	Abscess drainage under x-ray	0.00	2.04	2.04	2.53	2.53	0.19	2.72	2.72
75992		A	Atherectomy, x-ray exam	0.54	10.34	10.34	12.95	12.95	0.98	14.47	14.47
75992	26	A	Atherectomy, x-ray exam	0.54	0.16	0.16	0.33	0.33	0.04	0.91	0.91
75992	TC	A	Atherectomy, x-ray exam	0.00	10.18	10.18	12.62	12.62	0.94	13.56	13.56
75993		A	Atherectomy, x-ray exam	0.36	5.59	5.59	7.01	7.01	0.52	7.89	7.89
75993	26	A	Atherectomy, x-ray exam	0.36	0.16	0.16	0.28	0.28	0.02	0.66	0.66
75993	TC	A	Atherectomy, x-ray exam	0.00	5.43	5.43	6.73	6.73	0.50	7.23	7.23
75994		A	Atherectomy, x-ray exam	1.31	10.30	10.30	13.08	13.08	1.03	15.42	15.42
75994	26	A	Atherectomy, x-ray exam	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75994	TC	A	Atherectomy, x-ray exam	0.00	10.18	10.18	12.62	12.62	0.94	13.56	13.56
75995		A	Atherectomy, x-ray exam	1.31	10.30	10.30	13.08	13.08	1.03	15.42	15.42
75995	26	A	Atherectomy, x-ray exam	1.31	0.12	0.12	0.46	0.46	0.09	1.86	1.86
75995	TC	A	Atherectomy, x-ray exam	0.00	10.18	10.18	12.62	12.62	0.94	13.56	13.56
75996		A	Atherectomy, x-ray exam	0.36	5.55	5.55	6.96	6.96	0.52	7.84	7.84
75996	26	A	Atherectomy, x-ray exam	0.36	0.12	0.12	0.23	0.23	0.02	0.61	0.61
75996	TC	A	Atherectomy, x-ray exam	0.00	5.43	5.43	6.73	6.73	0.50	7.23	7.23
76000		A	Fluoroscope examination	0.17	1.20	1.20	1.52	1.52	0.09	1.78	1.78
76000	26	A	Fluoroscope examination	0.17	0.09	0.09	0.15	0.15	0.01	0.33	0.33
76000	TC	A	Fluoroscope examination	0.00	1.11	1.11	1.37	1.37	0.08	1.45	1.45
76001		A	Fluoroscope exam, extensive	0.67	1.71	1.71	2.28	2.28	0.22	3.17	3.17
76001	26	A	Fluoroscope exam, extensive	0.67	0.09	0.09	0.27	0.27	0.05	0.99	0.99
76001	TC	A	Fluoroscope exam, extensive	0.00	1.62	1.62	2.01	2.01	0.17	2.18	2.18
76003		A	Needle localization by x-ray	0.54	0.98	0.98	1.34	1.34	0.12	2.00	2.00
76003	26	A	Needle localization by x-ray	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
76003	TC	A	Needle localization by x-ray	0.00	0.86	0.86	1.06	1.06	0.08	1.14	1.14
76010		A	X-ray, nose to rectum	0.18	0.56	0.56	0.74	0.74	0.04	0.96	0.96
76010	26	A	X-ray, nose to rectum	0.18	0.06	0.06	0.12	0.12	0.01	0.31	0.31
76010	TC	A	X-ray, nose to rectum	0.00	0.50	0.50	0.62	0.62	0.03	0.65	0.65
76020		A	X-rays for bone age	0.19	0.38	0.38	0.51	0.51	0.04	0.74	0.74
76020	26	A	X-rays for bone age	0.19	0.06	0.06	0.12	0.12	0.01	0.32	0.32
76020	TC	A	X-rays for bone age	0.00	0.32	0.32	0.39	0.39	0.03	0.42	0.42
76040		A	X-rays, bone evaluation	0.27	0.55	0.55	0.75	0.75	0.07	1.09	1.09
76040	26	A	X-rays, bone evaluation	0.27	0.06	0.06	0.14	0.14	0.02	0.43	0.43
76040	TC	A	X-rays, bone evaluation	0.00	0.49	0.49	0.61	0.61	0.05	0.66	0.66
76061		A	X-rays, bone survey	0.45	0.74	0.74	1.03	1.03	0.09	1.57	1.57
76061	26	A	X-rays, bone survey	0.45	0.06	0.06	0.18	0.18	0.03	0.66	0.66
76061	TC	A	X-rays, bone survey	0.00	0.68	0.68	0.85	0.85	0.06	0.91	0.91
76062		A	X-rays, bone survey	0.54	0.99	0.99	1.35	1.35	0.13	2.02	2.02
76062	26	A	X-rays, bone survey	0.54	0.06	0.06	0.20	0.20	0.04	0.78	0.78
76062	TC	A	X-rays, bone survey	0.00	0.93	0.93	1.15	1.15	0.09	1.24	1.24
76065		A	X-rays, bone evaluation	0.28	0.63	0.63	0.85	0.85	0.07	1.20	1.20
76065	26	A	X-rays, bone evaluation	0.28	0.06	0.06	0.14	0.14	0.02	0.44	0.44
76065	TC	A	X-rays, bone evaluation	0.00	0.57	0.57	0.71	0.71	0.05	0.76	0.76
76066		A	Joint(s) survey, single film	0.31	0.38	0.38	0.55	0.55	0.09	0.95	0.95
76066	26	A	Joint(s) survey, single film	0.31	0.06	0.06	0.15	0.15	0.02	0.48	0.48
76066	TC	A	Joint(s) survey, single film	0.00	0.32	0.32	0.40	0.40	0.07	0.47	0.47
76070		G	CT scan, bone density study	+0.25	2.30	2.30	2.90	2.90	0.20	3.35	3.35
76070	26	G	CT scan, bone density study	+0.25	0.10	0.10	0.18	0.18	0.02	0.45	0.45
76070	TC	G	CT scan, bone density study	+0.00	2.20	2.20	2.72	2.72	0.18	2.90	2.90
76075		G	Dual energy x-ray study	+0.30	0.39	0.39	0.58	0.58	0.21	1.09	1.09
76075	26	G	Dual energy x-ray study	+0.30	0.09	0.09	0.18	0.18	0.02	0.50	0.50
76075	TC	G	Dual energy x-ray study	+0.00	0.30	0.30	0.40	0.40	0.19	0.59	0.59
76080		A	X-ray exam of fistula	0.54	1.04	1.04	1.41	1.41	0.11	2.06	2.06
76080	26	A	X-ray exam of fistula	0.54	0.12	0.12	0.28	0.28	0.04	0.86	0.86
76080	TC	A	X-ray exam of fistula	0.00	0.92	0.92	1.13	1.13	0.07	1.20	1.20
76086		A	X-ray of mammary duct	0.36	0.86	0.86	1.17	1.17	0.19	1.72	1.72
76086	26	A	X-ray of mammary duct	0.36	0.12	0.12	0.23	0.23	0.02	0.61	0.61
76086	TC	A	X-ray of mammary duct	0.00	0.74	0.74	0.94	0.94	0.17	1.11	1.11
76088		A	X-ray of mammary ducts	0.45	1.02	1.02	1.39	1.39	0.25	2.09	2.09
76088	26	A	X-ray of mammary ducts	0.45	0.12	0.12	0.25	0.25	0.03	0.73	0.73
76088	TC	A	X-ray of mammary ducts	0.00	0.90	0.90	1.14	1.14	0.22	1.36	1.36
76090		A	Mammogram, one breast	0.58	0.62	0.62	0.91	0.91	0.09	1.58	1.58
76090	26	A	Mammogram, one breast	0.58	0.07	0.07	0.22	0.22	0.02	0.82	0.82
76090	TC	A	Mammogram, one breast	0.00	0.55	0.55	0.69	0.69	0.07	0.76	0.76
76091		A	Mammogram, both breasts	0.69	0.82	0.82	1.18	1.18	0.11	1.98	1.98
76091	26	A	Mammogram, both breasts	0.69	0.07	0.07	0.24	0.24	0.03	0.96	0.96
76091	TC	A	Mammogram, both breasts	0.00	0.75	0.75	0.94	0.94	0.08	1.02	1.02
76093		A	Magnetic image, breast	1.63	8.97	8.97	11.56	11.56	1.16	14.35	14.35

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
76093	26	A	Magnetic image, breast	1.63	0.10	0.10	0.51	0.51	0.11	2.25	2.25
76093	TC	A	Magnetic image, breast	0.00	8.87	8.87	11.05	11.05	1.05	12.10	12.10
76094	.....	A	Magnetic image, both breasts	1.63	8.97	8.97	11.64	11.64	1.53	14.80	14.80
76094	26	A	Magnetic image, both breasts	1.63	0.10	0.10	0.51	0.51	0.11	2.25	2.25
76094	TC	A	Magnetic image, both breasts	0.00	8.87	8.87	11.13	11.13	1.42	12.55	12.55
76095	.....	A	Stereotactic breast biopsy	1.59	0.65	0.65	1.26	1.26	0.54	3.39	3.39
76095	26	A	Stereotactic breast biopsy	1.59	0.04	0.04	0.42	0.42	0.11	2.12	2.12
76095	TC	A	Stereotactic breast biopsy	0.00	0.61	0.61	0.84	0.84	0.43	1.27	1.27
76096	.....	A	X-ray of needle wire, breast	0.56	1.92	1.92	2.49	2.49	0.12	3.17	3.17
76096	26	A	X-ray of needle wire, breast	0.56	0.09	0.09	0.24	0.24	0.04	0.84	0.84
76096	TC	A	X-ray of needle wire, breast	0.00	1.83	1.83	2.25	2.25	0.08	2.33	2.33
76098	.....	A	X-ray exam, breast specimen	0.16	1.65	1.65	2.05	2.05	0.04	2.25	2.25
76098	26	A	X-ray exam, breast specimen	0.16	0.07	0.07	0.12	0.12	0.01	0.29	0.29
76098	TC	A	X-ray exam, breast specimen	0.00	1.58	1.58	1.93	1.93	0.03	1.96	1.96
76100	.....	A	X-ray exam of body section	0.58	0.97	0.97	1.33	1.33	0.12	2.03	2.03
76100	26	A	X-ray exam of body section	0.58	0.06	0.06	0.21	0.21	0.04	0.83	0.83
76100	TC	A	X-ray exam of body section	0.00	0.91	0.91	1.12	1.12	0.08	1.20	1.20
76101	.....	A	Complex body section x-ray	0.58	0.52	0.52	0.79	0.79	0.13	1.50	1.50
76101	26	A	Complex body section x-ray	0.58	0.06	0.06	0.21	0.21	0.04	0.83	0.83
76101	TC	A	Complex body section x-ray	0.00	0.46	0.46	0.58	0.58	0.09	0.67	0.67
76102	.....	A	Complex body section x-rays	0.58	0.91	0.91	1.27	1.27	0.15	2.00	2.00
76102	26	A	Complex body section x-rays	0.58	0.06	0.06	0.21	0.21	0.04	0.83	0.83
76102	TC	A	Complex body section x-rays	0.00	0.85	0.85	1.06	1.06	0.11	1.17	1.17
76120	.....	A	Cinematic x-rays	0.38	1.96	1.96	2.49	2.49	0.10	2.97	2.97
76120	26	A	Cinematic x-rays	0.38	0.06	0.06	0.16	0.16	0.03	0.57	0.57
76120	TC	A	Cinematic x-rays	0.00	1.90	1.90	2.33	2.33	0.07	2.40	2.40
76125	.....	A	Cinematic x-rays	0.27	1.96	1.96	2.46	2.46	0.07	2.80	2.80
76125	26	A	Cinematic x-rays	0.27	0.06	0.06	0.14	0.14	0.02	0.43	0.43
76125	TC	A	Cinematic x-rays	0.00	1.90	1.90	2.32	2.32	0.05	2.37	2.37
76150	.....	A	X-ray exam, dry process	0.00	0.35	0.07	0.43	0.09	0.03	0.46	0.12
76355	.....	A	CAT scan for localization	1.21	2.85	2.85	3.87	3.87	0.57	5.65	5.65
76355	26	A	CAT scan for localization	1.21	0.12	0.12	0.43	0.43	0.08	1.72	1.72
76355	TC	A	CAT scan for localization	0.00	2.73	2.73	3.44	3.44	0.49	3.93	3.93
76360	.....	A	CAT scan for needle biopsy	1.16	2.92	2.92	3.94	3.94	0.57	5.67	5.67
76360	26	A	CAT scan for needle biopsy	1.16	0.09	0.09	0.38	0.38	0.08	1.62	1.62
76360	TC	A	CAT scan for needle biopsy	0.00	2.83	2.83	3.56	3.56	0.49	4.05	4.05
76365	.....	A	CAT scan for cyst aspiration	1.16	2.80	2.80	3.79	3.79	0.57	5.52	5.52
76365	26	A	CAT scan for cyst aspiration	1.16	0.09	0.09	0.38	0.38	0.08	1.62	1.62
76365	TC	A	CAT scan for cyst aspiration	0.00	2.71	2.71	3.41	3.41	0.49	3.90	3.90
76370	.....	A	CAT scan for therapy guide	0.85	2.18	2.18	2.89	2.89	0.24	3.98	3.98
76370	26	A	CAT scan for therapy guide	0.85	0.10	0.10	0.32	0.32	0.06	1.23	1.23
76370	TC	A	CAT scan for therapy guide	0.00	2.08	2.08	2.57	2.57	0.18	2.75	2.75
76375	.....	A	CAT scans, other planes	0.16	3.08	3.08	3.83	3.83	0.22	4.21	4.21
76375	26	A	CAT scans, other planes	0.16	0.10	0.10	0.16	0.16	0.01	0.33	0.33
76375	TC	A	CAT scans, other planes	0.00	2.98	2.98	3.67	3.67	0.21	3.88	3.88
76380	.....	A	CAT scan follow-up study	0.98	2.54	2.54	3.36	3.36	0.28	4.62	4.62
76380	26	A	CAT scan follow-up study	0.98	0.10	0.10	0.35	0.35	0.07	1.40	1.40
76380	TC	A	CAT scan follow-up study	0.00	2.44	2.44	3.01	3.01	0.21	3.22	3.22
76400	.....	A	Magnetic image, bone marrow	1.60	8.58	8.58	10.98	10.98	0.78	13.36	13.36
76400	26	A	Magnetic image, bone marrow	1.60	0.10	0.10	0.50	0.50	0.11	2.21	2.21
76400	TC	A	Magnetic image, bone marrow	0.00	8.48	8.48	10.48	10.48	0.67	11.15	11.15
76506	.....	A	Echo exam of head	0.63	1.09	1.09	1.50	1.50	0.13	2.26	2.26
76506	26	A	Echo exam of head	0.63	0.09	0.09	0.26	0.26	0.04	0.93	0.93
76506	TC	A	Echo exam of head	0.00	1.00	1.00	1.24	1.24	0.09	1.33	1.33
76511	.....	A	Echo exam of eye	0.94	0.50	0.50	0.84	0.84	0.12	1.90	1.90
76511	26	A	Echo exam of eye	0.94	0.03	0.03	0.25	0.25	0.04	1.23	1.23
76511	TC	A	Echo exam of eye	0.00	0.47	0.47	0.59	0.59	0.08	0.67	0.67
76512	.....	A	Echo exam of eye	0.66	0.52	0.52	0.81	0.81	0.15	1.62	1.62
76512	26	A	Echo exam of eye	0.66	0.03	0.03	0.19	0.19	0.05	0.90	0.90
76512	TC	A	Echo exam of eye	0.00	0.49	0.49	0.62	0.62	0.10	0.72	0.72
76513	.....	A	Echo exam of eye, water bath	0.66	0.65	0.65	0.97	0.97	0.15	1.78	1.78
76513	26	A	Echo exam of eye, water bath	0.66	0.03	0.03	0.19	0.19	0.05	0.90	0.90
76513	TC	A	Echo exam of eye, water bath	0.00	0.62	0.62	0.78	0.78	0.10	0.88	0.88
76516	.....	A	Echo exam of eye	0.54	0.38	0.38	0.60	0.60	0.12	1.26	1.26
76516	26	A	Echo exam of eye	0.54	0.03	0.03	0.16	0.16	0.04	0.74	0.74
76516	TC	A	Echo exam of eye	0.00	0.35	0.35	0.44	0.44	0.08	0.52	0.52
76519	.....	A	Echo exam of eye	0.54	0.44	0.44	0.67	0.67	0.12	1.33	1.33
76519	26	A	Echo exam of eye	0.54	0.03	0.03	0.16	0.16	0.04	0.74	0.74
76519	TC	A	Echo exam of eye	0.00	0.41	0.41	0.51	0.51	0.08	0.59	0.59
76529	.....	A	Echo exam of eye	0.57	0.53	0.53	0.80	0.80	0.13	1.50	1.50
76529	26	A	Echo exam of eye	0.57	0.03	0.03	0.17	0.17	0.04	0.78	0.78
76529	TC	A	Echo exam of eye	0.00	0.50	0.50	0.63	0.63	0.09	0.72	0.72
76536	.....	A	Echo exam of head and neck	0.56	0.98	0.98	1.34	1.34	0.13	2.03	2.03
76536	26	A	Echo exam of head and neck	0.56	0.09	0.09	0.24	0.24	0.04	0.84	0.84

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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 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
76536	TC	A	Echo exam of head and neck	0.00	0.89	0.89	1.10	1.10	0.09	1.19	1.19
76604		A	Echo exam of chest	0.55	0.97	0.97	1.33	1.33	0.12	2.00	2.00
76604	26	A	Echo exam of chest	0.55	0.09	0.09	0.24	0.24	0.04	0.83	0.83
76604	TC	A	Echo exam of chest	0.00	0.88	0.88	1.09	1.09	0.08	1.17	1.17
76645		A	Echo exam of breast	0.54	0.79	0.79	1.11	1.11	0.11	1.76	1.76
76645	26	A	Echo exam of breast	0.54	0.09	0.09	0.24	0.24	0.04	0.82	0.82
76645	TC	A	Echo exam of breast	0.00	0.70	0.70	0.87	0.87	0.07	0.94	0.94
76700		A	Echo exam of abdomen	0.81	1.16	1.16	1.63	1.63	0.17	2.61	2.61
76700	26	A	Echo exam of abdomen	0.81	0.09	0.09	0.30	0.30	0.05	1.16	1.16
76700	TC	A	Echo exam of abdomen	0.00	1.07	1.07	1.33	1.33	0.12	1.45	1.45
76705		A	Echo exam of abdomen	0.59	1.04	1.04	1.42	1.42	0.13	2.14	2.14
76705	26	A	Echo exam of abdomen	0.59	0.09	0.09	0.25	0.25	0.04	0.88	0.88
76705	TC	A	Echo exam of abdomen	0.00	0.95	0.95	1.17	1.17	0.09	1.26	1.26
76770		A	Echo exam abdomen back wall	0.74	1.11	1.11	1.55	1.55	0.17	2.46	2.46
76770	26	A	Echo exam abdomen back wall	0.74	0.09	0.09	0.28	0.28	0.05	1.07	1.07
76770	TC	A	Echo exam abdomen back wall	0.00	1.02	1.02	1.27	1.27	0.12	1.39	1.39
76775		A	Echo exam abdomen back wall	0.58	1.04	1.04	1.42	1.42	0.13	2.13	2.13
76775	26	A	Echo exam abdomen back wall	0.58	0.09	0.09	0.25	0.25	0.04	0.87	0.87
76775	TC	A	Echo exam abdomen back wall	0.00	0.95	0.95	1.17	1.17	0.09	1.26	1.26
76778		A	Echo exam kidney transplant	0.74	1.20	1.20	1.66	1.66	0.17	2.57	2.57
76778	26	A	Echo exam kidney transplant	0.74	0.09	0.09	0.28	0.28	0.05	1.07	1.07
76778	TC	A	Echo exam kidney transplant	0.00	1.11	1.11	1.38	1.38	0.12	1.50	1.50
76800		A	Echo exam spinal canal	1.13	1.03	1.03	1.54	1.54	0.17	2.84	2.84
76800	26	A	Echo exam spinal canal	1.13	0.09	0.09	0.38	0.38	0.08	1.59	1.59
76800	TC	A	Echo exam spinal canal	0.00	0.94	0.94	1.16	1.16	0.09	1.25	1.25
76805		A	Echo exam of pregnant uterus	0.99	1.14	1.14	1.65	1.65	0.20	2.84	2.84
76805	26	A	Echo exam of pregnant uterus	0.99	0.12	0.12	0.38	0.38	0.07	1.44	1.44
76805	TC	A	Echo exam of pregnant uterus	0.00	1.02	1.02	1.27	1.27	0.13	1.40	1.40
76810		A	Echo exam of pregnant uterus	1.97	1.36	1.36	2.18	2.18	0.38	4.53	4.53
76810	26	A	Echo exam of pregnant uterus	1.97	0.12	0.12	0.61	0.61	0.13	2.71	2.71
76810	TC	A	Echo exam of pregnant uterus	0.00	1.24	1.24	1.57	1.57	0.25	1.82	1.82
76815		A	Echo exam of pregnant uterus	0.65	1.14	1.14	1.56	1.56	0.13	2.34	2.34
76815	26	A	Echo exam of pregnant uterus	0.65	0.12	0.12	0.30	0.30	0.04	0.99	0.99
76815	TC	A	Echo exam of pregnant uterus	0.00	1.02	1.02	1.26	1.26	0.09	1.35	1.35
76816		A	Echo exam followup or repeat	0.57	1.14	1.14	1.54	1.54	0.11	2.22	2.22
76816	26	A	Echo exam followup or repeat	0.57	0.12	0.12	0.28	0.28	0.04	0.89	0.89
76816	TC	A	Echo exam followup or repeat	0.00	1.02	1.02	1.26	1.26	0.07	1.33	1.33
76818		A	Fetal biophysical profile	0.77	1.36	1.36	1.87	1.87	0.15	2.79	2.79
76818	26	A	Fetal biophysical profile	0.77	0.12	0.12	0.33	0.33	0.05	1.15	1.15
76818	TC	A	Fetal biophysical profile	0.00	1.24	1.24	1.54	1.54	0.10	1.64	1.64
76825		A	Echo exam of fetal heart	1.67	1.50	1.50	2.23	2.23	0.17	4.07	4.07
76825	26	A	Echo exam of fetal heart	1.67	0.12	0.12	0.53	0.53	0.05	2.25	2.25
76825	TC	A	Echo exam of fetal heart	0.00	1.38	1.38	1.70	1.70	0.12	1.82	1.82
76826		A	Echo exam of fetal heart	0.83	1.01	1.01	1.43	1.43	0.10	2.36	2.36
76826	26	A	Echo exam of fetal heart	0.83	0.08	0.08	0.29	0.29	0.05	1.17	1.17
76826	TC	A	Echo exam of fetal heart	0.00	0.93	0.93	1.14	1.14	0.05	1.19	1.19
76827		A	Echo exam of fetal heart	0.58	0.84	0.84	1.20	1.20	0.18	1.96	1.96
76827	26	A	Echo exam of fetal heart	0.58	0.08	0.08	0.24	0.24	0.05	0.87	0.87
76827	TC	A	Echo exam of fetal heart	0.00	0.76	0.76	0.96	0.96	0.13	1.09	1.09
76828		A	Echo exam of fetal heart	0.56	0.84	0.84	1.18	1.18	0.11	1.85	1.85
76828	26	A	Echo exam of fetal heart	0.56	0.08	0.08	0.23	0.23	0.02	0.81	0.81
76828	TC	A	Echo exam of fetal heart	0.00	0.76	0.76	0.95	0.95	0.09	1.04	1.04
76830		A	Echo exam, transvaginal	0.69	1.11	1.11	1.53	1.53	0.15	2.37	2.37
76830	26	A	Echo exam, transvaginal	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
76830	TC	A	Echo exam, transvaginal	0.00	1.02	1.02	1.26	1.26	0.10	1.36	1.36
76856		A	Echo exam of pelvis	0.69	1.24	1.24	1.70	1.70	0.15	2.54	2.54
76856	26	A	Echo exam of pelvis	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
76856	TC	A	Echo exam of pelvis	0.00	1.15	1.15	1.43	1.43	0.10	1.53	1.53
76857		A	Echo exam of pelvis	0.38	1.04	1.04	1.37	1.37	0.10	1.85	1.85
76857	26	A	Echo exam of pelvis	0.38	0.09	0.09	0.20	0.20	0.03	0.61	0.61
76857	TC	A	Echo exam of pelvis	0.00	0.95	0.95	1.17	1.17	0.07	1.24	1.24
76870		A	Echo exam of scrotum	0.64	1.12	1.12	1.54	1.54	0.14	2.32	2.32
76870	26	A	Echo exam of scrotum	0.64	0.09	0.09	0.26	0.26	0.04	0.94	0.94
76870	TC	A	Echo exam of scrotum	0.00	1.03	1.03	1.28	1.28	0.10	1.38	1.38
76872		A	Echo exam, transrectal	0.69	0.98	0.98	1.37	1.37	0.15	2.21	2.21
76872	26	A	Echo exam, transrectal	0.69	0.09	0.09	0.27	0.27	0.05	1.01	1.01
76872	TC	A	Echo exam, transrectal	0.00	0.89	0.89	1.10	1.10	0.10	1.20	1.20
76880		A	Echo exam of extremity	0.59	1.30	1.30	1.75	1.75	0.13	2.47	2.47
76880	26	A	Echo exam of extremity	0.59	0.09	0.09	0.25	0.25	0.04	0.88	0.88
76880	TC	A	Echo exam of extremity	0.00	1.21	1.21	1.50	1.50	0.09	1.59	1.59
76930		A	Echo guide for heart sac tap	0.67	0.10	0.10	0.30	0.30	0.15	1.12	1.12
76930	26	A	Echo guide for heart sac tap	0.67	0.05	0.05	0.22	0.22	0.05	0.94	0.94
76930	TC	A	Echo guide for heart sac tap	0.00	0.05	0.05	0.08	0.08	0.10	0.18	0.18
76932		A	Echo guide for heart biopsy	0.67	0.10	0.10	0.30	0.30	0.15	1.12	1.12

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
76932	26	A	Echo guide for heart biopsy	0.67	0.05	0.05	0.22	0.22	0.05	0.94	0.94
76932	TC	A	Echo guide for heart biopsy	0.00	0.05	0.05	0.08	0.08	0.10	0.18	0.18
76934		A	Echo guide for chest tap	0.67	0.58	0.58	0.89	0.89	0.15	1.71	1.71
76934	26	A	Echo guide for chest tap	0.67	0.05	0.05	0.22	0.22	0.05	0.94	0.94
76934	TC	A	Echo guide for chest tap	0.00	0.53	0.53	0.67	0.67	0.10	0.77	0.77
76936		A	Echo guide for artery repair	1.99	1.81	1.81	2.75	2.75	0.48	5.22	5.22
76936	26	A	Echo guide for artery repair	1.99	0.09	0.09	0.57	0.57	0.10	2.66	2.66
76936	TC	A	Echo guide for artery repair	0.00	1.72	1.72	2.18	2.18	0.38	2.56	2.56
76938		A	Echo exam for drainage	0.67	2.25	2.25	2.93	2.93	0.15	3.75	3.75
76938	26	A	Echo exam for drainage	0.67	0.09	0.09	0.27	0.27	0.05	0.99	0.99
76938	TC	A	Echo exam for drainage	0.00	2.16	2.16	2.66	2.66	0.10	2.76	2.76
76941		A	Echo guide for transfusion	1.34	0.35	0.35	0.76	0.76	0.19	2.29	2.29
76941	26	A	Echo guide for transfusion	1.34	0.07	0.07	0.40	0.40	0.10	1.84	1.84
76941	TC	A	Echo guide for transfusion	0.00	0.28	0.28	0.36	0.36	0.09	0.45	0.45
76942		A	Echo guide for biopsy	0.67	0.66	0.66	0.99	0.99	0.15	1.81	1.81
76942	26	A	Echo guide for biopsy	0.67	0.09	0.09	0.27	0.27	0.05	0.99	0.99
76942	TC	A	Echo guide for biopsy	0.00	0.57	0.57	0.72	0.72	0.10	0.82	0.82
76945		A	Echo guide, villus sampling	0.67	1.22	1.22	1.68	1.68	0.19	2.54	2.54
76945	26	A	Echo guide, villus sampling	0.67	0.12	0.12	0.32	0.32	0.10	1.09	1.09
76945	TC	A	Echo guide, villus sampling	0.00	1.10	1.10	1.36	1.36	0.09	1.45	1.45
76946		A	Echo guide for amniocentesis	0.38	1.24	1.24	1.63	1.63	0.13	2.14	2.14
76946	26	A	Echo guide for amniocentesis	0.38	0.12	0.12	0.24	0.24	0.03	0.65	0.65
76946	TC	A	Echo guide for amniocentesis	0.00	1.12	1.12	1.39	1.39	0.10	1.49	1.49
76948		A	Echo guide, ova aspiration	0.38	1.22	1.22	1.60	1.60	0.13	2.11	2.11
76948	26	A	Echo guide, ova aspiration	0.38	0.12	0.12	0.24	0.24	0.03	0.65	0.65
76948	TC	A	Echo guide, ova aspiration	0.00	1.10	1.10	1.36	1.36	0.10	1.46	1.46
76950		A	Echo guidance radiotherapy	0.58	1.70	1.70	2.23	2.23	0.12	2.93	2.93
76950	26	A	Echo guidance radiotherapy	0.58	0.09	0.09	0.25	0.25	0.04	0.87	0.87
76950	TC	A	Echo guidance radiotherapy	0.00	1.61	1.61	1.98	1.98	0.08	2.06	2.06
76960		A	Echo guidance radiotherapy	0.58	1.70	1.70	2.23	2.23	0.12	2.93	2.93
76960	26	A	Echo guidance radiotherapy	0.58	0.09	0.09	0.25	0.25	0.04	0.87	0.87
76960	TC	A	Echo guidance radiotherapy	0.00	1.61	1.61	1.98	1.98	0.08	2.06	2.06
76965		A	Echo guidance radiotherapy	1.34	1.67	1.67	2.44	2.44	0.52	4.30	4.30
76965	26	A	Echo guidance radiotherapy	1.34	0.09	0.09	0.44	0.44	0.19	1.97	1.97
76965	TC	A	Echo guidance radiotherapy	0.00	1.58	1.58	2.00	2.00	0.33	2.33	2.33
76970		A	Ultrasound exam follow-up	0.40	1.29	1.29	1.69	1.69	0.10	2.19	2.19
76970	26	A	Ultrasound exam follow-up	0.40	0.09	0.09	0.21	0.21	0.03	0.64	0.64
76970	TC	A	Ultrasound exam follow-up	0.00	1.20	1.20	1.48	1.48	0.07	1.55	1.55
76975		A	GI endoscopic ultrasound	0.81	0.10	0.10	0.33	0.33	0.15	1.29	1.29
76975	26	A	GI endoscopic ultrasound	0.81	0.05	0.05	0.25	0.25	0.05	1.11	1.11
76975	TC	A	GI endoscopic ultrasound	0.00	0.05	0.05	0.08	0.08	0.10	0.18	0.18
76986		A	Echo exam at surgery	1.20	1.32	1.32	1.93	1.93	0.25	3.38	3.38
76986	26	A	Echo exam at surgery	1.20	0.09	0.09	0.39	0.39	0.08	1.67	1.67
76986	TC	A	Echo exam at surgery	0.00	1.23	1.23	1.54	1.54	0.17	1.71	1.71
77261		A	Radiation therapy planning	1.39	0.62	0.05	1.08	0.39	0.09	2.56	1.87
77262		A	Radiation therapy planning	2.11	0.99	0.05	1.70	0.55	0.14	3.95	2.80
77263		A	Radiation therapy planning	3.14	2.20	0.05	3.41	0.79	0.20	6.75	4.13
77280		A	Set radiation therapy field	0.70	3.01	3.01	3.88	3.88	0.26	4.84	4.84
77280	26	A	Set radiation therapy field	0.70	0.08	0.08	0.26	0.26	0.05	1.01	1.01
77280	TC	A	Set radiation therapy field	0.00	2.93	2.93	3.62	3.62	0.21	3.83	3.83
77285		A	Set radiation therapy field	1.05	4.33	4.33	5.59	5.59	0.41	7.05	7.05
77285	26	A	Set radiation therapy field	1.05	0.08	0.08	0.34	0.34	0.07	1.46	1.46
77285	TC	A	Set radiation therapy field	0.00	4.25	4.25	5.25	5.25	0.34	5.59	5.59
77290		A	Set radiation therapy field	1.56	5.65	5.65	7.35	7.35	0.50	9.41	9.41
77290	26	A	Set radiation therapy field	1.56	0.08	0.08	0.47	0.47	0.11	2.14	2.14
77290	TC	A	Set radiation therapy field	0.00	5.57	5.57	6.88	6.88	0.39	7.27	7.27
77295		A	Set radiation therapy field	4.57	15.13	15.13	19.87	19.87	1.93	26.37	26.37
77295	26	A	Set radiation therapy field	4.57	0.08	0.08	1.15	1.15	0.23	5.95	5.95
77295	TC	A	Set radiation therapy field	0.00	15.05	15.05	18.72	18.72	1.70	20.42	20.42
77300		A	Radiation therapy dose plan	0.62	1.48	1.48	1.96	1.96	0.12	2.70	2.70
77300	26	A	Radiation therapy dose plan	0.62	0.04	0.04	0.19	0.19	0.04	0.85	0.85
77300	TC	A	Radiation therapy dose plan	0.00	1.44	1.44	1.77	1.77	0.08	1.85	1.85
77305		A	Radiation therapy dose plan	0.70	2.57	2.57	3.32	3.32	0.17	4.19	4.19
77305	26	A	Radiation therapy dose plan	0.70	0.04	0.04	0.21	0.21	0.05	0.96	0.96
77305	TC	A	Radiation therapy dose plan	0.00	2.53	2.53	3.11	3.11	0.12	3.23	3.23
77310		A	Radiation therapy dose plan	1.05	3.02	3.02	3.96	3.96	0.22	5.23	5.23
77310	26	A	Radiation therapy dose plan	1.05	0.04	0.04	0.30	0.30	0.07	1.42	1.42
77310	TC	A	Radiation therapy dose plan	0.00	2.98	2.98	3.66	3.66	0.15	3.81	3.81
77315		A	Radiation therapy dose plan	1.56	3.98	3.98	5.26	5.26	0.28	7.10	7.10
77315	26	A	Radiation therapy dose plan	1.56	0.04	0.04	0.42	0.42	0.11	2.09	2.09
77315	TC	A	Radiation therapy dose plan	0.00	3.94	3.94	4.84	4.84	0.17	5.01	5.01
77321		A	Radiation therapy port plan	0.95	4.33	4.33	5.55	5.55	0.30	6.80	6.80
77321	26	A	Radiation therapy port plan	0.95	0.05	0.05	0.28	0.28	0.06	1.29	1.29
77321	TC	A	Radiation therapy port plan	0.00	4.28	4.28	5.27	5.27	0.24	5.51	5.51

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
77326	.....	A	Radiation therapy dose plan	0.93	4.19	4.19	5.36	5.36	0.21	6.50	6.50
77326	26	A	Radiation therapy dose plan	0.93	0.04	0.04	0.27	0.27	0.06	1.26	1.26
77326	TC	A	Radiation therapy dose plan	0.00	4.15	4.15	5.09	5.09	0.15	5.24	5.24
77327	.....	A	Radiation therapy dose plan	1.39	5.04	5.04	6.51	6.51	0.30	8.20	8.20
77327	26	A	Radiation therapy dose plan	1.39	0.04	0.04	0.37	0.37	0.09	1.85	1.85
77327	TC	A	Radiation therapy dose plan	0.00	5.00	5.00	6.14	6.14	0.21	6.35	6.35
77328	.....	A	Radiation therapy dose plan	2.09	7.63	7.63	9.86	9.86	0.44	12.39	12.39
77328	26	A	Radiation therapy dose plan	2.09	0.04	0.04	0.54	0.54	0.14	2.77	2.77
77328	TC	A	Radiation therapy dose plan	0.00	7.59	7.59	9.32	9.32	0.30	9.62	9.62
77331	.....	A	Special radiation dosimetry	0.87	4.25	4.25	5.39	5.39	0.09	6.35	6.35
77331	26	A	Special radiation dosimetry	0.87	0.05	0.05	0.27	0.27	0.06	1.20	1.20
77331	TC	A	Special radiation dosimetry	0.00	4.20	4.20	5.12	5.12	0.03	5.15	5.15
77332	.....	A	Radiation treatment aid(s)	0.54	0.50	0.50	0.75	0.75	0.12	1.41	1.41
77332	26	A	Radiation treatment aid(s)	0.54	0.03	0.03	0.16	0.16	0.04	0.74	0.74
77332	TC	A	Radiation treatment aid(s)	0.00	0.47	0.47	0.59	0.59	0.08	0.67	0.67
77333	.....	A	Radiation treatment aid(s)	0.84	0.88	0.88	1.29	1.29	0.18	2.31	2.31
77333	26	A	Radiation treatment aid(s)	0.84	0.03	0.03	0.23	0.23	0.06	1.13	1.13
77333	TC	A	Radiation treatment aid(s)	0.00	0.85	0.85	1.06	1.06	0.12	1.18	1.18
77334	.....	A	Radiation treatment aid(s)	1.24	1.01	1.01	1.56	1.56	0.27	3.07	3.07
77334	26	A	Radiation treatment aid(s)	1.24	0.03	0.03	0.33	0.33	0.08	1.65	1.65
77334	TC	A	Radiation treatment aid(s)	0.00	0.98	0.98	1.23	1.23	0.19	1.42	1.42
77336	.....	A	Radiation physics consu	0.00	2.30	0.04	2.85	0.09	0.18	3.03	0.27
77370	.....	A	Radiation physics consult	0.00	4.54	0.11	5.59	0.18	0.21	5.80	0.39
77401	.....	A	Radiation treatment delivery	0.00	2.47	0.05	3.03	0.09	0.11	3.14	0.20
77402	.....	A	Radiation treatment delivery	0.00	2.47	0.05	3.03	0.09	0.11	3.14	0.20
77403	.....	A	Radiation treatment delivery	0.00	2.47	0.05	3.03	0.09	0.11	3.14	0.20
77404	.....	A	Radiation treatment delivery	0.00	2.47	0.05	3.03	0.09	0.11	3.14	0.20
77406	.....	A	Radiation treatment delivery	0.00	2.47	0.05	3.03	0.09	0.11	3.14	0.20
77407	.....	A	Radiation treatment delivery	0.00	2.93	0.05	3.61	0.09	0.13	3.74	0.22
77408	.....	A	Radiation treatment delivery	0.00	2.93	0.05	3.61	0.09	0.13	3.74	0.22
77409	.....	A	Radiation treatment delivery	0.00	2.93	0.05	3.61	0.09	0.13	3.74	0.22
77411	.....	A	Radiation treatment delivery	0.00	3.40	0.05	4.18	0.09	0.13	4.31	0.22
77412	.....	A	Radiation treatment delivery	0.00	3.40	0.05	4.18	0.09	0.15	4.33	0.24
77413	.....	A	Radiation treatment delivery	0.00	3.40	0.05	4.18	0.09	0.15	4.33	0.24
77414	.....	A	Radiation treatment delivery	0.00	3.40	0.05	4.18	0.09	0.15	4.33	0.24
77416	.....	A	Radiation treatment delivery	0.00	3.40	0.05	4.18	0.09	0.15	4.33	0.24
77417	.....	A	Radiology port film(s)	0.00	0.79	0.05	0.98	0.07	0.04	1.02	0.11
77419	.....	A	Weekly radiation therapy	3.60	1.56	0.13	2.74	1.00	0.23	6.57	4.83
77420	.....	A	Weekly radiation therapy	1.61	1.02	0.12	1.62	0.53	0.11	3.34	2.25
77425	.....	A	Weekly radiation therapy	2.44	1.22	0.12	2.06	0.72	0.17	4.67	3.33
77430	.....	A	Weekly radiation therapy	3.60	1.24	0.10	2.35	0.96	0.23	6.18	4.79
77431	.....	A	Radiation therapy management	1.81	1.11	0.16	1.78	0.62	0.12	3.71	2.55
77432	.....	A	Stereotactic radiation trmt	7.93	1.71	0.16	3.91	2.02	0.40	12.24	10.35
77470	.....	A	Special radiation treatment	2.09	5.93	5.93	7.86	7.86	0.80	10.75	10.75
77470	26	A	Special radiation treatment	2.09	0.06	0.06	0.56	0.56	0.14	2.79	2.79
77470	TC	A	Special radiation treatment	0.00	5.87	5.87	7.30	7.30	0.66	7.96	7.96
77600	.....	A	Hyperthermia treatment	1.56	2.69	2.69	3.68	3.68	0.29	5.53	5.53
77600	26	A	Hyperthermia treatment	1.56	0.11	0.11	0.50	0.50	0.11	2.17	2.17
77600	TC	A	Hyperthermia treatment	0.00	2.58	2.58	3.18	3.18	0.18	3.36	3.36
77605	.....	A	Hyperthermia treatment	2.09	2.69	2.69	3.82	3.82	0.39	6.30	6.30
77605	26	A	Hyperthermia treatment	2.09	0.11	0.11	0.62	0.62	0.14	2.85	2.85
77605	TC	A	Hyperthermia treatment	0.00	2.58	2.58	3.20	3.20	0.25	3.45	3.45
77610	.....	A	Hyperthermia treatment	1.56	1.05	1.05	1.69	1.69	0.29	3.54	3.54
77610	26	A	Hyperthermia treatment	1.56	0.10	0.10	0.49	0.49	0.11	2.16	2.16
77610	TC	A	Hyperthermia treatment	0.00	0.95	0.95	1.20	1.20	0.18	1.38	1.38
77615	.....	A	Hyperthermia treatment	2.09	1.05	1.05	1.82	1.82	0.39	4.30	4.30
77615	26	A	Hyperthermia treatment	2.09	0.10	0.10	0.61	0.61	0.14	2.84	2.84
77615	TC	A	Hyperthermia treatment	0.00	0.95	0.95	1.21	1.21	0.25	1.46	1.46
77620	.....	A	Hyperthermia treatment	1.56	1.94	1.94	2.78	2.78	0.29	4.63	4.63
77620	26	A	Hyperthermia treatment	1.56	0.11	0.11	0.50	0.50	0.11	2.17	2.17
77620	TC	A	Hyperthermia treatment	0.00	1.83	1.83	2.28	2.28	0.18	2.46	2.46
77750	.....	A	Infuse radioactive materials	4.59	2.10	2.10	3.65	3.65	0.38	8.62	8.62
77750	26	A	Infuse radioactive materials	4.59	0.19	0.19	1.31	1.31	0.30	6.20	6.20
77750	TC	A	Infuse radioactive materials	0.00	1.91	1.91	2.34	2.34	0.08	2.42	2.42
77761	.....	A	Radioelement application	3.56	1.21	1.21	2.35	2.35	0.39	6.30	6.30
77761	26	A	Radioelement application	3.56	0.11	0.11	0.97	0.97	0.23	4.76	4.76
77761	TC	A	Radioelement application	0.00	1.10	1.10	1.38	1.38	0.16	1.54	1.54
77762	.....	A	Radioelement application	5.35	1.53	1.53	3.16	3.16	0.57	9.08	9.08
77762	26	A	Radioelement application	5.35	0.11	0.11	1.39	1.39	0.35	7.09	7.09
77762	TC	A	Radioelement application	0.00	1.42	1.42	1.77	1.77	0.22	1.99	1.99
77763	.....	A	Radioelement application	8.01	1.68	1.68	3.97	3.97	0.77	12.75	12.75
77763	26	A	Radioelement application	8.01	0.11	0.11	2.00	2.00	0.50	10.51	10.51
77763	TC	A	Radioelement application	0.00	1.57	1.57	1.97	1.97	0.27	2.24	2.24
77776	.....	A	Radioelement application	4.66	1.66	1.66	3.15	3.15	0.45	8.26	8.26

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
77776	26	A	Radioelement application	4.66	0.11	0.11	1.23	1.23	0.31	6.20	6.20
77776	TC	A	Radioelement application	0.00	1.55	1.55	1.92	1.92	0.14	2.06	2.06
77777		A	Radioelement application	6.99	2.02	2.02	4.15	4.15	0.71	11.85	11.85
77777	26	A	Radioelement application	6.99	0.11	0.11	1.77	1.77	0.45	9.21	9.21
77777	TC	A	Radioelement application	0.00	1.91	1.91	2.38	2.38	0.26	2.64	2.64
77778		A	Radioelement application	10.46	2.48	2.48	5.53	5.53	0.98	16.97	16.97
77778	26	A	Radioelement application	10.46	0.11	0.11	2.57	2.57	0.67	13.70	13.70
77778	TC	A	Radioelement application	0.00	2.37	2.37	2.96	2.96	0.31	3.27	3.27
77781		A	High intensity brachytherapy	1.55	2.74	2.74	3.97	3.97	1.32	6.84	6.84
77781	26	A	High intensity brachytherapy	1.55	0.11	0.11	0.50	0.50	0.11	2.16	2.16
77781	TC	A	High intensity brachytherapy	0.00	2.63	2.63	3.47	3.47	1.21	4.68	4.68
77782		A	High intensity brachytherapy	2.33	2.94	2.94	4.40	4.40	1.37	8.10	8.10
77782	26	A	High intensity brachytherapy	2.33	0.11	0.11	0.68	0.68	0.16	3.17	3.17
77782	TC	A	High intensity brachytherapy	0.00	2.83	2.83	3.72	3.72	1.21	4.93	4.93
77783		A	High intensity brachytherapy	3.49	3.05	3.05	4.80	4.80	1.44	9.73	9.73
77783	26	A	High intensity brachytherapy	3.49	0.11	0.11	0.95	0.95	0.23	4.67	4.67
77783	TC	A	High intensity brachytherapy	0.00	2.94	2.94	3.85	3.85	1.21	5.06	5.06
77784		A	High intensity brachytherapy	5.24	3.26	3.26	5.46	5.46	1.56	12.26	12.26
77784	26	A	High intensity brachytherapy	5.24	0.11	0.11	1.36	1.36	0.35	6.95	6.95
77784	TC	A	High intensity brachytherapy	0.00	3.15	3.15	4.10	4.10	1.21	5.31	5.31
77789		A	Radioelement application	1.05	0.72	0.72	1.14	1.14	0.10	2.29	2.29
77789	26	A	Radioelement application	1.05	0.09	0.09	0.36	0.36	0.07	1.48	1.48
77789	TC	A	Radioelement application	0.00	0.63	0.63	0.78	0.78	0.03	0.81	0.81
77790		A	Radioelement handling	1.05	0.97	0.97	1.44	1.44	0.10	2.59	2.59
77790	26	A	Radioelement handling	1.05	0.04	0.04	0.30	0.30	0.07	1.42	1.42
77790	TC	A	Radioelement handling	0.00	0.93	0.93	1.14	1.14	0.03	1.17	1.17
78000		A	Thyroid, single uptake	0.19	2.20	2.20	2.74	2.74	0.07	3.00	3.00
78000	26	A	Thyroid, single uptake	0.19	0.10	0.10	0.17	0.17	0.01	0.37	0.37
78000	TC	A	Thyroid, single uptake	0.00	2.10	2.10	2.57	2.57	0.06	2.63	2.63
78001		A	Thyroid, multiple uptakes	0.26	3.63	3.63	4.51	4.51	0.10	4.87	4.87
78001	26	A	Thyroid, multiple uptakes	0.26	0.10	0.10	0.19	0.19	0.02	0.47	0.47
78001	TC	A	Thyroid, multiple uptakes	0.00	3.53	3.53	4.32	4.32	0.08	4.40	4.40
78003		A	Thyroid suppress/stimul	0.33	2.48	2.48	3.12	3.12	0.08	3.53	3.53
78003	26	A	Thyroid suppress/stimul	0.33	0.10	0.10	0.20	0.20	0.02	0.55	0.55
78003	TC	A	Thyroid suppress/stimul	0.00	2.38	2.38	2.92	2.92	0.06	2.98	2.98
78006		A	Thyroid, imaging with uptake	0.49	2.48	2.48	3.18	3.18	0.18	3.85	3.85
78006	26	A	Thyroid, imaging with uptake	0.49	0.10	0.10	0.24	0.24	0.03	0.76	0.76
78006	TC	A	Thyroid, imaging with uptake	0.00	2.38	2.38	2.94	2.94	0.15	3.09	3.09
78007		A	Thyroid, image, mult uptakes	0.50	3.63	3.63	4.57	4.57	0.19	5.26	5.26
78007	26	A	Thyroid, image, mult uptakes	0.50	0.10	0.10	0.24	0.24	0.03	0.77	0.77
78007	TC	A	Thyroid, image, mult uptakes	0.00	3.53	3.53	4.33	4.33	0.16	4.49	4.49
78010		A	Thyroid imaging	0.39	2.48	2.48	3.15	3.15	0.14	3.68	3.68
78010	26	A	Thyroid imaging	0.39	0.10	0.10	0.22	0.22	0.03	0.64	0.64
78010	TC	A	Thyroid imaging	0.00	2.38	2.38	2.93	2.93	0.11	3.04	3.04
78011		A	Thyroid imaging with flow	0.45	2.48	2.48	3.17	3.17	0.18	3.80	3.80
78011	26	A	Thyroid imaging with flow	0.45	0.10	0.10	0.23	0.23	0.03	0.71	0.71
78011	TC	A	Thyroid imaging with flow	0.00	2.38	2.38	2.94	2.94	0.15	3.09	3.09
78015		A	Thyroid met imaging	0.67	5.11	5.11	6.42	6.42	0.21	7.30	7.30
78015	26	A	Thyroid met imaging	0.67	0.11	0.11	0.29	0.29	0.05	1.01	1.01
78015	TC	A	Thyroid met imaging	0.00	5.00	5.00	6.13	6.13	0.16	6.29	6.29
78016		A	Thyroid met imaging/studies	0.82	6.39	6.39	8.03	8.03	0.27	9.12	9.12
78016	26	A	Thyroid met imaging/studies	0.82	0.11	0.11	0.33	0.33	0.06	1.21	1.21
78016	TC	A	Thyroid met imaging/studies	0.00	6.28	6.28	7.70	7.70	0.21	7.91	7.91
78017		A	Thyroid met imaging, mult	0.87	5.11	5.11	6.49	6.49	0.28	7.64	7.64
78017	26	A	Thyroid met imaging, mult	0.87	0.11	0.11	0.34	0.34	0.06	1.27	1.27
78017	TC	A	Thyroid met imaging, mult	0.00	5.00	5.00	6.15	6.15	0.22	6.37	6.37
78018		A	Thyroid, met imaging, body	0.95	7.65	7.65	9.62	9.62	0.39	10.96	10.96
78018	26	A	Thyroid, met imaging, body	0.95	0.11	0.11	0.36	0.36	0.06	1.37	1.37
78018	TC	A	Thyroid, met imaging, body	0.00	7.54	7.54	9.26	9.26	0.33	9.59	9.59
78070		A	Parathyroid nuclear imaging	0.82	5.11	5.11	6.45	6.45	0.15	7.42	7.42
78070	26	A	Parathyroid nuclear imaging	0.82	0.11	0.11	0.33	0.33	0.04	1.19	1.19
78070	TC	A	Parathyroid nuclear imaging	0.00	5.00	5.00	6.12	6.12	0.11	6.23	6.23
78075		A	Adrenal nuclear imaging	0.74	6.82	6.82	8.57	8.57	0.38	9.69	9.69
78075	26	A	Adrenal nuclear imaging	0.74	0.10	0.10	0.30	0.30	0.05	1.09	1.09
78075	TC	A	Adrenal nuclear imaging	0.00	6.72	6.72	8.27	8.27	0.33	8.60	8.60
78102		A	Bone marrow imaging, ltd	0.55	2.48	2.48	3.18	3.18	0.17	3.90	3.90
78102	26	A	Bone marrow imaging, ltd	0.55	0.10	0.10	0.25	0.25	0.04	0.84	0.84
78102	TC	A	Bone marrow imaging, ltd	0.00	2.38	2.38	2.93	2.93	0.13	3.06	3.06
78103		A	Bone marrow imaging, mult	0.75	2.48	2.48	3.25	3.25	0.24	4.24	4.24
78103	26	A	Bone marrow imaging, mult	0.75	0.10	0.10	0.30	0.30	0.05	1.10	1.10
78103	TC	A	Bone marrow imaging, mult	0.00	2.38	2.38	2.95	2.95	0.19	3.14	3.14
78104		A	Bone marrow imaging, body	0.80	4.30	4.30	5.48	5.48	0.30	6.58	6.58
78104	26	A	Bone marrow imaging, body	0.80	0.10	0.10	0.31	0.31	0.05	1.16	1.16
78104	TC	A	Bone marrow imaging, body	0.00	4.20	4.20	5.17	5.17	0.25	5.42	5.42

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
78110	.....	A	Plasma volume, single	0.19	0.50	0.50	0.66	0.66	0.07	0.92	0.92
78110	26	A	Plasma volume, single	0.19	0.04	0.04	0.09	0.09	0.01	0.29	0.29
78110	TC	A	Plasma volume, single	0.00	0.46	0.46	0.57	0.57	0.06	0.63	0.63
78111	.....	A	Plasma volume, multiple	0.22	0.50	0.50	0.69	0.69	0.18	1.09	1.09
78111	26	A	Plasma volume, multiple	0.22	0.04	0.04	0.10	0.10	0.02	0.34	0.34
78111	TC	A	Plasma volume, multiple	0.00	0.46	0.46	0.59	0.59	0.16	0.75	0.75
78120	.....	A	Red cell mass, single	0.23	0.50	0.50	0.68	0.68	0.13	1.04	1.04
78120	26	A	Red cell mass, single	0.23	0.04	0.04	0.10	0.10	0.02	0.35	0.35
78120	TC	A	Red cell mass, single	0.00	0.46	0.46	0.58	0.58	0.11	0.69	0.69
78121	.....	A	Red cell mass, multiple	0.32	0.50	0.50	0.72	0.72	0.19	1.23	1.23
78121	26	A	Red cell mass, multiple	0.32	0.04	0.04	0.12	0.12	0.02	0.46	0.46
78121	TC	A	Red cell mass, multiple	0.00	0.46	0.46	0.60	0.60	0.17	0.77	0.77
78122	.....	A	Blood volume	0.45	0.50	0.50	0.77	0.77	0.31	1.53	1.53
78122	26	A	Blood volume	0.45	0.04	0.04	0.15	0.15	0.03	0.63	0.63
78122	TC	A	Blood volume	0.00	0.46	0.46	0.62	0.62	0.28	0.90	0.90
78130	.....	A	Red cell survival study	0.61	0.50	0.50	0.79	0.79	0.21	1.61	1.61
78130	26	A	Red cell survival study	0.61	0.04	0.04	0.19	0.19	0.04	0.84	0.84
78130	TC	A	Red cell survival study	0.00	0.46	0.46	0.60	0.60	0.17	0.77	0.77
78135	.....	A	Red cell survival kinetics	0.64	7.65	7.65	9.55	9.55	0.34	10.53	10.53
78135	26	A	Red cell survival kinetics	0.64	0.11	0.11	0.29	0.29	0.04	0.97	0.97
78135	TC	A	Red cell survival kinetics	0.00	7.54	7.54	9.26	9.26	0.30	9.56	9.56
78140	.....	A	Red cell sequestration	0.61	7.65	7.65	9.52	9.52	0.28	10.41	10.41
78140	26	A	Red cell sequestration	0.61	0.11	0.11	0.28	0.28	0.04	0.93	0.93
78140	TC	A	Red cell sequestration	0.00	7.54	7.54	9.24	9.24	0.24	9.48	9.48
78160	.....	A	Plasma iron turnover	0.33	0.50	0.50	0.74	0.74	0.24	1.31	1.31
78160	26	A	Plasma iron turnover	0.33	0.04	0.04	0.13	0.13	0.02	0.48	0.48
78160	TC	A	Plasma iron turnover	0.00	0.46	0.46	0.61	0.61	0.22	0.83	0.83
78162	.....	A	Iron absorption exam	0.45	0.50	0.50	0.75	0.75	0.22	1.42	1.42
78162	26	A	Iron absorption exam	0.45	0.04	0.04	0.15	0.15	0.03	0.63	0.63
78162	TC	A	Iron absorption exam	0.00	0.46	0.46	0.60	0.60	0.19	0.79	0.79
78170	.....	A	Red cell iron utilization	0.41	0.50	0.50	0.78	0.78	0.35	1.54	1.54
78170	26	A	Red cell iron utilization	0.41	0.04	0.04	0.15	0.15	0.03	0.59	0.59
78170	TC	A	Red cell iron utilization	0.00	0.46	0.46	0.63	0.63	0.32	0.95	0.95
78172	26	A	Total body iron estimation	0.53	0.04	0.04	0.17	0.17	0.04	0.74	0.74
78185	.....	A	Spleen imaging	0.40	2.48	2.48	3.16	3.16	0.18	3.74	3.74
78185	26	A	Spleen imaging	0.40	0.10	0.10	0.22	0.22	0.03	0.65	0.65
78185	TC	A	Spleen imaging	0.00	2.38	2.38	2.94	2.94	0.15	3.09	3.09
78190	.....	A	Platelet survival, kinetics	1.09	7.65	7.65	9.66	9.66	0.42	11.17	11.17
78190	26	A	Platelet survival, kinetics	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
78190	TC	A	Platelet survival, kinetics	0.00	7.54	7.54	9.27	9.27	0.35	9.62	9.62
78191	.....	A	Platelet survival	0.61	0.50	0.50	0.85	0.85	0.48	1.94	1.94
78191	26	A	Platelet survival	0.61	0.04	0.04	0.19	0.19	0.04	0.84	0.84
78191	TC	A	Platelet survival	0.00	0.46	0.46	0.66	0.66	0.44	1.10	1.10
78195	.....	A	Lymph system imaging	1.20	6.82	6.82	8.65	8.65	0.30	10.15	10.15
78195	26	A	Lymph system imaging	1.20	0.10	0.10	0.40	0.40	0.05	1.65	1.65
78195	TC	A	Lymph system imaging	0.00	6.72	6.72	8.25	8.25	0.25	8.50	8.50
78201	.....	A	Liver imaging	0.44	2.48	2.48	3.17	3.17	0.18	3.79	3.79
78201	26	A	Liver imaging	0.44	0.10	0.10	0.23	0.23	0.03	0.70	0.70
78201	TC	A	Liver imaging	0.00	2.38	2.38	2.94	2.94	0.15	3.09	3.09
78202	.....	A	Liver imaging with flow	0.51	2.48	2.48	3.18	3.18	0.21	3.90	3.90
78202	26	A	Liver imaging with flow	0.51	0.10	0.10	0.24	0.24	0.04	0.79	0.79
78202	TC	A	Liver imaging with flow	0.00	2.38	2.38	2.94	2.94	0.17	3.11	3.11
78205	.....	A	Liver imaging (3D)	0.71	5.41	5.41	6.84	6.84	0.41	7.96	7.96
78205	26	A	Liver imaging (3D)	0.71	0.13	0.13	0.33	0.33	0.05	1.09	1.09
78205	TC	A	Liver imaging (3D)	0.00	5.28	5.28	6.51	6.51	0.36	6.87	6.87
78215	.....	A	Liver and spleen imaging	0.49	2.48	2.48	3.18	3.18	0.20	3.87	3.87
78215	26	A	Liver and spleen imaging	0.49	0.10	0.10	0.24	0.24	0.03	0.76	0.76
78215	TC	A	Liver and spleen imaging	0.00	2.38	2.38	2.94	2.94	0.17	3.11	3.11
78216	.....	A	Liver & spleen image, flow	0.57	2.48	2.48	3.21	3.21	0.25	4.03	4.03
78216	26	A	Liver & spleen image, flow	0.57	0.10	0.10	0.26	0.26	0.04	0.87	0.87
78216	TC	A	Liver & spleen image, flow	0.00	2.38	2.38	2.95	2.95	0.21	3.16	3.16
78220	.....	A	Liver function study	0.49	4.30	4.30	5.41	5.41	0.25	6.15	6.15
78220	26	A	Liver function study	0.49	0.10	0.10	0.24	0.24	0.03	0.76	0.76
78220	TC	A	Liver function study	0.00	4.20	4.20	5.17	5.17	0.22	5.39	5.39
78223	.....	A	Hepatobiliary imaging	0.84	5.56	5.56	7.03	7.03	0.28	8.15	8.15
78223	26	A	Hepatobiliary imaging	0.84	0.10	0.10	0.32	0.32	0.06	1.22	1.22
78223	TC	A	Hepatobiliary imaging	0.00	5.46	5.46	6.71	6.71	0.22	6.93	6.93
78230	.....	A	Salivary gland imaging	0.45	2.48	2.48	3.17	3.17	0.17	3.79	3.79
78230	26	A	Salivary gland imaging	0.45	0.10	0.10	0.23	0.23	0.03	0.71	0.71
78230	TC	A	Salivary gland imaging	0.00	2.38	2.38	2.94	2.94	0.14	3.08	3.08
78231	.....	A	Serial salivary imaging	0.52	2.48	2.48	3.20	3.20	0.23	3.95	3.95
78231	26	A	Serial salivary imaging	0.52	0.10	0.10	0.25	0.25	0.04	0.81	0.81
78231	TC	A	Serial salivary imaging	0.00	2.38	2.38	2.95	2.95	0.19	3.14	3.14
78232	.....	A	Salivary gland function exam	0.47	2.48	2.48	3.18	3.18	0.24	3.89	3.89

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
78232	26	A	Salivary gland function exam	0.47	0.10	0.10	0.23	0.23	0.03	0.73	0.73
78232	TC	A	Salivary gland function exam	0.00	2.38	2.38	2.95	2.95	0.21	3.16	3.16
78258		A	Esophageal motility study	0.74	4.30	4.30	5.45	5.45	0.22	6.41	6.41
78258	26	A	Esophageal motility study	0.74	0.10	0.10	0.30	0.30	0.05	1.09	1.09
78258	TC	A	Esophageal motility study	0.00	4.20	4.20	5.15	5.15	0.17	5.32	5.32
78261		A	Gastric mucosa imaging	0.69	2.48	2.48	3.25	3.25	0.30	4.24	4.24
78261	26	A	Gastric mucosa imaging	0.69	0.10	0.10	0.29	0.29	0.05	1.03	1.03
78261	TC	A	Gastric mucosa imaging	0.00	2.38	2.38	2.96	2.96	0.25	3.21	3.21
78262		A	Gastroesophageal reflux exam	0.68	4.30	4.30	5.45	5.45	0.31	6.44	6.44
78262	26	A	Gastroesophageal reflux exam	0.68	0.10	0.10	0.28	0.28	0.05	1.01	1.01
78262	TC	A	Gastroesophageal reflux exam	0.00	4.20	4.20	5.17	5.17	0.26	5.43	5.43
78264		A	Gastric emptying study	0.78	5.11	5.11	6.47	6.47	0.30	7.55	7.55
78264	26	A	Gastric emptying study	0.78	0.11	0.11	0.32	0.32	0.05	1.15	1.15
78264	TC	A	Gastric emptying study	0.00	5.00	5.00	6.15	6.15	0.25	6.40	6.40
78270		A	Vit B–12 absorption exam	0.20	0.50	0.50	0.68	0.68	0.11	0.99	0.99
78270	26	A	Vit B–12 absorption exam	0.20	0.04	0.04	0.10	0.10	0.01	0.31	0.31
78270	TC	A	Vit B–12 absorption exam	0.00	0.46	0.46	0.58	0.58	0.10	0.68	0.68
78271		A	Vit B–12 absorp exam, IF	0.20	0.50	0.50	0.68	0.68	0.11	0.99	0.99
78271	26	A	Vit B–12 absorp exam, IF	0.20	0.04	0.04	0.10	0.10	0.01	0.31	0.31
78271	TC	A	Vit B–12 absorp exam, IF	0.00	0.46	0.46	0.58	0.58	0.10	0.68	0.68
78272		A	Vit B–12 absorp, combined	0.27	0.73	0.73	0.99	0.99	0.17	1.43	1.43
78272	26	A	Vit B–12 absorp, combined	0.27	0.04	0.04	0.11	0.11	0.02	0.40	0.40
78272	TC	A	Vit B–12 absorp, combined	0.00	0.69	0.69	0.88	0.88	0.15	1.03	1.03
78278		A	Acute GI blood loss imaging	0.99	5.56	5.56	7.08	7.08	0.37	8.44	8.44
78278	26	A	Acute GI blood loss imaging	0.99	0.10	0.10	0.36	0.36	0.07	1.42	1.42
78278	TC	A	Acute GI blood loss imaging	0.00	5.46	5.46	6.72	6.72	0.30	7.02	7.02
78282	26	A	GI protein loss exam	0.38	0.04	0.04	0.14	0.14	0.03	0.55	0.55
78290		A	Meckel's divert exam	0.68	3.05	3.05	3.92	3.92	0.23	4.83	4.83
78290	26	A	Meckel's divert exam	0.68	0.10	0.10	0.28	0.28	0.05	1.01	1.01
78290	TC	A	Meckel's divert exam	0.00	2.95	2.95	3.64	3.64	0.18	3.82	3.82
78291		A	Leveen/shunt patency exam	0.88	4.30	4.30	5.49	5.49	0.24	6.61	6.61
78291	26	A	Leveen/shunt patency exam	0.88	0.10	0.10	0.33	0.33	0.06	1.27	1.27
78291	TC	A	Leveen/shunt patency exam	0.00	4.20	4.20	5.16	5.16	0.18	5.34	5.34
78300		A	Bone imaging, limited area	0.62	2.48	2.48	3.21	3.21	0.20	4.03	4.03
78300	26	A	Bone imaging, limited area	0.62	0.10	0.10	0.27	0.27	0.04	0.93	0.93
78300	TC	A	Bone imaging, limited area	0.00	2.38	2.38	2.94	2.94	0.16	3.10	3.10
78305		A	Bone imaging, multiple areas	0.83	3.05	3.05	3.97	3.97	0.28	5.08	5.08
78305	26	A	Bone imaging, multiple areas	0.83	0.10	0.10	0.32	0.32	0.06	1.21	1.21
78305	TC	A	Bone imaging, multiple areas	0.00	2.95	2.95	3.65	3.65	0.22	3.87	3.87
78306		A	Bone imaging, whole body	0.86	4.30	4.30	5.50	5.50	0.32	6.68	6.68
78306	26	A	Bone imaging, whole body	0.86	0.10	0.10	0.33	0.33	0.06	1.25	1.25
78306	TC	A	Bone imaging, whole body	0.00	4.20	4.20	5.17	5.17	0.26	5.43	5.43
78315		A	Bone imaging, 3 phase	1.02	5.56	5.56	7.08	7.08	0.36	8.46	8.46
78315	26	A	Bone imaging, 3 phase	1.02	0.10	0.10	0.36	0.36	0.07	1.45	1.45
78315	TC	A	Bone imaging, 3 phase	0.00	5.46	5.46	6.72	6.72	0.29	7.01	7.01
78320		A	Bone imaging (3D)	1.04	5.17	5.17	6.63	6.63	0.43	8.10	8.10
78320	26	A	Bone imaging (3D)	1.04	0.13	0.13	0.40	0.40	0.07	1.51	1.51
78320	TC	A	Bone imaging (3D)	0.00	5.04	5.04	6.23	6.23	0.36	6.59	6.59
78350		G	Bone mineral, single photon	+0.22	0.97	0.97	1.25	1.25	0.07	1.54	1.54
78350	26	G	Bone mineral, single photon	+0.22	0.10	0.10	0.18	0.18	0.02	0.42	0.42
78350	TC	G	Bone mineral, single photon	+0.00	0.87	0.87	1.07	1.07	0.05	1.12	1.12
78351		N	Bone mineral, dual photon	+0.30	0.71	0.12	0.94	0.22	0.02	1.26	0.54
78414	26	A	Non-imaging heart function	0.45	0.11	0.11	0.24	0.24	0.03	0.72	0.72
78428		A	Cardiac shunt imaging	0.78	3.21	3.21	4.13	4.13	0.19	5.10	5.10
78428	26	A	Cardiac shunt imaging	0.78	0.11	0.11	0.32	0.32	0.05	1.15	1.15
78428	TC	A	Cardiac shunt imaging	0.00	3.10	3.10	3.81	3.81	0.14	3.95	3.95
78445		A	Vascular flow imaging	0.49	2.20	2.20	2.82	2.82	0.15	3.46	3.46
78445	26	A	Vascular flow imaging	0.49	0.10	0.10	0.24	0.24	0.04	0.77	0.77
78445	TC	A	Vascular flow imaging	0.00	2.10	2.10	2.58	2.58	0.11	2.69	2.69
78455		A	Venous thrombosis study	0.73	1.37	1.37	1.91	1.91	0.29	2.93	2.93
78455	26	A	Venous thrombosis study	0.73	0.10	0.10	0.30	0.30	0.05	1.08	1.08
78455	TC	A	Venous thrombosis study	0.00	1.27	1.27	1.61	1.61	0.24	1.85	1.85
78457		A	Venous thrombosis imaging	0.77	3.19	3.19	4.10	4.10	0.22	5.09	5.09
78457	26	A	Venous thrombosis imaging	0.77	0.10	0.10	0.30	0.30	0.05	1.12	1.12
78457	TC	A	Venous thrombosis imaging	0.00	3.09	3.09	3.80	3.80	0.17	3.97	3.97
78458		A	Ven thrombosis images, bilat	0.90	3.19	3.19	4.15	4.15	0.30	5.35	5.35
78458	26	A	Ven thrombosis images, bilat	0.90	0.10	0.10	0.33	0.33	0.06	1.29	1.29
78458	TC	A	Ven thrombosis images, bilat	0.00	3.09	3.09	3.82	3.82	0.24	4.06	4.06
78459	26	G	Heart muscle imaging (PET)	+1.88	5.33	5.33	6.93	6.93	0.10	8.91	8.91
78460		A	Heart muscle blood single	0.86	7.21	7.21	9.03	9.03	0.21	10.10	10.10
78460	26	A	Heart muscle blood single	0.86	0.13	0.13	0.36	0.36	0.06	1.28	1.28
78460	TC	A	Heart muscle blood single	0.00	7.08	7.08	8.67	8.67	0.15	8.82	8.82
78461		A	Heart muscle blood multiple	1.23	8.90	8.90	11.21	11.21	0.37	12.81	12.81
78461	26	A	Heart muscle blood multiple	1.23	0.13	0.13	0.45	0.45	0.08	1.76	1.76

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
78461	TC	A	Heart muscle blood multiple	0.00	8.77	8.77	10.76	10.76	0.29	11.05	11.05
78464		A	Heart image (3D) single	1.09	5.54	5.54	7.10	7.10	0.50	8.69	8.69
78464	26	A	Heart image (3D) single	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
78464	TC	A	Heart image (3D) single	0.00	5.43	5.43	6.71	6.71	0.43	7.14	7.14
78465		A	Heart image (3D) multiple	1.46	6.41	6.41	8.31	8.31	0.80	10.57	10.57
78465	26	A	Heart image (3D) multiple	1.46	0.11	0.11	0.48	0.48	0.10	2.04	2.04
78465	TC	A	Heart image (3D) multiple	0.00	6.30	6.30	7.83	7.83	0.70	8.53	8.53
78466		A	Heart infarct image	0.69	7.07	7.07	8.82	8.82	0.22	9.73	9.73
78466	26	A	Heart infarct image	0.69	0.13	0.13	0.32	0.32	0.05	1.06	1.06
78466	TC	A	Heart infarct image	0.00	6.94	6.94	8.50	8.50	0.17	8.67	8.67
78468		A	Heart infarct image, EF	0.80	7.49	7.49	9.37	9.37	0.27	10.44	10.44
78468	26	A	Heart infarct image, EF	0.80	0.13	0.13	0.35	0.35	0.05	1.20	1.20
78468	TC	A	Heart infarct image, EF	0.00	7.36	7.36	9.02	9.02	0.22	9.24	9.24
78469		A	Heart infarct image (3D)	0.92	5.17	5.17	6.60	6.60	0.38	7.90	7.90
78469	26	A	Heart infarct image (3D)	0.92	0.13	0.13	0.38	0.38	0.06	1.36	1.36
78469	TC	A	Heart infarct image (3D)	0.00	5.04	5.04	6.22	6.22	0.32	6.54	6.54
78472		A	Gated heart, resting	0.98	7.51	7.51	9.46	9.46	0.41	10.85	10.85
78472	26	A	Gated heart, resting	0.98	0.13	0.13	0.39	0.39	0.07	1.44	1.44
78472	TC	A	Gated heart, resting	0.00	7.38	7.38	9.07	9.07	0.34	9.41	9.41
78473		A	Gated heart, multiple	1.47	8.91	8.91	11.32	11.32	0.59	13.38	13.38
78473	26	A	Gated heart, multiple	1.47	0.13	0.13	0.51	0.51	0.10	2.08	2.08
78473	TC	A	Gated heart, multiple	0.00	8.78	8.78	10.81	10.81	0.49	11.30	11.30
78478		A	Heart wall motion (add-on)	0.62	0.67	0.67	0.98	0.98	0.14	1.74	1.74
78478	26	A	Heart wall motion (add-on)	0.62	0.00	0.00	0.14	0.14	0.04	0.80	0.80
78478	TC	A	Heart wall motion (add-on)	0.00	0.67	0.67	0.84	0.84	0.10	0.94	0.94
78480		A	Heart function, (add-on)	0.62	0.67	0.67	0.98	0.98	0.14	1.74	1.74
78480	26	A	Heart function, (add-on)	0.62	0.00	0.00	0.14	0.14	0.04	0.80	0.80
78480	TC	A	Heart function, (add-on)	0.00	0.67	0.67	0.84	0.84	0.10	0.94	0.94
78481		A	Heart first pass single	0.98	4.87	4.87	6.24	6.24	0.39	7.61	7.61
78481	26	A	Heart first pass single	0.98	0.11	0.11	0.37	0.37	0.07	1.42	1.42
78481	TC	A	Heart first pass single	0.00	4.76	4.76	5.87	5.87	0.32	6.19	6.19
78483		A	Heart first pass multiple	1.47	4.97	4.97	6.51	6.51	0.57	8.55	8.55
78483	26	A	Heart first pass multiple	1.47	0.11	0.11	0.48	0.48	0.10	2.05	2.05
78483	TC	A	Heart first pass multiple	0.00	4.86	4.86	6.03	6.03	0.47	6.50	6.50
78580		A	Lung perfusion imaging	0.74	2.48	2.48	3.25	3.25	0.26	4.25	4.25
78580	26	A	Lung perfusion imaging	0.74	0.10	0.10	0.30	0.30	0.05	1.09	1.09
78580	TC	A	Lung perfusion imaging	0.00	2.38	2.38	2.95	2.95	0.21	3.16	3.16
78584		A	Lung V/Q image single breath	0.99	4.48	4.48	5.74	5.74	0.26	6.99	6.99
78584	26	A	Lung V/Q image single breath	0.99	0.11	0.11	0.37	0.37	0.07	1.43	1.43
78584	TC	A	Lung V/Q image single breath	0.00	4.37	4.37	5.37	5.37	0.19	5.56	5.56
78585		A	Lung V/Q imaging	1.09	4.69	4.69	6.05	6.05	0.41	7.55	7.55
78585	26	A	Lung V/Q imaging	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
78585	TC	A	Lung V/Q imaging	0.00	4.58	4.58	5.66	5.66	0.34	6.00	6.00
78586		A	Aerosol lung image, single	0.40	2.34	2.34	2.99	2.99	0.19	3.58	3.58
78586	26	A	Aerosol lung image, single	0.40	0.10	0.10	0.22	0.22	0.03	0.65	0.65
78586	TC	A	Aerosol lung image, single	0.00	2.24	2.24	2.77	2.77	0.16	2.93	2.93
78587		A	Aerosol lung image, multiple	0.49	2.48	2.48	3.18	3.18	0.20	3.87	3.87
78587	26	A	Aerosol lung image, multiple	0.49	0.10	0.10	0.24	0.24	0.03	0.76	0.76
78587	TC	A	Aerosol lung image, multiple	0.00	2.38	2.38	2.94	2.94	0.17	3.11	3.11
78591		A	Vent image, 1 breath, 1 proj	0.40	4.06	4.06	5.09	5.09	0.20	5.69	5.69
78591	26	A	Vent image, 1 breath, 1 proj	0.40	0.11	0.11	0.23	0.23	0.03	0.66	0.66
78591	TC	A	Vent image, 1 breath, 1 proj	0.00	3.95	3.95	4.86	4.86	0.17	5.03	5.03
78593		A	Vent image, 1 proj, gas	0.49	4.06	4.06	5.12	5.12	0.24	5.85	5.85
78593	26	A	Vent image, 1 proj, gas	0.49	0.11	0.11	0.25	0.25	0.03	0.77	0.77
78593	TC	A	Vent image, 1 proj, gas	0.00	3.95	3.95	4.87	4.87	0.21	5.08	5.08
78594		A	Vent image, mult proj, gas	0.53	4.48	4.48	5.65	5.65	0.34	6.52	6.52
78594	26	A	Vent image, mult proj, gas	0.53	0.11	0.11	0.26	0.26	0.04	0.83	0.83
78594	TC	A	Vent image, mult proj, gas	0.00	4.37	4.37	5.39	5.39	0.30	5.69	5.69
78596		A	Lung differential function	1.27	5.11	5.11	6.62	6.62	0.52	8.41	8.41
78596	26	A	Lung differential function	1.27	0.11	0.11	0.43	0.43	0.09	1.79	1.79
78596	TC	A	Lung differential function	0.00	5.00	5.00	6.19	6.19	0.43	6.62	6.62
78600		A	Brain imaging, ltd static	0.44	2.48	2.48	3.17	3.17	0.20	3.81	3.81
78600	26	A	Brain imaging, ltd static	0.44	0.10	0.10	0.23	0.23	0.03	0.70	0.70
78600	TC	A	Brain imaging, ltd static	0.00	2.38	2.38	2.94	2.94	0.17	3.11	3.11
78601		A	Brain ltd imaging & flow	0.51	2.48	2.48	3.19	3.19	0.24	3.94	3.94
78601	26	A	Brain ltd imaging & flow	0.51	0.10	0.10	0.24	0.24	0.04	0.79	0.79
78601	TC	A	Brain ltd imaging & flow	0.00	2.38	2.38	2.95	2.95	0.20	3.15	3.15
78605		A	Brain imaging, complete	0.53	2.48	2.48	3.20	3.20	0.24	3.97	3.97
78605	26	A	Brain imaging, complete	0.53	0.10	0.10	0.25	0.25	0.04	0.82	0.82
78605	TC	A	Brain imaging, complete	0.00	2.38	2.38	2.95	2.95	0.20	3.15	3.15
78606		A	Brain imaging comp & flow	0.64	2.48	2.48	3.23	3.23	0.27	4.14	4.14
78606	26	A	Brain imaging comp & flow	0.64	0.10	0.10	0.27	0.27	0.04	0.95	0.95
78606	TC	A	Brain imaging comp & flow	0.00	2.38	2.38	2.96	2.96	0.23	3.19	3.19
78607		A	Brain imaging (3D)	1.23	5.47	5.47	7.04	7.04	0.47	8.74	8.74

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
78607	26	A	Brain imaging (3D)	1.23	0.13	0.13	0.45	0.45	0.08	1.76	1.76
78607	TC	A	Brain imaging (3D)	0.00	5.34	5.34	6.59	6.59	0.39	6.98	6.98
78610		A	Brain flow imaging only	0.30	2.20	2.20	2.77	2.77	0.12	3.19	3.19
78610	26	A	Brain flow imaging only	0.30	0.10	0.10	0.19	0.19	0.02	0.51	0.51
78610	TC	A	Brain flow imaging only	0.00	2.10	2.10	2.58	2.58	0.10	2.68	2.68
78615		A	Cerebral blood flow imaging	0.42	4.30	4.30	5.39	5.39	0.26	6.07	6.07
78615	26	A	Cerebral blood flow imaging	0.42	0.10	0.10	0.22	0.22	0.03	0.67	0.67
78615	TC	A	Cerebral blood flow imaging	0.00	4.20	4.20	5.17	5.17	0.23	5.40	5.40
78630		A	Cerebrospinal fluid scan	0.68	8.09	8.09	10.09	10.09	0.36	11.13	11.13
78630	26	A	Cerebrospinal fluid scan	0.68	0.10	0.10	0.28	0.28	0.05	1.01	1.01
78630	TC	A	Cerebrospinal fluid scan	0.00	7.99	7.99	9.81	9.81	0.31	10.12	10.12
78635		A	CSF ventriculography	0.61	8.09	8.09	10.04	10.04	0.20	10.85	10.85
78635	26	A	CSF ventriculography	0.61	0.10	0.10	0.27	0.27	0.04	0.92	0.92
78635	TC	A	CSF ventriculography	0.00	7.99	7.99	9.77	9.77	0.16	9.93	9.93
78645		A	CSF shunt evaluation	0.57	4.30	4.30	5.42	5.42	0.25	6.24	6.24
78645	26	A	CSF shunt evaluation	0.57	0.10	0.10	0.26	0.26	0.04	0.87	0.87
78645	TC	A	CSF shunt evaluation	0.00	4.20	4.20	5.16	5.16	0.21	5.37	5.37
78647		A	Cerebrospinal fluid scan	0.90	5.17	5.17	6.60	6.60	0.42	7.92	7.92
78647	26	A	Cerebrospinal fluid scan	0.90	0.13	0.13	0.37	0.37	0.06	1.33	1.33
78647	TC	A	Cerebrospinal fluid scan	0.00	5.04	5.04	6.23	6.23	0.36	6.59	6.59
78650		A	CSF leakage imaging	0.61	4.30	4.30	5.45	5.45	0.32	6.38	6.38
78650	26	A	CSF leakage imaging	0.61	0.10	0.10	0.27	0.27	0.04	0.92	0.92
78650	TC	A	CSF leakage imaging	0.00	4.20	4.20	5.18	5.18	0.28	5.46	5.46
78660		A	Nuclear exam of tear flow	0.53	2.48	2.48	3.18	3.18	0.17	3.88	3.88
78660	26	A	Nuclear exam of tear flow	0.53	0.10	0.10	0.25	0.25	0.04	0.82	0.82
78660	TC	A	Nuclear exam of tear flow	0.00	2.38	2.38	2.93	2.93	0.13	3.06	3.06
78700		A	Kidney imaging, static	0.45	2.48	2.48	3.18	3.18	0.21	3.84	3.84
78700	26	A	Kidney imaging, static	0.45	0.10	0.10	0.23	0.23	0.03	0.71	0.71
78700	TC	A	Kidney imaging, static	0.00	2.38	2.38	2.95	2.95	0.18	3.13	3.13
78701		A	Kidney imaging with flow	0.49	2.48	2.48	3.19	3.19	0.24	3.92	3.92
78701	26	A	Kidney imaging with flow	0.49	0.10	0.10	0.24	0.24	0.03	0.76	0.76
78701	TC	A	Kidney imaging with flow	0.00	2.38	2.38	2.95	2.95	0.21	3.16	3.16
78704		A	Imaging renogram	0.74	5.11	5.11	6.46	6.46	0.29	7.49	7.49
78704	26	A	Imaging renogram	0.74	0.11	0.11	0.31	0.31	0.05	1.10	1.10
78704	TC	A	Imaging renogram	0.00	5.00	5.00	6.15	6.15	0.24	6.39	6.39
78707		A	Kidney flow & function image	0.94	5.11	5.11	6.52	6.52	0.33	7.79	7.79
78707	26	A	Kidney flow & function image	0.94	0.11	0.11	0.36	0.36	0.06	1.36	1.36
78707	TC	A	Kidney flow & function image	0.00	5.00	5.00	6.16	6.16	0.27	6.43	6.43
78710		A	Kidney imaging (3D)	0.66	5.17	5.17	6.55	6.55	0.41	7.62	7.62
78710	26	A	Kidney imaging (3D)	0.66	0.13	0.13	0.32	0.32	0.05	1.03	1.03
78710	TC	A	Kidney imaging (3D)	0.00	5.04	5.04	6.23	6.23	0.36	6.59	6.59
78715		A	Renal vascular flow exam	0.30	2.20	2.20	2.77	2.77	0.12	3.19	3.19
78715	26	A	Renal vascular flow exam	0.30	0.10	0.10	0.19	0.19	0.02	0.51	0.51
78715	TC	A	Renal vascular flow exam	0.00	2.10	2.10	2.58	2.58	0.10	2.68	2.68
78725		A	Kidney function study	0.38	2.48	2.48	3.14	3.14	0.14	3.66	3.66
78725	26	A	Kidney function study	0.38	0.10	0.10	0.21	0.21	0.03	0.62	0.62
78725	TC	A	Kidney function study	0.00	2.38	2.38	2.93	2.93	0.11	3.04	3.04
78726		A	Kidney function w/intervent	0.87	2.48	2.48	3.28	3.28	0.24	4.39	4.39
78726	26	A	Kidney function w/intervent	0.87	0.10	0.10	0.33	0.33	0.06	1.26	1.26
78726	TC	A	Kidney function w/intervent	0.00	2.38	2.38	2.95	2.95	0.18	3.13	3.13
78727		A	Kidney transplant evaluation	0.99	5.11	5.11	6.52	6.52	0.31	7.82	7.82
78727	26	A	Kidney transplant evaluation	0.99	0.11	0.11	0.37	0.37	0.07	1.43	1.43
78727	TC	A	Kidney transplant evaluation	0.00	5.00	5.00	6.15	6.15	0.24	6.39	6.39
78730		A	Urinary bladder retention	0.36	2.48	2.48	3.14	3.14	0.11	3.61	3.61
78730	26	A	Urinary bladder retention	0.36	0.10	0.10	0.21	0.21	0.02	0.59	0.59
78730	TC	A	Urinary bladder retention	0.00	2.38	2.38	2.93	2.93	0.09	3.02	3.02
78740		A	Ureteral reflux study	0.57	4.30	4.30	5.41	5.41	0.17	6.15	6.15
78740	26	A	Ureteral reflux study	0.57	0.10	0.10	0.26	0.26	0.04	0.87	0.87
78740	TC	A	Ureteral reflux study	0.00	4.20	4.20	5.15	5.15	0.13	5.28	5.28
78760		A	Testicular imaging	0.66	2.48	2.48	3.22	3.22	0.21	4.09	4.09
78760	26	A	Testicular imaging	0.66	0.10	0.10	0.28	0.28	0.04	0.98	0.98
78760	TC	A	Testicular imaging	0.00	2.38	2.38	2.94	2.94	0.17	3.11	3.11
78761		A	Testicular imaging & flow	0.71	2.48	2.48	3.24	3.24	0.24	4.19	4.19
78761	26	A	Testicular imaging & flow	0.71	0.10	0.10	0.29	0.29	0.05	1.05	1.05
78761	TC	A	Testicular imaging & flow	0.00	2.38	2.38	2.95	2.95	0.19	3.14	3.14
78800		A	Tumor imaging, limited area	0.66	4.30	4.30	5.44	5.44	0.24	6.34	6.34
78800	26	A	Tumor imaging, limited area	0.66	0.10	0.10	0.28	0.28	0.04	0.98	0.98
78800	TC	A	Tumor imaging, limited area	0.00	4.20	4.20	5.16	5.16	0.20	5.36	5.36
78801		A	Tumor imaging, mult areas	0.79	6.82	6.82	8.56	8.56	0.31	9.66	9.66
78801	26	A	Tumor imaging, mult areas	0.79	0.10	0.10	0.31	0.31	0.05	1.15	1.15
78801	TC	A	Tumor imaging, mult areas	0.00	6.72	6.72	8.25	8.25	0.26	8.51	8.51
78802		A	Tumor imaging, whole body	0.86	6.82	6.82	8.60	8.60	0.40	9.86	9.86
78802	26	A	Tumor imaging, whole body	0.86	0.10	0.10	0.33	0.33	0.06	1.25	1.25
78802	TC	A	Tumor imaging, whole body	0.00	6.72	6.72	8.27	8.27	0.34	8.61	8.61

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
78803	.....	A	Tumor imaging (3D)	1.09	5.47	5.47	7.01	7.01	0.46	8.56	8.56
78803	26	A	Tumor imaging (3D)	1.09	0.13	0.13	0.42	0.42	0.07	1.58	1.58
78803	TC	A	Tumor imaging (3D)	0.00	5.34	5.34	6.59	6.59	0.39	6.98	6.98
78805	.....	A	Abscess imaging, ltd area	0.73	4.30	4.30	5.46	5.46	0.25	6.44	6.44
78805	26	A	Abscess imaging, ltd area	0.73	0.10	0.10	0.30	0.30	0.05	1.08	1.08
78805	TC	A	Abscess imaging, ltd area	0.00	4.20	4.20	5.16	5.16	0.20	5.36	5.36
78806	.....	A	Abscess imaging, whole body	0.86	4.30	4.30	5.53	5.53	0.45	6.84	6.84
78806	26	A	Abscess imaging, whole body	0.86	0.10	0.10	0.33	0.33	0.06	1.25	1.25
78806	TC	A	Abscess imaging, whole body	0.00	4.20	4.20	5.20	5.20	0.39	5.59	5.59
78807	.....	A	Nuclear localization/abscess	1.09	5.17	5.17	6.65	6.65	0.46	8.20	8.20
78807	26	A	Nuclear localization/abscess	1.09	0.13	0.13	0.42	0.42	0.07	1.58	1.58
78807	TC	A	Nuclear localization/abscess	0.00	5.04	5.04	6.23	6.23	0.39	6.62	6.62
78810	26	N	Tumor imaging (PET)	+1.93	4.95	4.95	6.48	6.48	0.10	8.51	8.51
78890	.....	B	Nuclear medicine data proc	+0.05	0.56	0.56	0.71	0.71	0.08	0.84	0.84
78890	26	B	Nuclear medicine data proc	+0.05	0.11	0.11	0.15	0.15	0.00	0.20	0.20
78890	TC	B	Nuclear medicine data proc	+0.00	0.45	0.45	0.56	0.56	0.08	0.64	0.64
78891	.....	B	Nuclear med data proc	+0.10	0.91	0.91	1.18	1.18	0.18	1.46	1.46
78891	26	B	Nuclear med data proc	+0.10	0.11	0.11	0.16	0.16	0.01	0.27	0.27
78891	TC	B	Nuclear med data proc	+0.00	0.80	0.80	1.02	1.02	0.17	1.19	1.19
79000	.....	A	Intial hyperthyroid therapy	1.80	1.27	1.27	2.01	2.01	0.29	4.10	4.10
79000	26	A	Intial hyperthyroid therapy	1.80	0.11	0.11	0.56	0.56	0.12	2.48	2.48
79000	TC	A	Intial hyperthyroid therapy	0.00	1.16	1.16	1.45	1.45	0.17	1.62	1.62
79001	.....	A	Repeat hyperthyroid therapy	1.05	1.27	1.27	1.81	1.81	0.15	3.01	3.01
79001	26	A	Repeat hyperthyroid therapy	1.05	0.11	0.11	0.38	0.38	0.07	1.50	1.50
79001	TC	A	Repeat hyperthyroid therapy	0.00	1.16	1.16	1.43	1.43	0.08	1.51	1.51
79020	.....	A	Thyroid ablation	1.81	1.27	1.27	2.01	2.01	0.29	4.11	4.11
79020	26	A	Thyroid ablation	1.81	0.11	0.11	0.56	0.56	0.12	2.49	2.49
79020	TC	A	Thyroid ablation	0.00	1.16	1.16	1.45	1.45	0.17	1.62	1.62
79030	.....	A	Thyroid ablation, carcinoma	2.10	1.27	1.27	2.08	2.08	0.31	4.49	4.49
79030	26	A	Thyroid ablation, carcinoma	2.10	0.11	0.11	0.63	0.63	0.14	2.87	2.87
79030	TC	A	Thyroid ablation, carcinoma	0.00	1.16	1.16	1.45	1.45	0.17	1.62	1.62
79035	.....	A	Thyroid metastatic therapy	2.52	1.27	1.27	2.18	2.18	0.34	5.04	5.04
79035	26	A	Thyroid metastatic therapy	2.52	0.11	0.11	0.73	0.73	0.17	3.42	3.42
79035	TC	A	Thyroid metastatic therapy	0.00	1.16	1.16	1.45	1.45	0.17	1.62	1.62
79100	.....	A	Hematopoetic nuclear therapy	1.32	1.35	1.35	2.00	2.00	0.26	3.58	3.58
79100	26	A	Hematopoetic nuclear therapy	1.32	0.11	0.11	0.45	0.45	0.09	1.86	1.86
79100	TC	A	Hematopoetic nuclear therapy	0.00	1.24	1.24	1.55	1.55	0.17	1.72	1.72
79200	.....	A	Intracavitary nuc treatment	1.99	2.30	2.30	3.31	3.31	0.31	5.61	5.61
79200	26	A	Intracavitary nuc treatment	1.99	0.11	0.11	0.60	0.60	0.14	2.73	2.73
79200	TC	A	Intracavitary nuc treatment	0.00	2.19	2.19	2.71	2.71	0.17	2.88	2.88
79300	26	A	Interstitial nuclear therapy	1.60	0.11	0.11	0.51	0.51	0.11	2.22	2.22
79400	.....	A	Nonhemato nuclear therapy	1.96	1.35	1.35	2.14	2.14	0.30	4.40	4.40
79400	26	A	Nonhemato nuclear therapy	1.96	0.11	0.11	0.59	0.59	0.13	2.68	2.68
79400	TC	A	Nonhemato nuclear therapy	0.00	1.24	1.24	1.55	1.55	0.17	1.72	1.72
79420	26	A	Intravascular nuc therapy	1.51	0.11	0.11	0.49	0.49	0.10	2.10	2.10
79440	.....	A	Nuclear joint therapy	1.99	1.47	1.47	2.29	2.29	0.31	4.59	4.59
79440	26	A	Nuclear joint therapy	1.99	0.11	0.11	0.60	0.60	0.14	2.73	2.73
79440	TC	A	Nuclear joint therapy	0.00	1.36	1.36	1.69	1.69	0.17	1.86	1.86
80500	.....	A	Lab pathology consultation	0.37	0.16	0.13	0.28	0.24	0.01	0.66	0.62
80502	.....	A	Lab pathology consultation	1.33	0.18	0.13	0.52	0.46	0.02	1.87	1.81
83020	26	A	Assay hemoglobin	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
83912	26	A	Genetic examination	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
84165	26	A	Assay serum proteins	0.37	0.18	0.13	0.30	0.24	0.01	0.68	0.62
84181	26	A	Western blot test	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
84182	26	A	Protein, western blot test	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
85060	.....	A	Blood smear interpretation	0.45	0.21	0.13	0.36	0.26	0.02	0.83	0.73
85095	.....	A	Bone marrow aspiration	1.08	0.80	0.11	1.23	0.38	0.05	2.36	1.51
85097	.....	A	Bone marrow interpretation	0.94	1.51	0.16	2.05	0.41	0.04	3.03	1.39
85102	.....	A	Bone marrow biopsy	1.37	1.83	0.11	2.55	0.45	0.05	3.97	1.87
85390	26	A	Fibrinolysins screen	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
85576	26	A	Blood platelet aggregation	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
86077	.....	A	Physician blood bank service	0.94	0.18	0.13	0.43	0.37	0.02	1.39	1.33
86078	.....	A	Physician blood bank service	0.94	0.18	0.13	0.43	0.37	0.02	1.39	1.33
86079	.....	A	Physician blood bank service	0.94	0.18	0.13	0.43	0.37	0.02	1.39	1.33
86255	26	A	Fluorescent antibody; screen	0.37	0.20	0.13	0.33	0.24	0.01	0.71	0.62
86256	26	A	Fluorescent antibody; titer	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
86320	26	A	Serum immunoelectrophoresis	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
86325	26	A	Other immunoelectrophoresis	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
86327	26	A	Immunoelectrophoresis assay	0.42	0.13	0.13	0.25	0.25	0.01	0.68	0.68
86334	26	A	Immunofixation procedure	0.37	0.19	0.13	0.31	0.24	0.01	0.69	0.62
86490	.....	A	Coccidioidomycosis skin test	0.00	0.26	0.11	0.33	0.14	0.02	0.35	0.16
86510	.....	A	Histoplasmosis skin test	0.00	0.30	0.11	0.36	0.14	0.02	0.38	0.16
86580	.....	A	TB intradermal test	0.00	0.17	0.02	0.22	0.03	0.02	0.24	0.05
86585	.....	A	TB tine test	0.00	0.28	0.11	0.34	0.14	0.01	0.35	0.15

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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 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
87164	26	A	Dark field examination	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
87207	26	A	Smear, stain & interpret	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
88104	.....	A	Microscopic exam of cells	0.56	0.89	0.89	1.23	1.23	0.04	1.83	1.83
88104	26	A	Microscopic exam of cells	0.56	0.13	0.13	0.29	0.29	0.02	0.87	0.87
88104	TC	A	Microscopic exam of cells	0.00	0.76	0.76	0.94	0.94	0.02	0.96	0.96
88106	.....	A	Microscopic exam of cells	0.56	1.07	1.07	1.44	1.44	0.03	2.03	2.03
88106	26	A	Microscopic exam of cells	0.56	0.13	0.13	0.29	0.29	0.01	0.86	0.86
88106	TC	A	Microscopic exam of cells	0.00	0.94	0.94	1.15	1.15	0.02	1.17	1.17
88107	.....	A	Microscopic exam of cells	0.76	0.97	0.97	1.35	1.35	0.04	2.15	2.15
88107	26	A	Microscopic exam of cells	0.76	0.13	0.13	0.33	0.33	0.02	1.11	1.11
88107	TC	A	Microscopic exam of cells	0.00	0.84	0.84	1.02	1.02	0.02	1.04	1.04
88108	.....	A	Cytopathology	0.56	1.03	1.03	1.39	1.39	0.04	1.99	1.99
88108	26	A	Cytopathology	0.56	0.13	0.13	0.29	0.29	0.02	0.87	0.87
88108	TC	A	Cytopathology	0.00	0.90	0.90	1.10	1.10	0.02	1.12	1.12
88125	.....	A	Forensic cytopathology	0.26	0.42	0.42	0.57	0.57	0.00	0.83	0.83
88125	26	A	Forensic cytopathology	0.26	0.13	0.13	0.22	0.22	0.00	0.48	0.48
88125	TC	A	Forensic cytopathology	0.00	0.29	0.29	0.35	0.35	0.00	0.35	0.35
88151	26	A	Cytopathology interpretation	0.42	0.40	0.16	0.59	0.30	0.04	1.05	0.76
88157	26	A	TBS smear (bethesda system)	0.42	0.40	0.16	0.59	0.30	0.04	1.05	0.76
88160	.....	A	Cytopathology	0.50	0.85	0.85	1.16	1.16	0.03	1.69	1.69
88160	26	A	Cytopathology	0.50	0.13	0.13	0.27	0.27	0.01	0.78	0.78
88160	TC	A	Cytopathology	0.00	0.72	0.72	0.89	0.89	0.02	0.91	0.91
88161	.....	A	Cytopathology	0.50	0.91	0.91	1.23	1.23	0.03	1.76	1.76
88161	26	A	Cytopathology	0.50	0.13	0.13	0.27	0.27	0.01	0.78	0.78
88161	TC	A	Cytopathology	0.00	0.78	0.78	0.96	0.96	0.02	0.98	0.98
88162	.....	A	Cytopathology, extensive	0.76	1.29	1.29	1.75	1.75	0.05	2.56	2.56
88162	26	A	Cytopathology, extensive	0.76	0.13	0.13	0.33	0.33	0.03	1.12	1.12
88162	TC	A	Cytopathology, extensive	0.00	1.16	1.16	1.42	1.42	0.02	1.44	1.44
88170	.....	A	Fine needle aspiration	1.27	0.71	0.71	1.17	1.17	0.09	2.53	2.53
88170	26	A	Fine needle aspiration	1.27	0.17	0.17	0.50	0.50	0.05	1.82	1.82
88170	TC	A	Fine needle aspiration	0.00	0.54	0.54	0.67	0.67	0.04	0.71	0.71
88171	.....	A	Fine needle aspiration	1.27	0.83	0.83	1.32	1.32	0.09	2.68	2.68
88171	26	A	Fine needle aspiration	1.27	0.17	0.17	0.50	0.50	0.05	1.82	1.82
88171	TC	A	Fine needle aspiration	0.00	0.66	0.66	0.82	0.82	0.04	0.86	0.86
88172	.....	A	Evaluation of smear	0.60	0.98	0.98	1.33	1.33	0.05	1.98	1.98
88172	26	A	Evaluation of smear	0.60	0.14	0.14	0.31	0.31	0.03	0.94	0.94
88172	TC	A	Evaluation of smear	0.00	0.84	0.84	1.02	1.02	0.02	1.04	1.04
88173	.....	A	Interpretation of smear	1.39	0.99	0.99	1.52	1.52	0.05	2.96	2.96
88173	26	A	Interpretation of smear	1.39	0.14	0.14	0.48	0.48	0.03	1.90	1.90
88173	TC	A	Interpretation of smear	0.00	0.85	0.85	1.04	1.04	0.02	1.06	1.06
88180	.....	A	Cell marker study	0.36	0.50	0.50	0.70	0.70	0.03	1.09	1.09
88180	26	A	Cell marker study	0.36	0.02	0.02	0.11	0.11	0.01	0.48	0.48
88180	TC	A	Cell marker study	0.00	0.48	0.48	0.59	0.59	0.02	0.61	0.61
88182	.....	A	Cell marker study	0.77	1.56	1.56	2.08	2.08	0.07	2.92	2.92
88182	26	A	Cell marker study	0.77	0.12	0.12	0.32	0.32	0.03	1.12	1.12
88182	TC	A	Cell marker study	0.00	1.44	1.44	1.76	1.76	0.04	1.80	1.80
88300	.....	A	Surg path, gross	0.08	0.71	0.71	0.89	0.89	0.01	0.98	0.98
88300	26	A	Surg path, gross	0.08	0.13	0.13	0.18	0.18	0.01	0.27	0.27
88300	TC	A	Surg path, gross	0.00	0.58	0.58	0.71	0.71	0.00	0.71	0.71
88302	.....	A	Tissue exam by pathologist	0.13	1.52	1.52	1.89	1.89	0.04	2.06	2.06
88302	26	A	Tissue exam by pathologist	0.13	0.14	0.14	0.21	0.21	0.02	0.36	0.36
88302	TC	A	Tissue exam by pathologist	0.00	1.38	1.38	1.68	1.68	0.02	1.70	1.70
88304	.....	A	Tissue exam by pathologist	0.22	1.52	1.52	1.91	1.91	0.04	2.17	2.17
88304	26	A	Tissue exam by pathologist	0.22	0.14	0.14	0.23	0.23	0.02	0.47	0.47
88304	TC	A	Tissue exam by pathologist	0.00	1.38	1.38	1.68	1.68	0.02	1.70	1.70
88305	.....	A	Tissue exam by pathologist	0.75	1.75	1.75	2.32	2.32	0.08	3.15	3.15
88305	26	A	Tissue exam by pathologist	0.75	0.14	0.14	0.35	0.35	0.04	1.14	1.14
88305	TC	A	Tissue exam by pathologist	0.00	1.61	1.61	1.97	1.97	0.04	2.01	2.01
88307	.....	A	Tissue exam by pathologist	1.59	2.58	2.58	3.53	3.53	0.12	5.24	5.24
88307	26	A	Tissue exam by pathologist	1.59	0.17	0.17	0.57	0.57	0.06	2.22	2.22
88307	TC	A	Tissue exam by pathologist	0.00	2.41	2.41	2.96	2.96	0.06	3.02	3.02
88309	.....	A	Tissue exam by pathologist	2.28	4.36	4.36	5.84	5.84	0.13	8.25	8.25
88309	26	A	Tissue exam by pathologist	2.28	0.20	0.20	0.76	0.76	0.07	3.11	3.11
88309	TC	A	Tissue exam by pathologist	0.00	4.16	4.16	5.08	5.08	0.06	5.14	5.14
88311	.....	A	Decalcify tissue	0.24	0.21	0.21	0.32	0.32	0.01	0.57	0.57
88311	26	A	Decalcify tissue	0.24	0.06	0.06	0.13	0.13	0.01	0.38	0.38
88311	TC	A	Decalcify tissue	0.00	0.15	0.15	0.19	0.19	0.00	0.19	0.19
88312	.....	A	Special stains	0.54	2.09	2.09	2.66	2.66	0.01	3.21	3.21
88312	26	A	Special stains	0.54	0.10	0.10	0.24	0.24	0.01	0.79	0.79
88312	TC	A	Special stains	0.00	1.99	1.99	2.42	2.42	0.00	2.42	2.42
88313	.....	A	Special stains	0.24	1.81	1.81	2.27	2.27	0.01	2.52	2.52
88313	26	A	Special stains	0.24	0.10	0.10	0.18	0.18	0.01	0.43	0.43
88313	TC	A	Special stains	0.00	1.71	1.71	2.09	2.09	0.00	2.09	2.09
88314	.....	A	Histochemical stain	0.45	1.78	1.78	2.27	2.27	0.04	2.76	2.76

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
88314	26	A	Histochemical stain	0.45	0.10	0.10	0.22	0.22	0.02	0.69	0.69
88314	TC	A	Histochemical stain	0.00	1.68	1.68	2.05	2.05	0.02	2.07	2.07
88318	.....	A	Chemical histochemistry	0.42	1.83	1.83	2.33	2.33	0.01	2.76	2.76
88318	26	A	Chemical histochemistry	0.42	0.10	0.10	0.22	0.22	0.01	0.65	0.65
88318	TC	A	Chemical histochemistry	0.00	1.73	1.73	2.11	2.11	0.00	2.11	2.11
88319	.....	A	Enzyme histochemistry	0.53	2.23	2.23	2.84	2.84	0.04	3.41	3.41
88319	26	A	Enzyme histochemistry	0.53	0.10	0.10	0.24	0.24	0.02	0.79	0.79
88319	TC	A	Enzyme histochemistry	0.00	2.13	2.13	2.60	2.60	0.02	2.62	2.62
88321	.....	A	Microslide consultation	1.30	0.38	0.16	0.75	0.49	0.03	2.08	1.82
88323	.....	A	Microslide consultation	1.35	1.70	1.70	2.38	2.38	0.05	3.78	3.78
88323	26	A	Microslide consultation	1.35	0.16	0.16	0.50	0.50	0.03	1.88	1.88
88323	TC	A	Microslide consultation	0.00	1.54	1.54	1.88	1.88	0.02	1.90	1.90
88325	.....	A	Comprehensive review of data	2.22	0.38	0.16	0.95	0.69	0.04	3.21	2.95
88329	.....	A	Pathology consult in surgery	0.67	0.29	0.16	0.50	0.35	0.03	1.20	1.05
88331	.....	A	Pathology consult in surgery	1.19	0.72	0.72	1.16	1.16	0.08	2.43	2.43
88331	26	A	Pathology consult in surgery	1.19	0.18	0.18	0.49	0.49	0.04	1.72	1.72
88331	TC	A	Pathology consult in surgery	0.00	0.54	0.54	0.67	0.67	0.04	0.71	0.71
88332	.....	A	Pathology consult in surgery	0.59	0.40	0.40	0.64	0.64	0.04	1.27	1.27
88332	26	A	Pathology consult in surgery	0.59	0.14	0.14	0.31	0.31	0.02	0.92	0.92
88332	TC	A	Pathology consult in surgery	0.00	0.26	0.26	0.33	0.33	0.02	0.35	0.35
88342	.....	A	Immunocytochemistry	0.85	1.66	1.66	2.21	2.21	0.04	3.10	3.10
88342	26	A	Immunocytochemistry	0.85	0.10	0.10	0.31	0.31	0.02	1.18	1.18
88342	TC	A	Immunocytochemistry	0.00	1.56	1.56	1.90	1.90	0.02	1.92	1.92
88346	.....	A	Immunofluorescent study	0.86	1.29	1.29	1.78	1.78	0.04	2.68	2.68
88346	26	A	Immunofluorescent study	0.86	0.10	0.10	0.32	0.32	0.02	1.20	1.20
88346	TC	A	Immunofluorescent study	0.00	1.19	1.19	1.46	1.46	0.02	1.48	1.48
88347	.....	A	Immunofluorescent study	0.86	1.29	1.29	1.78	1.78	0.04	2.68	2.68
88347	26	A	Immunofluorescent study	0.86	0.10	0.10	0.32	0.32	0.02	1.20	1.20
88347	TC	A	Immunofluorescent study	0.00	1.19	1.19	1.46	1.46	0.02	1.48	1.48
88348	.....	A	Electron microscopy	1.51	5.62	5.62	7.23	7.23	0.16	8.90	8.90
88348	26	A	Electron microscopy	1.51	0.20	0.20	0.60	0.60	0.08	2.19	2.19
88348	TC	A	Electron microscopy	0.00	5.42	5.42	6.63	6.63	0.08	6.71	6.71
88349	.....	A	Scanning electron microscopy	0.76	4.54	4.54	5.73	5.73	0.12	6.61	6.61
88349	26	A	Scanning electron microscopy	0.76	0.20	0.20	0.43	0.43	0.06	1.25	1.25
88349	TC	A	Scanning electron microscopy	0.00	4.34	4.34	5.30	5.30	0.06	5.36	5.36
88355	.....	A	Analysis, skeletal muscle	1.85	2.13	2.13	3.03	3.03	0.13	5.01	5.01
88355	26	A	Analysis, skeletal muscle	1.85	0.17	0.17	0.63	0.63	0.07	2.55	2.55
88355	TC	A	Analysis, skeletal muscle	0.00	1.96	1.96	2.40	2.40	0.06	2.46	2.46
88356	.....	A	Analysis, nerve	3.02	2.13	2.13	3.29	3.29	0.18	6.49	6.49
88356	26	A	Analysis, nerve	3.02	0.17	0.17	0.89	0.89	0.10	4.01	4.01
88356	TC	A	Analysis, nerve	0.00	1.96	1.96	2.40	2.40	0.08	2.48	2.48
88358	.....	A	Analysis, tumor	2.82	2.13	2.13	3.25	3.25	0.16	6.23	6.23
88358	26	A	Analysis, tumor	2.82	0.17	0.17	0.85	0.85	0.08	3.75	3.75
88358	TC	A	Analysis, tumor	0.00	1.96	1.96	2.40	2.40	0.08	2.48	2.48
88362	.....	A	Nerve teasing preparations	2.17	2.09	2.09	3.05	3.05	0.13	5.35	5.35
88362	26	A	Nerve teasing preparations	2.17	0.17	0.17	0.70	0.70	0.07	2.94	2.94
88362	TC	A	Nerve teasing preparations	0.00	1.92	1.92	2.35	2.35	0.06	2.41	2.41
88365	.....	A	Tissue hybridization	0.93	2.62	2.62	3.40	3.40	0.05	4.38	4.38
88365	26	A	Tissue hybridization	0.93	0.10	0.10	0.33	0.33	0.03	1.29	1.29
88365	TC	A	Tissue hybridization	0.00	2.52	2.52	3.07	3.07	0.02	3.09	3.09
88371	26	A	Protein, western blot tissue	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
88372	26	A	Protein analysis w/probe	0.37	0.13	0.13	0.24	0.24	0.01	0.62	0.62
89060	26	A	Exam,synovial fluid crystals	0.37	0.19	0.13	0.31	0.24	0.01	0.69	0.62
89100	.....	A	Sample intestinal contents	0.60	1.27	0.14	1.69	0.31	0.03	2.32	0.94
89105	.....	A	Sample intestinal contents	0.50	1.27	0.14	1.67	0.29	0.03	2.20	0.82
89130	.....	A	Sample stomach contents	0.45	1.27	0.14	1.66	0.28	0.03	2.14	0.76
89132	.....	A	Sample stomach contents	0.19	1.27	0.14	1.60	0.22	0.02	1.81	0.43
89135	.....	A	Sample stomach contents	0.79	1.31	0.14	1.78	0.36	0.04	2.61	1.19
89136	.....	A	Sample stomach contents	0.21	1.44	0.14	1.80	0.22	0.02	2.03	0.45
89140	.....	A	Sample stomach contents	0.94	1.44	0.14	1.97	0.40	0.07	2.98	1.41
89141	.....	A	Sample stomach contents	0.85	1.58	0.14	2.12	0.37	0.06	3.03	1.28
89350	.....	A	Sputum specimen collection	0.00	0.37	0.06	0.45	0.08	0.03	0.48	0.11
89360	.....	A	Collect sweat for test	0.00	0.18	0.13	0.23	0.17	0.03	0.26	0.20
90780	.....	A	IV infusion therapy, 1 hour	0.00	1.04	0.13	1.28	0.18	0.08	1.36	0.26
90781	.....	A	IV infusion, additional hour	0.00	0.63	0.02	0.78	0.03	0.04	0.82	0.07
90782	.....	T	Injection (SC)/(IM)	0.00	0.22	0.05	0.28	0.06	0.01	0.29	0.07
90783	.....	T	Injection (IA)	0.00	0.29	0.05	0.35	0.07	0.03	0.38	0.10
90784	.....	T	Injection (IV)	0.00	0.29	0.05	0.36	0.07	0.04	0.40	0.11
90788	.....	T	Injection of antibiotic	0.00	0.20	0.05	0.25	0.06	0.01	0.26	0.07
90801	.....	A	Psychiatric interview	2.80	0.53	0.16	1.28	0.83	0.09	4.17	3.72
90820	.....	A	Diagnostic interview	3.01	0.53	0.16	1.32	0.87	0.05	4.38	3.93
90825	.....	B	Evaluation of tests/records	+0.97	0.36	0.06	0.66	0.30	0.04	1.67	1.31
90835	.....	A	Special interview	2.84	1.14	0.16	2.03	0.84	0.07	4.94	3.75
90842	.....	G	Psychotherapy, 75–80 min.	+3.13	0.35	0.16	1.14	0.92	0.15	4.42	4.20

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
90843	.....	G	Psychotherapy, 20–30 min.	+1.47	0.35	0.16	0.76	0.53	0.05	2.28	2.05
90844	.....	G	Psychotherapy, 45–50 min.	+2.00	0.35	0.16	0.88	0.65	0.08	2.96	2.73
90845	.....	A	Medical psychoanalysis	1.79	0.35	0.16	0.83	0.60	0.05	2.67	2.44
90846	.....	R	Special family therapy	1.83	0.20	0.16	0.67	0.62	0.08	2.58	2.53
90847	.....	R	Special family therapy	2.21	0.20	0.16	0.75	0.70	0.08	3.04	2.99
90849	.....	R	Special family therapy	0.59	0.20	0.16	0.38	0.33	0.03	1.00	0.95
90853	.....	A	Special group therapy	0.59	0.20	0.16	0.38	0.33	0.03	1.00	0.95
90855	.....	G	Individual psychotherapy	+2.15	0.35	0.16	0.91	0.69	0.09	3.15	2.93
90857	.....	A	Special group therapy	0.63	0.20	0.16	0.39	0.34	0.02	1.04	0.99
90862	.....	A	Medication management	0.95	0.35	0.16	0.64	0.42	0.05	1.64	1.42
90870	.....	A	Electroconvulsive therapy	1.88	0.67	0.16	1.25	0.63	0.08	3.21	2.59
90871	.....	A	Electroconvulsive therapy	2.72	NA	0.16	NA	0.82	0.13	NA	3.67
90875	.....	A	Psychophysiological therapy	1.11	0.35	0.16	0.68	0.45	0.05	1.84	1.61
90876	.....	A	Psychophysiological therapy	1.73	0.35	0.16	0.82	0.60	0.08	2.63	2.41
90880	.....	A	Medical hypnotherapy	2.19	0.35	0.16	0.92	0.69	0.07	3.18	2.95
90887	.....	B	Consultation with family	+1.48	0.30	0.16	0.69	0.53	0.04	2.21	2.05
90901	.....	A	Biofeedback, any method	0.41	0.69	0.16	0.95	0.30	0.07	1.43	0.78
90911	.....	A	Anorectal biofeedback	0.89	0.69	0.16	1.10	0.45	0.27	2.26	1.61
90918	.....	A	ESRD related services, month	11.18	0.16	0.16	2.68	2.68	0.14	14.00	14.00
90919	.....	A	ESRD related services, month	8.54	0.16	0.16	2.10	2.10	0.14	10.78	10.78
90920	.....	A	ESRD related services, month	7.27	0.16	0.16	1.82	1.82	0.14	9.23	9.23
90921	.....	A	ESRD related services, month	4.47	0.16	0.16	1.21	1.21	0.14	5.82	5.82
90922	.....	A	ESRD related services, day	0.37	0.01	0.01	0.10	0.10	0.01	0.48	0.48
90923	.....	A	Esrd related services, day	0.28	0.01	0.01	0.08	0.08	0.01	0.37	0.37
90924	.....	A	Esrd related services, day	0.24	0.01	0.01	0.07	0.07	0.01	0.32	0.32
90925	.....	A	Esrd related services, day	0.15	0.01	0.01	0.05	0.05	0.01	0.21	0.21
90935	.....	A	Hemodialysis, one evaluation	1.22	NA	0.11	NA	0.43	0.10	NA	1.75
90937	.....	A	Hemodialysis, repeated eval	2.11	NA	0.11	NA	0.64	0.18	NA	2.93
90945	.....	A	Dialysis, one evaluation	1.28	NA	0.11	NA	0.43	0.08	NA	1.79
90947	.....	A	Dialysis, repeated eval	2.16	NA	0.11	NA	0.64	0.14	NA	2.94
90997	.....	A	Hemoperfusion	1.84	NA	0.11	NA	0.57	0.16	NA	2.57
91000	.....	A	Esophageal intubation	0.73	1.48	1.48	1.98	1.98	0.06	2.77	2.77
91000	26	A	Esophageal intubation	0.73	0.18	0.18	0.39	0.39	0.05	1.17	1.17
91000	TC	A	Esophageal intubation	0.00	1.30	1.30	1.59	1.59	0.01	1.60	1.60
91010	.....	A	Esophagus motility study	1.25	1.63	1.63	2.30	2.30	0.17	3.72	3.72
91010	26	A	Esophagus motility study	1.25	0.18	0.18	0.52	0.52	0.11	1.88	1.88
91010	TC	A	Esophagus motility study	0.00	1.45	1.45	1.78	1.78	0.06	1.84	1.84
91011	.....	A	Esophagus motility study	1.50	1.77	1.77	2.53	2.53	0.18	4.21	4.21
91011	26	A	Esophagus motility study	1.50	0.18	0.18	0.58	0.58	0.11	2.19	2.19
91011	TC	A	Esophagus motility study	0.00	1.59	1.59	1.95	1.95	0.07	2.02	2.02
91012	.....	A	Esophagus motility study	1.46	1.84	1.84	2.62	2.62	0.23	4.31	4.31
91012	26	A	Esophagus motility study	1.46	0.18	0.18	0.58	0.58	0.15	2.19	2.19
91012	TC	A	Esophagus motility study	0.00	1.66	1.66	2.04	2.04	0.08	2.12	2.12
91020	.....	A	Esophagogastric study	1.44	1.84	1.84	2.61	2.61	0.18	4.23	4.23
91020	26	A	Esophagogastric study	1.44	0.18	0.18	0.57	0.57	0.12	2.13	2.13
91020	TC	A	Esophagogastric study	0.00	1.66	1.66	2.04	2.04	0.06	2.10	2.10
91030	.....	A	Acid perfusion of esophagus	0.91	1.64	1.64	2.21	2.21	0.05	3.17	3.17
91030	26	A	Acid perfusion of esophagus	0.91	0.18	0.18	0.43	0.43	0.03	1.37	1.37
91030	TC	A	Acid perfusion of esophagus	0.00	1.46	1.46	1.78	1.78	0.02	1.80	1.80
91032	.....	A	Esophagus, acid reflux test	1.21	1.58	1.58	2.22	2.22	0.16	3.59	3.59
91032	26	A	Esophagus, acid reflux test	1.21	0.18	0.18	0.51	0.51	0.10	1.82	1.82
91032	TC	A	Esophagus, acid reflux test	0.00	1.40	1.40	1.71	1.71	0.06	1.77	1.77
91033	.....	A	Prolonged acid reflux test	1.30	1.68	1.68	2.39	2.39	0.25	3.94	3.94
91033	26	A	Prolonged acid reflux test	1.30	0.18	0.18	0.54	0.54	0.14	1.98	1.98
91033	TC	A	Prolonged acid reflux test	0.00	1.50	1.50	1.85	1.85	0.11	1.96	1.96
91052	.....	A	Gastric analysis test	0.79	1.65	1.65	2.21	2.21	0.07	3.07	3.07
91052	26	A	Gastric analysis test	0.79	0.18	0.18	0.41	0.41	0.04	1.24	1.24
91052	TC	A	Gastric analysis test	0.00	1.47	1.47	1.80	1.80	0.03	1.83	1.83
91055	.....	A	Gastric intubation for smear	0.94	1.48	1.48	2.03	2.03	0.06	3.03	3.03
91055	26	A	Gastric intubation for smear	0.94	0.18	0.18	0.44	0.44	0.04	1.42	1.42
91055	TC	A	Gastric intubation for smear	0.00	1.30	1.30	1.59	1.59	0.02	1.61	1.61
91060	.....	A	Gastric saline load test	0.45	0.24	0.24	0.41	0.41	0.06	0.92	0.92
91060	26	A	Gastric saline load test	0.45	0.07	0.07	0.19	0.19	0.04	0.68	0.68
91060	TC	A	Gastric saline load test	0.00	0.17	0.17	0.22	0.22	0.02	0.24	0.24
91065	.....	A	Breath hydrogen test	0.20	2.32	2.32	2.88	2.88	0.05	3.13	3.13
91065	26	A	Breath hydrogen test	0.20	0.18	0.18	0.27	0.27	0.03	0.50	0.50
91065	TC	A	Breath hydrogen test	0.00	2.14	2.14	2.61	2.61	0.02	2.63	2.63
91100	.....	A	Pass intestine bleeding tube	1.08	NA	0.14	NA	0.42	0.05	NA	1.55
91105	.....	A	Gastric intubation treatment	0.37	NA	0.14	NA	0.26	0.04	NA	0.67
91122	.....	A	Anal pressure record	1.77	2.00	2.00	2.88	2.88	0.22	4.87	4.87
91122	26	A	Anal pressure record	1.77	0.19	0.19	0.65	0.65	0.13	2.55	2.55
91122	TC	A	Anal pressure record	0.00	1.81	1.81	2.23	2.23	0.09	2.32	2.32
92002	.....	A	Eye exam, new patient	0.88	0.57	0.16	0.89	0.40	0.02	1.79	1.30
92004	.....	A	Eye exam, new patient	1.67	0.67	0.16	1.19	0.57	0.02	2.88	2.26

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
92012	.....	A	Eye exam established pt	0.67	0.53	0.16	0.80	0.35	0.02	1.49	1.04
92014	.....	A	Eye exam & treatment	1.10	0.60	0.16	0.98	0.44	0.02	2.10	1.56
92015	.....	N	Refraction	+0.38	0.57	0.07	0.78	0.17	0.02	1.18	0.57
92018	.....	A	New eye exam & treatment	1.51	NA	0.16	NA	0.54	0.03	NA	2.08
92019	.....	A	Eye exam & treatment	1.31	NA	0.16	NA	0.49	0.03	NA	1.83
92020	.....	A	Special eye evaluation	0.37	0.41	0.07	0.58	0.17	0.01	0.96	0.55
92060	.....	A	Special eye evaluation	0.69	0.86	0.86	1.21	1.21	0.02	1.92	1.92
92060	26	A	Special eye evaluation	0.69	0.08	0.08	0.25	0.25	0.01	0.95	0.95
92060	TC	A	Special eye evaluation	0.00	0.78	0.78	0.96	0.96	0.01	0.97	0.97
92065	.....	A	Orthoptic/pleoptic training	0.37	0.86	0.86	1.14	1.14	0.01	1.52	1.52
92065	26	A	Orthoptic/pleoptic training	0.37	0.08	0.08	0.18	0.18	0.01	0.56	0.56
92065	TC	A	Orthoptic/pleoptic training	0.00	0.78	0.78	0.96	0.96	0.00	0.96	0.96
92070	.....	A	Fitting of contact lens	0.70	0.38	0.07	0.63	0.25	0.06	1.39	1.01
92081	.....	A	Visual field examination(s)	0.36	0.49	0.49	0.68	0.68	0.01	1.05	1.05
92081	26	A	Visual field examination(s)	0.36	0.03	0.03	0.12	0.12	0.01	0.49	0.49
92081	TC	A	Visual field examination(s)	0.00	0.46	0.46	0.56	0.56	0.00	0.56	0.56
92082	.....	A	Visual field examination(s)	0.44	0.60	0.60	0.84	0.84	0.02	1.30	1.30
92082	26	A	Visual field examination(s)	0.44	0.03	0.03	0.14	0.14	0.01	0.59	0.59
92082	TC	A	Visual field examination(s)	0.00	0.57	0.57	0.70	0.70	0.01	0.71	0.71
92083	.....	A	Visual field examination(s)	0.50	0.72	0.72	1.00	1.00	0.04	1.54	1.54
92083	26	A	Visual field examination(s)	0.50	0.04	0.04	0.17	0.17	0.03	0.70	0.70
92083	TC	A	Visual field examination(s)	0.00	0.68	0.68	0.83	0.83	0.01	0.84	0.84
92100	.....	A	Serial tonometry exam(s)	0.92	0.38	0.16	0.66	0.40	0.01	1.59	1.33
92120	.....	A	Tonography & eye evaluation	0.81	0.29	0.07	0.53	0.27	0.02	1.36	1.10
92130	.....	A	Water provocation tonography	0.81	0.32	0.07	0.57	0.27	0.02	1.40	1.10
92140	.....	A	Glaucoma provocative tests	0.50	0.41	0.07	0.61	0.20	0.01	1.12	0.71
92225	.....	A	Special eye exam, initial	0.38	0.16	0.07	0.29	0.17	0.02	0.69	0.57
92226	.....	A	Special eye exam, subsequent	0.33	0.16	0.07	0.28	0.16	0.02	0.63	0.51
92230	.....	A	Eye exam with photos	0.60	0.45	0.01	0.69	0.15	0.04	1.33	0.79
92235	.....	A	Eye exam with photos	0.81	1.23	1.23	1.70	1.70	0.09	2.60	2.60
92235	26	A	Eye exam with photos	0.81	0.04	0.04	0.23	0.23	0.03	1.07	1.07
92235	TC	A	Eye exam with photos	0.00	1.19	1.19	1.47	1.47	0.06	1.53	1.53
92240	.....	A	Icg angiography	1.10	2.35	2.35	3.13	3.13	0.09	4.32	4.32
92240	26	A	Icg angiography	1.10	0.09	0.09	0.36	0.36	0.03	1.49	1.49
92240	TC	A	Icg angiography	0.00	2.26	2.26	2.77	2.77	0.06	2.83	2.83
92250	.....	A	Eye exam with photos	0.44	0.82	0.82	1.11	1.11	0.02	1.57	1.57
92250	26	A	Eye exam with photos	0.44	0.04	0.04	0.15	0.15	0.01	0.60	0.60
92250	TC	A	Eye exam with photos	0.00	0.78	0.78	0.96	0.96	0.01	0.97	0.97
92260	.....	A	Ophthalmoscopy/dynamometry	0.20	0.13	0.07	0.21	0.14	0.03	0.44	0.37
92265	.....	A	Eye muscle evaluation	0.81	0.58	0.58	0.89	0.89	0.02	1.72	1.72
92265	26	A	Eye muscle evaluation	0.81	0.03	0.03	0.21	0.21	0.00	1.02	1.02
92265	TC	A	Eye muscle evaluation	0.00	0.55	0.55	0.68	0.68	0.02	0.70	0.70
92270	.....	A	Electro-oculography	0.81	0.79	0.79	1.15	1.15	0.05	2.01	2.01
92270	26	A	Electro-oculography	0.81	0.04	0.04	0.23	0.23	0.03	1.07	1.07
92270	TC	A	Electro-oculography	0.00	0.75	0.75	0.92	0.92	0.02	0.94	0.94
92275	.....	A	Electroretinography	1.01	0.88	0.88	1.30	1.30	0.05	2.36	2.36
92275	26	A	Electroretinography	1.01	0.04	0.04	0.28	0.28	0.03	1.32	1.32
92275	TC	A	Electroretinography	0.00	0.84	0.84	1.02	1.02	0.02	1.04	1.04
92283	.....	A	Color vision examination	0.17	0.55	0.55	0.71	0.71	0.01	0.89	0.89
92283	26	A	Color vision examination	0.17	0.07	0.07	0.13	0.13	0.01	0.31	0.31
92283	TC	A	Color vision examination	0.00	0.48	0.48	0.58	0.58	0.00	0.58	0.58
92284	.....	A	Dark adaptation eye exam	0.24	1.04	1.04	1.32	1.32	0.02	1.58	1.58
92284	26	A	Dark adaptation eye exam	0.24	0.08	0.08	0.15	0.15	0.01	0.40	0.40
92284	TC	A	Dark adaptation eye exam	0.00	0.96	0.96	1.17	1.17	0.01	1.18	1.18
92285	.....	A	Eye photography	0.20	0.82	0.82	1.06	1.06	0.01	1.27	1.27
92285	26	A	Eye photography	0.20	0.04	0.04	0.10	0.10	0.01	0.31	0.31
92285	TC	A	Eye photography	0.00	0.78	0.78	0.96	0.96	0.00	0.96	0.96
92286	.....	A	Internal eye photography	0.66	0.81	0.81	1.16	1.16	0.07	1.89	1.89
92286	26	A	Internal eye photography	0.66	0.04	0.04	0.21	0.21	0.05	0.92	0.92
92286	TC	A	Internal eye photography	0.00	0.77	0.77	0.95	0.95	0.02	0.97	0.97
92287	.....	A	Internal eye photography	0.81	1.02	0.08	1.44	0.29	0.08	2.33	1.18
92310	.....	N	Contact lens fitting	+1.17	0.49	0.11	0.85	0.39	0.00	2.02	1.56
92311	.....	A	Contact lens fitting	1.08	0.49	0.11	0.84	0.38	0.03	1.95	1.49
92312	.....	A	Contact lens fitting	1.26	0.49	0.11	0.88	0.42	0.03	2.17	1.71
92313	.....	A	Contact lens fitting	0.92	0.49	0.11	0.80	0.34	0.03	1.75	1.29
92314	.....	N	Prescription of contact lens	+0.69	0.49	0.11	0.75	0.29	0.00	1.44	0.98
92315	.....	A	Prescription of contact lens	0.45	0.49	0.11	0.70	0.24	0.03	1.18	0.72
92316	.....	A	Prescription of contact lens	0.68	0.49	0.11	0.75	0.29	0.04	1.47	1.01
92317	.....	A	Prescription of contact lens	0.45	0.49	0.11	0.70	0.24	0.02	1.17	0.71
92325	.....	A	Modification of contact lens	0.00	0.41	0.10	0.50	0.13	0.01	0.51	0.14
92326	.....	A	Replacement of contact lens	0.00	0.30	0.08	0.37	0.11	0.06	0.43	0.17
92330	.....	A	Fitting of artificial eye	1.08	0.49	0.11	0.85	0.39	0.09	2.02	1.56
92335	.....	A	Fitting of artificial eye	0.45	0.49	0.11	0.72	0.26	0.11	1.28	0.82
92340	.....	N	Fitting of spectacles	+0.37	0.41	0.10	0.58	0.21	0.00	0.95	0.58

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
92341	.....	N	Fitting of spectacles	+0.47	0.41	0.10	0.60	0.23	0.00	1.07	0.70
92342	.....	N	Fitting of spectacles	+0.53	0.41	0.10	0.61	0.24	0.00	1.14	0.77
92352	.....	B	Special spectacles fitting	+0.37	0.41	0.10	0.58	0.21	0.01	0.96	0.59
92353	.....	B	Special spectacles fitting	+0.50	0.41	0.10	0.61	0.24	0.01	1.12	0.75
92354	.....	B	Special spectacles fitting	+0.00	0.49	0.11	0.62	0.16	0.10	0.72	0.26
92355	.....	B	Special spectacles fitting	+0.00	0.49	0.11	0.60	0.14	0.01	0.61	0.15
92358	.....	B	Eye prosthesis service	+0.00	0.30	0.08	0.37	0.11	0.05	0.42	0.16
92370	.....	N	Repair & adjust spectacles	+0.32	0.29	0.08	0.42	0.17	0.00	0.74	0.49
92371	.....	B	Repair & adjust spectacles	+0.00	0.30	0.08	0.36	0.10	0.02	0.38	0.12
92392	.....	G	Supply of low vision aids	+0.00	0.30	0.08	0.36	0.10	0.02	0.38	0.12
92393	.....	G	Supply of artificial eye	+0.00	0.30	0.08	0.51	0.25	0.67	1.18	0.92
92395	.....	G	Supply of spectacles	+0.00	0.30	0.08	0.38	0.12	0.10	0.48	0.22
92396	.....	G	Supply of contact lenses	+0.00	0.30	0.08	0.38	0.12	0.08	0.46	0.20
92502	.....	A	Ear and throat examination	1.51	NA	0.16	NA	0.56	0.12	NA	2.19
92504	.....	A	Ear microscopy examination	0.18	0.53	0.16	0.69	0.24	0.02	0.89	0.44
92506	.....	A	Speech & hearing evaluation	0.86	0.50	0.09	0.81	0.31	0.05	1.72	1.22
92507	.....	A	Speech/hearing therapy	0.52	0.50	0.09	0.73	0.23	0.03	1.28	0.78
92508	.....	A	Speech/hearing therapy	0.26	0.50	0.09	0.67	0.17	0.02	0.95	0.45
92510	.....	A	Rehab for ear implant	1.50	0.49	0.09	0.96	0.47	0.15	2.61	2.12
92511	.....	A	Nasopharyngoscopy	0.84	0.35	0.10	0.63	0.33	0.09	1.56	1.26
92512	.....	A	Nasal function studies	0.55	0.37	0.13	0.58	0.29	0.05	1.18	0.89
92516	.....	A	Facial nerve function test	0.43	0.38	0.13	0.56	0.26	0.04	1.03	0.73
92520	.....	A	Laryngeal function studies	0.76	0.22	0.13	0.45	0.34	0.05	1.26	1.15
92525	.....	A	Oral function evaluation	1.50	0.50	0.09	0.96	0.46	0.11	2.57	2.07
92526	.....	A	Oral function therapy	0.55	0.50	0.09	0.74	0.24	0.05	1.34	0.84
92541	.....	A	Spontaneous nystagmus test	0.40	0.57	0.57	0.80	0.80	0.07	1.27	1.27
92541	26	A	Spontaneous nystagmus test	0.40	0.07	0.07	0.19	0.19	0.05	0.64	0.64
92541	TC	A	Spontaneous nystagmus test	0.00	0.50	0.50	0.61	0.61	0.02	0.63	0.63
92542	.....	A	Positional nystagmus test	0.33	0.57	0.57	0.79	0.79	0.07	1.19	1.19
92542	26	A	Positional nystagmus test	0.33	0.07	0.07	0.17	0.17	0.04	0.54	0.54
92542	TC	A	Positional nystagmus test	0.00	0.50	0.50	0.62	0.62	0.03	0.65	0.65
92543	.....	A	Caloric vestibular test	0.38	0.14	0.14	0.28	0.28	0.09	0.75	0.75
92543	26	A	Caloric vestibular test	0.38	0.02	0.02	0.12	0.12	0.05	0.55	0.55
92543	TC	A	Caloric vestibular test	0.00	0.12	0.12	0.16	0.16	0.04	0.20	0.20
92544	.....	A	Optokinetic nystagmus test	0.26	0.57	0.57	0.76	0.76	0.05	1.07	1.07
92544	26	A	Optokinetic nystagmus test	0.26	0.07	0.07	0.15	0.15	0.03	0.44	0.44
92544	TC	A	Optokinetic nystagmus test	0.00	0.50	0.50	0.61	0.61	0.02	0.63	0.63
92545	.....	A	Oscillating tracking test	0.23	0.57	0.57	0.75	0.75	0.04	1.02	1.02
92545	26	A	Oscillating tracking test	0.23	0.07	0.07	0.14	0.14	0.02	0.39	0.39
92545	TC	A	Oscillating tracking test	0.00	0.50	0.50	0.61	0.61	0.02	0.63	0.63
92546	.....	A	Sinusoidal rotational test	0.29	0.79	0.79	1.05	1.05	0.05	1.39	1.39
92546	26	A	Sinusoidal rotational test	0.29	0.07	0.07	0.16	0.16	0.03	0.48	0.48
92546	TC	A	Sinusoidal rotational test	0.00	0.72	0.72	0.89	0.89	0.02	0.91	0.91
92547	.....	A	Supplemental electrical test	0.00	0.56	0.14	0.70	0.19	0.06	0.76	0.25
92548	.....	A	Posturography	0.50	1.76	1.76	2.29	2.29	0.19	2.98	2.98
92548	26	A	Posturography	0.50	0.06	0.06	0.19	0.19	0.05	0.74	0.74
92548	TC	A	Posturography	0.00	1.70	1.70	2.10	2.10	0.14	2.24	2.24
92552	.....	A	Pure tone audiometry, air	0.00	0.59	0.16	0.73	0.21	0.04	0.77	0.25
92553	.....	A	Audiometry, air & bone	0.00	0.59	0.16	0.74	0.21	0.07	0.81	0.28
92555	.....	A	Speech threshold audiometry	0.00	0.59	0.16	0.73	0.21	0.04	0.77	0.25
92556	.....	A	Speech audiometry, complete	0.00	0.59	0.16	0.73	0.21	0.06	0.79	0.27
92557	.....	A	Comprehensive hearing test	0.00	0.59	0.16	0.75	0.23	0.13	0.88	0.36
92561	.....	A	Bekesy audiometry, diagnosis	0.00	0.59	0.16	0.74	0.21	0.07	0.81	0.28
92562	.....	A	Loudness balance test	0.00	0.59	0.16	0.73	0.21	0.04	0.77	0.25
92563	.....	A	Tone decay hearing test	0.00	0.59	0.16	0.73	0.21	0.04	0.77	0.25
92564	.....	A	Sisi hearing test	0.00	0.59	0.16	0.73	0.21	0.05	0.78	0.26
92565	.....	A	Stenger test, pure tone	0.00	0.59	0.16	0.73	0.21	0.04	0.77	0.25
92567	.....	A	Tympanometry	0.00	0.58	0.16	0.72	0.21	0.06	0.78	0.27
92568	.....	A	Acoustic reflex testing	0.00	0.58	0.16	0.72	0.21	0.04	0.76	0.25
92569	.....	A	Acoustic reflex decay test	0.00	0.58	0.16	0.72	0.21	0.04	0.76	0.25
92571	.....	A	Filtered speech hearing test	0.00	0.59	0.16	0.73	0.21	0.04	0.77	0.25
92572	.....	A	Staggered spondaic word test	0.00	0.59	0.16	0.72	0.20	0.01	0.73	0.21
92573	.....	A	Lombard test	0.00	0.59	0.16	0.73	0.21	0.04	0.77	0.25
92575	.....	A	Sensorineural acuity test	0.00	0.59	0.16	0.73	0.21	0.03	0.76	0.24
92576	.....	A	Synthetic sentence test	0.00	0.59	0.16	0.73	0.21	0.05	0.78	0.26
92577	.....	A	Stenger test, speech	0.00	0.59	0.16	0.74	0.22	0.08	0.82	0.30
92579	.....	A	Visual audiometry (vra)	0.00	1.09	0.16	1.34	0.21	0.07	1.41	0.28
92582	.....	A	Conditioning play audiometry	0.00	1.11	0.16	1.37	0.21	0.07	1.44	0.28
92583	.....	A	Select picture audiometry	0.00	1.15	0.16	1.42	0.22	0.09	1.51	0.31
92584	.....	A	Electrocochleography	0.00	0.73	0.14	0.95	0.23	0.25	1.20	0.48
92585	.....	A	Auditory evoked potential	0.50	1.57	1.57	2.09	2.09	0.31	2.90	2.90
92585	26	A	Auditory evoked potential	0.50	0.11	0.11	0.28	0.28	0.14	0.92	0.92
92585	TC	A	Auditory evoked potential	0.00	1.46	1.46	1.81	1.81	0.17	1.98	1.98
92587	.....	A	Evoked auditory test	0.13	0.56	0.56	0.74	0.74	0.13	1.00	1.00

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
92587	26	A	Evoked auditory test	0.13	0.07	0.07	0.12	0.12	0.01	0.26	0.26
92587	TC	A	Evoked auditory test	0.00	0.49	0.49	0.62	0.62	0.12	0.74	0.74
92588	.....	A	Evoked auditory test	0.36	0.56	0.56	0.80	0.80	0.16	1.32	1.32
92588	26	A	Evoked auditory test	0.36	0.07	0.07	0.17	0.17	0.02	0.55	0.55
92588	TC	A	Evoked auditory test	0.00	0.49	0.49	0.63	0.63	0.14	0.77	0.77
92589	.....	A	Auditory function test(s)	0.00	0.90	0.16	1.11	0.21	0.06	1.17	0.27
92596	.....	A	Ear protector evaluation	0.00	0.59	0.16	0.73	0.21	0.06	0.79	0.27
92597	.....	A	Oral speech device eval	1.35	0.50	0.09	0.93	0.43	0.11	2.39	1.89
92598	.....	A	Modify oral speech device	0.99	0.58	0.16	0.94	0.43	0.07	2.00	1.49
92950	.....	A	Heart/lung resuscitation (CPR)	3.80	0.66	0.05	1.67	0.93	0.17	5.64	4.90
92953	.....	A	Temporary external pacing	0.23	NA	0.05	NA	0.15	0.15	NA	0.53
92960	.....	A	Heart electroconversion	2.25	0.66	0.10	1.33	0.65	0.16	3.74	3.06
92970	.....	A	Cardioassist, internal	3.52	NA	0.16	NA	1.06	0.41	NA	4.99
92971	.....	A	Cardioassist, external	1.77	NA	0.12	NA	0.55	0.08	NA	2.40
92975	.....	A	Dissolve clot, heart vessel	7.25	NA	0.16	NA	1.88	0.42	NA	9.55
92977	.....	A	Dissolve clot, heart vessel	0.00	NA	0.01	NA	0.13	0.54	NA	0.67
92978	.....	A	Intravascular us, heart	1.80	NA	0.10	NA	0.59	0.36	NA	2.75
92978	26	A	Intravascular us, heart	1.80	NA	0.05	NA	0.47	0.08	NA	2.35
92978	TC	A	Intravascular us, heart	0.00	NA	0.05	NA	0.12	0.28	NA	0.40
92979	.....	A	Intravascular us, heart	1.44	NA	0.10	NA	0.48	0.20	NA	2.12
92979	26	A	Intravascular us, heart	1.44	NA	0.05	NA	0.39	0.06	NA	1.89
92979	TC	A	Intravascular us, heart	0.00	NA	0.05	NA	0.09	0.14	NA	0.23
92980	.....	A	Insert intracoronary stent	14.84	NA	0.16	NA	3.72	1.22	NA	19.78
92981	.....	A	Insert intracoronary stent	4.17	NA	0.16	NA	1.20	0.44	NA	5.81
92982	.....	A	Coronary artery dilation	10.98	NA	0.16	NA	2.87	1.22	NA	15.07
92984	.....	A	Coronary artery dilation	2.97	NA	0.16	NA	0.94	0.44	NA	4.35
92986	.....	A	Revision of aortic valve	20.34	NA	1.49	NA	6.47	0.90	NA	27.71
92987	.....	A	Revision of mitral valve	20.69	NA	1.46	NA	6.51	0.91	NA	28.11
92990	.....	A	Revision of pulmonary valve	16.22	NA	0.16	NA	3.91	0.71	NA	20.84
92995	.....	A	Coronary atherectomy	12.09	NA	0.16	NA	3.11	1.22	NA	16.42
92996	.....	A	Coronary atherectomy	3.26	NA	0.16	NA	1.01	0.44	NA	4.71
93000	.....	A	Electrocardiogram, complete	0.17	0.36	0.11	0.48	0.18	0.04	0.69	0.39
93005	.....	A	Electrocardiogram, tracing	0.00	0.30	0.05	0.37	0.07	0.03	0.40	0.10
93010	.....	A	Electrocardiogram report	0.17	0.05	0.05	0.10	0.10	0.01	0.28	0.28
93012	.....	A	Transmission of ecg	0.00	0.80	0.11	1.02	0.18	0.22	1.24	0.40
93014	.....	A	Report on transmitted ecg	0.52	0.05	0.05	0.19	0.19	0.05	0.76	0.76
93015	.....	A	Cardiovascular stress test	0.75	1.63	0.16	2.19	0.40	0.18	3.12	1.33
93016	.....	A	Cardiovascular stress test	0.45	0.05	0.05	0.17	0.17	0.03	0.65	0.65
93017	.....	A	Cardiovascular stress test	0.00	1.52	0.05	1.88	0.09	0.12	2.00	0.21
93018	.....	A	Cardiovascular stress test	0.30	0.05	0.05	0.13	0.13	0.03	0.46	0.46
93024	.....	A	Cardiac drug stress test	1.17	1.63	0.16	2.29	0.50	0.23	3.69	1.90
93024	26	A	Cardiac drug stress test	1.17	0.63	0.08	1.05	0.38	0.14	2.36	1.69
93024	TC	A	Cardiac drug stress test	0.00	1.00	0.08	1.24	0.12	0.09	1.33	0.21
93040	.....	A	Rhythm ECG with report	0.16	0.25	0.11	0.34	0.17	0.02	0.52	0.35
93041	.....	A	Rhythm ECG, tracing	0.00	0.19	0.05	0.23	0.06	0.01	0.24	0.07
93042	.....	A	Rhythm ECG, report	0.16	0.05	0.05	0.10	0.10	0.01	0.27	0.27
93224	.....	A	ECG monitor/report, 24 hrs	0.52	0.47	0.15	0.75	0.37	0.31	1.58	1.20
93225	.....	A	ECG monitor/record, 24 hrs	0.00	0.15	0.05	0.21	0.08	0.09	0.30	0.17
93226	.....	A	ECG monitor/report, 24 hrs	0.00	0.27	0.05	0.36	0.10	0.16	0.52	0.26
93227	.....	A	ECG monitor/review, 24 hrs	0.52	0.05	0.05	0.19	0.19	0.06	0.77	0.77
93230	.....	A	ECG monitor/report, 24 hrs	0.52	0.47	0.15	0.76	0.37	0.34	1.62	1.23
93231	.....	A	Ecg monitor/record, 24 hrs	0.00	0.15	0.05	0.21	0.09	0.11	0.32	0.20
93232	.....	A	ECG monitor/report, 24 hrs	0.00	0.27	0.05	0.36	0.09	0.15	0.51	0.24
93233	.....	A	ECG monitor/review, 24 hrs	0.52	0.05	0.05	0.19	0.19	0.08	0.79	0.79
93235	.....	A	ECG monitor/report, 24 hrs	0.45	0.37	0.15	0.60	0.34	0.23	1.28	1.02
93236	.....	A	ECG monitor/report, 24 hrs	0.00	0.32	0.08	0.43	0.13	0.17	0.60	0.30
93237	.....	A	ECG monitor/review, 24 hrs	0.45	0.05	0.05	0.17	0.17	0.06	0.68	0.68
93268	.....	A	ECG record/review	0.52	0.67	0.67	0.82	0.82	0.36	1.70	1.70
93270	.....	A	ECG recording	0.00	0.16	0.05	0.21	0.08	0.09	0.30	0.17
93271	.....	A	Ecg/monitoring and analysis	0.00	0.31	0.05	0.43	0.11	0.22	0.65	0.33
93272	.....	A	Ecg/review, interpret only	0.52	0.05	0.05	0.19	0.19	0.05	0.76	0.76
93278	.....	A	ECG/signal-averaged	0.25	0.22	0.22	0.37	0.37	0.18	0.80	0.80
93278	26	A	ECG/signal-averaged	0.25	0.04	0.04	0.12	0.12	0.06	0.43	0.43
93278	TC	A	ECG/signal-averaged	0.00	0.18	0.18	0.25	0.25	0.12	0.37	0.37
93303	.....	A	Echo transthoracic	1.30	1.75	1.75	2.50	2.50	0.36	4.16	4.16
93303	26	A	Echo transthoracic	1.30	0.08	0.08	0.40	0.40	0.09	1.79	1.79
93303	TC	A	Echo transthoracic	0.00	1.67	1.67	2.10	2.10	0.27	2.37	2.37
93304	.....	A	Echo transthoracic	0.75	1.60	1.60	2.16	2.16	0.19	3.10	3.10
93304	26	A	Echo transthoracic	0.75	0.08	0.08	0.27	0.27	0.05	1.07	1.07
93304	TC	A	Echo transthoracic	0.00	1.52	1.52	1.89	1.89	0.14	2.03	2.03
93307	.....	A	Echo exam of heart	0.92	1.07	1.07	1.58	1.58	0.36	2.86	2.86
93307	26	A	Echo exam of heart	0.92	0.08	0.08	0.32	0.32	0.09	1.33	1.33
93307	TC	A	Echo exam of heart	0.00	0.99	0.99	1.26	1.26	0.27	1.53	1.53
93308	.....	A	Echo exam of heart	0.53	0.99	0.99	1.37	1.37	0.19	2.09	2.09

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
93308	26	A	Echo exam of heart	0.53	0.08	0.08	0.23	0.23	0.05	0.81	0.81
93308	TC	A	Echo exam of heart	0.00	0.91	0.91	1.14	1.14	0.14	1.28	1.28
93312		A	Echo transesophageal	2.20	3.96	3.96	5.41	5.41	0.45	8.06	8.06
93312	26	A	Echo transesophageal	2.20	0.08	0.08	0.61	0.61	0.12	2.93	2.93
93312	TC	A	Echo transesophageal	0.00	3.88	3.88	4.80	4.80	0.33	5.13	5.13
93313		A	Echo transesophageal	0.95	2.88	0.09	3.74	0.33	0.06	4.75	1.34
93314		A	Echo transesophageal	1.25	2.99	2.99	4.01	4.01	0.39	5.65	5.65
93314	26	A	Echo transesophageal	1.25	0.06	0.06	0.36	0.36	0.06	1.67	1.67
93314	TC	A	Echo transesophageal	0.00	2.93	2.93	3.65	3.65	0.33	3.98	3.98
93315		A	Echo transesophageal	2.78	4.89	4.89	6.67	6.67	0.45	9.90	9.90
93315	26	A	Echo transesophageal	2.78	0.08	0.08	0.73	0.73	0.12	3.63	3.63
93315	TC	A	Echo transesophageal	0.00	4.81	4.81	5.94	5.94	0.33	6.27	6.27
93316		A	Echo transesophageal	0.95	2.88	0.09	3.74	0.33	0.06	4.75	1.34
93317		A	Echo transesophageal	1.83	3.47	3.47	4.72	4.72	0.39	6.94	6.94
93317	26	A	Echo transesophageal	1.83	0.06	0.06	0.49	0.49	0.06	2.38	2.38
93317	TC	A	Echo transesophageal	0.00	3.41	3.41	4.23	4.23	0.33	4.56	4.56
93320		A	Doppler echo exam, heart	0.38	0.46	0.46	0.69	0.69	0.18	1.25	1.25
93320	26	A	Doppler echo exam, heart	0.38	0.06	0.06	0.17	0.17	0.05	0.60	0.60
93320	TC	A	Doppler echo exam, heart	0.00	0.40	0.40	0.52	0.52	0.13	0.65	0.65
93321		A	Doppler echo exam, heart	0.15	0.33	0.33	0.46	0.46	0.11	0.72	0.72
93321	26	A	Doppler echo exam, heart	0.15	0.06	0.06	0.11	0.11	0.02	0.28	0.28
93321	TC	A	Doppler echo exam, heart	0.00	0.27	0.27	0.35	0.35	0.09	0.44	0.44
93325		A	Doppler color flow	0.07	0.25	0.25	0.37	0.37	0.25	0.69	0.69
93325	26	A	Doppler color flow	0.07	0.02	0.02	0.04	0.04	0.01	0.12	0.12
93325	TC	A	Doppler color flow	0.00	0.23	0.23	0.33	0.33	0.24	0.57	0.57
93350		A	Echo transthoracic	0.78	4.15	4.15	5.28	5.28	0.24	6.30	6.30
93350	26	A	Echo transthoracic	0.78	0.08	0.08	0.29	0.29	0.10	1.17	1.17
93350	TC	A	Echo transthoracic	0.00	4.07	4.07	4.99	4.99	0.14	5.13	5.13
93501		A	Right heart catheterization	3.02	11.07	11.07	14.50	14.50	1.54	19.06	19.06
93501	26	A	Right heart catheterization	3.02	0.14	0.14	0.91	0.91	0.34	4.27	4.27
93501	TC	A	Right heart catheterization	0.00	10.93	10.93	13.59	13.59	1.20	14.79	14.79
93503		A	Insert/place heart catheter	2.91	0.66	0.16	1.52	0.92	0.36	4.79	4.19
93505		A	Biopsy of heart lining	4.38	1.42	1.42	2.79	2.79	0.46	7.63	7.63
93505	26	A	Biopsy of heart lining	4.38	0.14	0.14	1.19	1.19	0.28	5.85	5.85
93505	TC	A	Biopsy of heart lining	0.00	1.28	1.28	1.60	1.60	0.18	1.78	1.78
93510		A	Left heart catheterization	4.33	24.04	24.04	30.88	30.88	2.86	38.07	38.07
93510	26	A	Left heart catheterization	4.33	0.14	0.14	1.17	1.17	0.23	5.73	5.73
93510	TC	A	Left heart catheterization	0.00	23.90	23.90	29.71	29.71	2.63	32.34	32.34
93511		A	Left heart catheterization	5.03	23.41	23.41	30.25	30.25	2.76	38.04	38.04
93511	26	A	Left heart catheterization	5.03	0.14	0.14	1.32	1.32	0.20	6.55	6.55
93511	TC	A	Left heart catheterization	0.00	23.27	23.27	28.93	28.93	2.56	31.49	31.49
93514		A	Left heart catheterization	7.05	23.41	23.41	30.73	30.73	2.94	40.72	40.72
93514	26	A	Left heart catheterization	7.05	0.14	0.14	1.80	1.80	0.38	9.23	9.23
93514	TC	A	Left heart catheterization	0.00	23.27	23.27	28.93	28.93	2.56	31.49	31.49
93524		A	Left heart catheterization	6.95	30.54	30.54	39.56	39.56	3.69	50.20	50.20
93524	26	A	Left heart catheterization	6.95	0.14	0.14	1.77	1.77	0.34	9.06	9.06
93524	TC	A	Left heart catheterization	0.00	30.40	30.40	37.79	37.79	3.35	41.14	41.14
93526		A	Rt & Lt heart catheters	5.99	31.38	31.38	40.41	40.41	3.83	50.23	50.23
93526	26	A	Rt & Lt heart catheters	5.99	0.14	0.14	1.57	1.57	0.39	7.95	7.95
93526	TC	A	Rt & Lt heart catheters	0.00	31.24	31.24	38.84	38.84	3.44	42.28	42.28
93527		A	Rt & Lt heart catheters	7.28	30.54	30.54	39.67	39.67	3.85	50.80	50.80
93527	26	A	Rt & Lt heart catheters	7.28	0.14	0.14	1.88	1.88	0.50	9.66	9.66
93527	TC	A	Rt & Lt heart catheters	0.00	30.40	30.40	37.79	37.79	3.35	41.14	41.14
93528		A	Rt & Lt heart catheters	9.00	30.54	30.54	40.01	40.01	3.68	52.69	52.69
93528	26	A	Rt & Lt heart catheters	9.00	0.14	0.14	2.22	2.22	0.33	11.55	11.55
93528	TC	A	Rt & Lt heart catheters	0.00	30.40	30.40	37.79	37.79	3.35	41.14	41.14
93529		A	Rt, Lt heart catheterization	4.80	30.54	30.54	39.06	39.06	3.57	47.43	47.43
93529	26	A	Rt, Lt heart catheterization	4.80	0.14	0.14	1.27	1.27	0.22	6.29	6.29
93529	TC	A	Rt, Lt heart catheterization	0.00	30.40	30.40	37.79	37.79	3.35	41.14	41.14
93536		A	Insert circulation assi	4.85	NA	0.16	NA	1.42	0.71	NA	6.98
93539		A	Injection, cardiac cath	0.40	0.66	0.09	0.94	0.24	0.20	1.54	0.84
93540		A	Injection, cardiac cath	0.43	0.66	0.09	0.94	0.25	0.20	1.57	0.88
93541		A	Injection for lung angiogram	0.29	NA	0.09	NA	0.21	0.16	NA	0.66
93542		A	Injection for heart x-rays	0.29	NA	0.09	NA	0.21	0.16	NA	0.66
93543		A	Injection for heart x-rays	0.29	0.66	0.09	0.89	0.20	0.11	1.29	0.60
93544		A	Injection for aortography	0.25	0.66	0.09	0.88	0.19	0.11	1.24	0.55
93545		A	Injection for coronary xrays	0.40	0.66	0.09	0.94	0.25	0.24	1.58	0.89
93555		A	Imaging, cardiac cath	0.81	0.24	0.24	0.56	0.56	0.42	1.79	1.79
93555	26	A	Imaging, cardiac cath	0.81	0.12	0.12	0.33	0.33	0.04	1.18	1.18
93555	TC	A	Imaging, cardiac cath	0.00	0.12	0.12	0.23	0.23	0.38	0.61	0.61
93556		A	Imaging, cardiac cath	0.83	0.24	0.24	0.61	0.61	0.65	2.09	2.09
93556	26	A	Imaging, cardiac cath	0.83	0.12	0.12	0.34	0.34	0.07	1.24	1.24
93556	TC	A	Imaging, cardiac cath	0.00	0.12	0.12	0.27	0.27	0.58	0.85	0.85
93561		A	Cardiac output measurement	0.50	1.01	1.01	1.37	1.37	0.16	2.03	2.03

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
93561	26	A	Cardiac output measurement	0.50	0.14	0.14	0.30	0.30	0.09	0.89	0.89
93561	TC	A	Cardiac output measurement	0.00	0.87	0.87	1.07	1.07	0.07	1.14	1.14
93562		A	Cardiac output measurement	0.16	0.50	0.50	0.66	0.66	0.10	0.92	0.92
93562	26	A	Cardiac output measurement	0.16	0.07	0.07	0.13	0.13	0.06	0.35	0.35
93562	TC	A	Cardiac output measurement	0.00	0.43	0.43	0.53	0.53	0.04	0.57	0.57
93600		A	Bundle of His recording	2.12	1.04	1.04	1.82	1.82	0.38	4.32	4.32
93600	26	A	Bundle of His recording	2.12	0.20	0.20	0.77	0.77	0.24	3.13	3.13
93600	TC	A	Bundle of His recording	0.00	0.84	0.84	1.05	1.05	0.14	1.19	1.19
93602		A	Intra-atrial recording	2.12	1.04	1.04	1.78	1.78	0.22	4.12	4.12
93602	26	A	Intra-atrial recording	2.12	0.20	0.20	0.74	0.74	0.14	3.00	3.00
93602	TC	A	Intra-atrial recording	0.00	0.84	0.84	1.04	1.04	0.08	1.12	1.12
93603		A	Right ventricular recording	2.12	1.04	1.04	1.79	1.79	0.28	4.19	4.19
93603	26	A	Right ventricular recording	2.12	0.20	0.20	0.75	0.75	0.16	3.03	3.03
93603	TC	A	Right ventricular recording	0.00	0.84	0.84	1.04	1.04	0.12	1.16	1.16
93607		A	Right ventricular recording	3.26	1.04	1.04	2.04	2.04	0.28	5.58	5.58
93607	26	A	Right ventricular recording	3.26	0.20	0.20	1.00	1.00	0.17	4.43	4.43
93607	TC	A	Right ventricular recording	0.00	0.84	0.84	1.04	1.04	0.11	1.15	1.15
93609		A	Mapping of tachycardia	10.07	2.18	2.18	4.97	4.97	0.47	15.51	15.51
93609	26	A	Mapping of tachycardia	10.07	0.21	0.21	2.53	2.53	0.28	12.88	12.88
93609	TC	A	Mapping of tachycardia	0.00	1.97	1.97	2.44	2.44	0.19	2.63	2.63
93610		A	Intra-atrial pacing	3.02	1.56	1.56	2.62	2.62	0.27	5.91	5.91
93610	26	A	Intra-atrial pacing	3.02	0.20	0.20	0.95	0.95	0.17	4.14	4.14
93610	TC	A	Intra-atrial pacing	0.00	1.36	1.36	1.67	1.67	0.10	1.77	1.77
93612		A	Intraventricular pacing	3.02	1.56	1.56	2.63	2.63	0.29	5.94	5.94
93612	26	A	Intraventricular pacing	3.02	0.20	0.20	0.95	0.95	0.17	4.14	4.14
93612	TC	A	Intraventricular pacing	0.00	1.36	1.36	1.68	1.68	0.12	1.80	1.80
93615		A	Esophageal recording	0.99	0.81	0.81	1.22	1.22	0.04	2.25	2.25
93615	26	A	Esophageal recording	0.99	0.21	0.21	0.48	0.48	0.02	1.49	1.49
93615	TC	A	Esophageal recording	0.00	0.60	0.60	0.74	0.74	0.02	0.76	0.76
93616		A	Esophageal recording	1.49	0.81	0.81	1.34	1.34	0.10	2.93	2.93
93616	26	A	Esophageal recording	1.49	0.21	0.21	0.60	0.60	0.08	2.17	2.17
93616	TC	A	Esophageal recording	0.00	0.60	0.60	0.74	0.74	0.02	0.76	0.76
93618		A	Heart rhythm pacing	4.26	1.31	1.31	2.69	2.69	0.72	7.67	7.67
93618	26	A	Heart rhythm pacing	4.26	0.21	0.21	1.29	1.29	0.44	5.99	5.99
93618	TC	A	Heart rhythm pacing	0.00	1.10	1.10	1.40	1.40	0.28	1.68	1.68
93619		A	Electrophysiology evaluation	7.32	1.75	1.75	4.04	4.04	1.40	12.76	12.76
93619	26	A	Electrophysiology evaluation	7.32	0.21	0.21	2.05	2.05	0.86	10.23	10.23
93619	TC	A	Electrophysiology evaluation	0.00	1.54	1.54	1.99	1.99	0.54	2.53	2.53
93620		A	Electrophysiology evaluation	11.59	1.75	1.75	5.02	5.02	1.55	18.16	18.16
93620	26	A	Electrophysiology evaluation	11.59	0.21	0.21	3.01	3.01	0.95	15.55	15.55
93620	TC	A	Electrophysiology evaluation	0.00	1.54	1.54	2.01	2.01	0.60	2.61	2.61
93621	26	A	Electrophysiology evaluation	12.66	0.21	0.21	3.28	3.28	1.11	17.05	17.05
93622	26	A	Electrophysiology evaluation	12.74	0.21	0.21	3.29	3.29	1.07	17.10	17.10
93623	26	A	Stimulation, pacing heart	2.85	0.21	0.21	0.92	0.92	0.20	3.97	3.97
93624		A	Electrophysiologic study	4.81	1.31	1.31	2.73	2.73	0.35	7.89	7.89
93624	26	A	Electrophysiologic study	4.81	0.21	0.21	1.36	1.36	0.21	6.38	6.38
93624	TC	A	Electrophysiologic study	0.00	1.10	1.10	1.37	1.37	0.14	1.51	1.51
93631		A	Heart pacing, mapping	7.60	0.77	0.77	2.91	2.91	1.37	11.88	11.88
93631	26	A	Heart pacing, mapping	7.60	0.21	0.21	2.07	2.07	0.67	10.34	10.34
93631	TC	A	Heart pacing, mapping	0.00	0.56	0.56	0.84	0.84	0.70	1.54	1.54
93640		A	Evaluation heart device	3.52	1.85	1.85	3.27	3.27	1.09	7.88	7.88
93640	26	A	Evaluation heart device	3.52	0.21	0.21	1.17	1.17	0.61	5.30	5.30
93640	TC	A	Evaluation heart device	0.00	1.64	1.64	2.10	2.10	0.48	2.58	2.58
93641		A	Electrophysiology evaluation	5.93	1.85	1.85	3.79	3.79	1.09	10.81	10.81
93641	26	A	Electrophysiology evaluation	5.93	0.21	0.21	1.69	1.69	0.61	8.23	8.23
93641	TC	A	Electrophysiology evaluation	0.00	1.64	1.64	2.10	2.10	0.48	2.58	2.58
93642		A	Electrophysiology evaluation	4.89	1.85	1.85	3.57	3.57	1.09	9.55	9.55
93642	26	A	Electrophysiology evaluation	4.89	0.21	0.21	1.47	1.47	0.61	6.97	6.97
93642	TC	A	Electrophysiology evaluation	0.00	1.64	1.64	2.10	2.10	0.48	2.58	2.58
93650		A	Ablate heart dysrhythm focus	10.51	NA	0.16	NA	2.79	1.34	NA	14.64
93651		A	Ablate heart dysrhythm focus	16.25	NA	0.16	NA	4.05	1.34	NA	21.64
93652		A	Ablate heart dysrhythm focus	17.68	NA	0.16	NA	4.37	1.34	NA	23.39
93660	26	A	Tilt table evaluation	1.89	0.21	0.21	0.71	0.71	0.17	2.77	2.77
93720		A	Total body plethysmography	0.17	0.82	0.11	1.06	0.20	0.10	1.33	0.47
93721		A	Plethysmography tracing	0.00	0.82	0.11	1.01	0.15	0.07	1.08	0.22
93722		A	Plethysmography report	0.17	0.82	0.11	1.04	0.18	0.03	1.24	0.38
93724		A	Analyze pacemaker system	4.89	0.42	0.42	1.69	1.69	0.50	7.08	7.08
93724	26	A	Analyze pacemaker system	4.89	0.06	0.06	1.19	1.19	0.22	6.30	6.30
93724	TC	A	Analyze pacemaker system	0.00	0.36	0.36	0.50	0.50	0.28	0.78	0.78
93731		A	Analyze pacemaker system	0.45	0.42	0.42	0.62	0.62	0.07	1.14	1.14
93731	26	A	Analyze pacemaker system	0.45	0.06	0.06	0.18	0.18	0.03	0.66	0.66
93731	TC	A	Analyze pacemaker system	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
93732		A	Analyze pacemaker system	0.92	0.47	0.47	0.79	0.79	0.08	1.79	1.79
93732	26	A	Analyze pacemaker system	0.92	0.07	0.07	0.30	0.30	0.04	1.26	1.26

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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] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
93732	TC	A	Analyze pacemaker system	0.00	0.40	0.40	0.49	0.49	0.04	0.53	0.53
93733		A	Telephone analysis, pacemaker	0.17	0.17	0.17	0.26	0.26	0.08	0.51	0.51
93733	26	A	Telephone analysis, pacemaker	0.17	0.04	0.04	0.09	0.09	0.02	0.28	0.28
93733	TC	A	Telephone analysis, pacemaker	0.00	0.13	0.13	0.17	0.17	0.06	0.23	0.23
93734		A	Analyze pacemaker system	0.38	0.38	0.38	0.55	0.55	0.06	0.99	0.99
93734	26	A	Analyze pacemaker system	0.38	0.06	0.06	0.16	0.16	0.03	0.57	0.57
93734	TC	A	Analyze pacemaker system	0.00	0.32	0.32	0.39	0.39	0.03	0.42	0.42
93735		A	Analyze pacemaker system	0.74	0.41	0.41	0.68	0.68	0.08	1.50	1.50
93735	26	A	Analyze pacemaker system	0.74	0.07	0.07	0.26	0.26	0.04	1.04	1.04
93735	TC	A	Analyze pacemaker system	0.00	0.34	0.34	0.42	0.42	0.04	0.46	0.46
93736		A	Telephone analysis, pacemaker	0.15	0.17	0.17	0.26	0.26	0.09	0.50	0.50
93736	26	A	Telephone analysis, pacemaker	0.15	0.04	0.04	0.09	0.09	0.03	0.27	0.27
93736	TC	A	Telephone analysis, pacemaker	0.00	0.13	0.13	0.17	0.17	0.06	0.23	0.23
93737		A	Analyze cardio/defibrillator	0.45	0.42	0.42	0.62	0.62	0.06	1.13	1.13
93737	26	A	Analyze cardio/defibrillator	0.45	0.06	0.06	0.18	0.18	0.02	0.65	0.65
93737	TC	A	Analyze cardio/defibrillator	0.00	0.36	0.36	0.44	0.44	0.04	0.48	0.48
93738		A	Analyze cardio/defibrillator	0.92	0.47	0.47	0.79	0.79	0.07	1.78	1.78
93738	26	A	Analyze cardio/defibrillator	0.92	0.07	0.07	0.30	0.30	0.03	1.25	1.25
93738	TC	A	Analyze cardio/defibrillator	0.00	0.40	0.40	0.49	0.49	0.04	0.53	0.53
93740		A	Temperature gradient studies	0.16	0.24	0.24	0.34	0.34	0.04	0.54	0.54
93740	26	A	Temperature gradient studies	0.16	0.12	0.12	0.19	0.19	0.03	0.38	0.38
93740	TC	A	Temperature gradient studies	0.00	0.12	0.12	0.15	0.15	0.01	0.16	0.16
93770		A	Measure venous pressure	0.16	0.24	0.24	0.34	0.34	0.02	0.52	0.52
93770	26	A	Measure venous pressure	0.16	0.12	0.12	0.19	0.19	0.02	0.37	0.37
93770	TC	A	Measure venous pressure	0.00	0.12	0.12	0.15	0.15	0.00	0.15	0.15
93797		A	Cardiac rehab	0.18	0.07	0.05	0.13	0.11	0.02	0.33	0.31
93798		A	Cardiac rehab/monitor	0.28	0.07	0.05	0.16	0.13	0.04	0.48	0.45
93875		A	Extracranial study	0.22	0.80	0.80	1.07	1.07	0.18	1.47	1.47
93875	26	A	Extracranial study	0.22	0.09	0.09	0.17	0.17	0.06	0.45	0.45
93875	TC	A	Extracranial study	0.00	0.71	0.71	0.90	0.90	0.12	1.02	1.02
93880		A	Extracranial study	0.60	1.76	1.76	2.38	2.38	0.44	3.42	3.42
93880	26	A	Extracranial study	0.60	0.12	0.12	0.29	0.29	0.04	0.93	0.93
93880	TC	A	Extracranial study	0.00	1.64	1.64	2.09	2.09	0.40	2.49	2.49
93882		A	Extracranial study	0.40	1.35	1.35	1.80	1.80	0.29	2.49	2.49
93882	26	A	Extracranial study	0.40	0.12	0.12	0.24	0.24	0.03	0.67	0.67
93882	TC	A	Extracranial study	0.00	1.23	1.23	1.56	1.56	0.26	1.82	1.82
93886		A	Intracranial study	0.94	1.87	1.87	2.60	2.60	0.50	4.04	4.04
93886	26	A	Intracranial study	0.94	0.12	0.12	0.37	0.37	0.05	1.36	1.36
93886	TC	A	Intracranial study	0.00	1.75	1.75	2.23	2.23	0.45	2.68	2.68
93888		A	Intracranial study	0.62	1.42	1.42	1.95	1.95	0.34	2.91	2.91
93888	26	A	Intracranial study	0.62	0.12	0.12	0.29	0.29	0.03	0.94	0.94
93888	TC	A	Intracranial study	0.00	1.30	1.30	1.66	1.66	0.31	1.97	1.97
93922		A	Extremity study	0.25	1.06	1.06	1.38	1.38	0.19	1.82	1.82
93922	26	A	Extremity study	0.25	0.12	0.12	0.21	0.21	0.05	0.51	0.51
93922	TC	A	Extremity study	0.00	0.94	0.94	1.17	1.17	0.14	1.31	1.31
93923		A	Extremity study	0.45	1.18	1.18	1.62	1.62	0.35	2.42	2.42
93923	26	A	Extremity study	0.45	0.12	0.12	0.27	0.27	0.09	0.81	0.81
93923	TC	A	Extremity study	0.00	1.06	1.06	1.35	1.35	0.26	1.61	1.61
93924		A	Extremity study	0.50	1.56	1.56	2.09	2.09	0.39	2.98	2.98
93924	26	A	Extremity study	0.50	0.12	0.12	0.28	0.28	0.10	0.88	0.88
93924	TC	A	Extremity study	0.00	1.44	1.44	1.81	1.81	0.29	2.10	2.10
93925		A	Lower extremity study	0.58	1.88	1.88	2.52	2.52	0.44	3.54	3.54
93925	26	A	Lower extremity study	0.58	0.12	0.12	0.28	0.28	0.04	0.90	0.90
93925	TC	A	Lower extremity study	0.00	1.76	1.76	2.24	2.24	0.40	2.64	2.64
93926		A	Lower extremity study	0.39	1.42	1.42	1.89	1.89	0.30	2.58	2.58
93926	26	A	Lower extremity study	0.39	0.12	0.12	0.24	0.24	0.03	0.66	0.66
93926	TC	A	Lower extremity study	0.00	1.30	1.30	1.65	1.65	0.27	1.92	1.92
93930		A	Upper extremity study	0.46	1.88	1.88	2.50	2.50	0.47	3.43	3.43
93930	26	A	Upper extremity study	0.46	0.12	0.12	0.26	0.26	0.05	0.77	0.77
93930	TC	A	Upper extremity study	0.00	1.76	1.76	2.24	2.24	0.42	2.66	2.66
93931		A	Upper extremity study	0.31	1.42	1.42	1.87	1.87	0.31	2.49	2.49
93931	26	A	Upper extremity study	0.31	0.12	0.12	0.22	0.22	0.03	0.56	0.56
93931	TC	A	Upper extremity study	0.00	1.30	1.30	1.65	1.65	0.28	1.93	1.93
93965		A	Extremity study	0.35	0.92	0.92	1.25	1.25	0.19	1.79	1.79
93965	26	A	Extremity study	0.35	0.12	0.12	0.24	0.24	0.06	0.65	0.65
93965	TC	A	Extremity study	0.00	0.80	0.80	1.01	1.01	0.13	1.14	1.14
93970		A	Extremity study	0.68	1.88	1.88	2.56	2.56	0.51	3.75	3.75
93970	26	A	Extremity study	0.68	0.12	0.12	0.31	0.31	0.05	1.04	1.04
93970	TC	A	Extremity study	0.00	1.76	1.76	2.25	2.25	0.46	2.71	2.71
93971		A	Extremity study	0.45	1.42	1.42	1.91	1.91	0.34	2.70	2.70
93971	26	A	Extremity study	0.45	0.12	0.12	0.25	0.25	0.03	0.73	0.73
93971	TC	A	Extremity study	0.00	1.30	1.30	1.66	1.66	0.31	1.97	1.97
93975		A	Vascular study	1.80	2.14	2.14	3.12	3.12	0.55	5.47	5.47
93975	26	A	Vascular study	1.80	0.12	0.12	0.55	0.55	0.05	2.40	2.40

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CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
93975	TC	A	Vascular study	0.00	2.02	2.02	2.57	2.57	0.50	3.07	3.07
93976	.....	A	Vascular study	1.21	1.49	1.49	2.16	2.16	0.37	3.74	3.74
93976	26	A	Vascular study	1.21	0.12	0.12	0.42	0.42	0.03	1.66	1.66
93976	TC	A	Vascular study	0.00	1.37	1.37	1.74	1.74	0.34	2.08	2.08
93978	.....	A	Vascular study	0.65	1.96	1.96	2.64	2.64	0.47	3.76	3.76
93978	26	A	Vascular study	0.65	0.12	0.12	0.30	0.30	0.05	1.00	1.00
93978	TC	A	Vascular study	0.00	1.84	1.84	2.34	2.34	0.42	2.76	2.76
93979	.....	A	Vascular study	0.44	1.44	1.44	1.93	1.93	0.31	2.68	2.68
93979	26	A	Vascular study	0.44	0.12	0.12	0.25	0.25	0.03	0.72	0.72
93979	TC	A	Vascular study	0.00	1.32	1.32	1.68	1.68	0.28	1.96	1.96
93980	.....	A	Penile vascular study	1.25	1.76	1.76	2.52	2.52	0.45	4.22	4.22
93980	26	A	Penile vascular study	1.25	0.12	0.12	0.44	0.44	0.07	1.76	1.76
93980	TC	A	Penile vascular study	0.00	1.64	1.64	2.08	2.08	0.38	2.46	2.46
93981	.....	A	Penile vascular study	0.44	1.61	1.61	2.14	2.14	0.39	2.97	2.97
93981	26	A	Penile vascular study	0.44	0.12	0.12	0.25	0.25	0.03	0.72	0.72
93981	TC	A	Penile vascular study	0.00	1.49	1.49	1.89	1.89	0.36	2.25	2.25
93990	.....	A	Doppler flow testing	0.25	1.42	1.42	1.86	1.86	0.29	2.40	2.40
93990	26	A	Doppler flow testing	0.25	0.12	0.12	0.21	0.21	0.02	0.48	0.48
93990	TC	A	Doppler flow testing	0.00	1.30	1.30	1.65	1.65	0.27	1.92	1.92
94010	.....	A	Breathing capacity test	0.17	0.50	0.50	0.66	0.66	0.05	0.88	0.88
94010	26	A	Breathing capacity test	0.17	0.06	0.06	0.12	0.12	0.02	0.31	0.31
94010	TC	A	Breathing capacity test	0.00	0.44	0.44	0.54	0.54	0.03	0.57	0.57
94060	.....	A	Evaluation of wheezing	0.31	0.61	0.61	0.83	0.83	0.09	1.23	1.23
94060	26	A	Evaluation of wheezing	0.31	0.06	0.06	0.15	0.15	0.03	0.49	0.49
94060	TC	A	Evaluation of wheezing	0.00	0.55	0.55	0.68	0.68	0.06	0.74	0.74
94070	.....	A	Evaluation of wheezing	0.60	2.22	2.22	2.86	2.86	0.13	3.59	3.59
94070	26	A	Evaluation of wheezing	0.60	0.07	0.07	0.22	0.22	0.03	0.85	0.85
94070	TC	A	Evaluation of wheezing	0.00	2.15	2.15	2.64	2.64	0.10	2.74	2.74
94150	.....	B	Vital capacity test	+0.07	0.46	0.46	0.58	0.58	0.02	0.67	0.67
94150	26	B	Vital capacity test	+0.07	0.06	0.06	0.09	0.09	0.01	0.17	0.17
94150	TC	B	Vital capacity test	+0.00	0.40	0.40	0.49	0.49	0.01	0.50	0.50
94200	.....	A	Lung function test (MBC/MVV)	0.11	0.46	0.46	0.59	0.59	0.03	0.73	0.73
94200	26	A	Lung function test (MBC/MVV)	0.11	0.06	0.06	0.10	0.10	0.01	0.22	0.22
94200	TC	A	Lung function test (MBC/MVV)	0.00	0.40	0.40	0.49	0.49	0.02	0.51	0.51
94240	.....	A	Residual lung capacity	0.26	1.22	1.22	1.57	1.57	0.07	1.90	1.90
94240	26	A	Residual lung capacity	0.26	0.06	0.06	0.14	0.14	0.02	0.42	0.42
94240	TC	A	Residual lung capacity	0.00	1.16	1.16	1.43	1.43	0.05	1.48	1.48
94250	.....	A	Expired gas collection	0.11	0.53	0.53	0.67	0.67	0.02	0.80	0.80
94250	26	A	Expired gas collection	0.11	0.06	0.06	0.10	0.10	0.01	0.22	0.22
94250	TC	A	Expired gas collection	0.00	0.47	0.47	0.57	0.57	0.01	0.58	0.58
94260	.....	A	Thoracic gas volume	0.13	0.45	0.45	0.59	0.59	0.06	0.78	0.78
94260	26	A	Thoracic gas volume	0.13	0.06	0.06	0.11	0.11	0.02	0.26	0.26
94260	TC	A	Thoracic gas volume	0.00	0.39	0.39	0.48	0.48	0.04	0.52	0.52
94350	.....	A	Lung nitrogen washout curve	0.26	1.25	1.25	1.60	1.60	0.05	1.91	1.91
94350	26	A	Lung nitrogen washout curve	0.26	0.07	0.07	0.15	0.15	0.01	0.42	0.42
94350	TC	A	Lung nitrogen washout curve	0.00	1.18	1.18	1.45	1.45	0.04	1.49	1.49
94360	.....	A	Measure airflow resistance	0.26	0.45	0.45	0.62	0.62	0.07	0.95	0.95
94360	26	A	Measure airflow resistance	0.26	0.06	0.06	0.13	0.13	0.01	0.40	0.40
94360	TC	A	Measure airflow resistance	0.00	0.39	0.39	0.49	0.49	0.06	0.55	0.55
94370	.....	A	Breath airway closing volume	0.26	1.23	1.23	1.56	1.56	0.03	1.85	1.85
94370	26	A	Breath airway closing volume	0.26	0.06	0.06	0.13	0.13	0.01	0.40	0.40
94370	TC	A	Breath airway closing volume	0.00	1.17	1.17	1.43	1.43	0.02	1.45	1.45
94375	.....	A	Respiratory flow volume loop	0.31	0.46	0.46	0.63	0.63	0.04	0.98	0.98
94375	26	A	Respiratory flow volume loop	0.31	0.06	0.06	0.14	0.14	0.01	0.46	0.46
94375	TC	A	Respiratory flow volume loop	0.00	0.40	0.40	0.49	0.49	0.03	0.52	0.52
94400	.....	A	CO2 breathing response curve	0.40	0.57	0.57	0.82	0.82	0.19	1.41	1.41
94400	26	A	CO2 breathing response curve	0.40	0.06	0.06	0.19	0.19	0.13	0.72	0.72
94400	TC	A	CO2 breathing response curve	0.00	0.51	0.51	0.63	0.63	0.06	0.69	0.69
94450	.....	A	Hypoxia response curve	0.40	0.12	0.12	0.25	0.25	0.05	0.70	0.70
94450	26	A	Hypoxia response curve	0.40	0.06	0.06	0.17	0.17	0.02	0.59	0.59
94450	TC	A	Hypoxia response curve	0.00	0.06	0.06	0.08	0.08	0.03	0.11	0.11
94620	.....	A	Pulmonary stress testing	0.88	1.61	1.61	2.19	2.19	0.15	3.22	3.22
94620	26	A	Pulmonary stress testing	0.88	0.08	0.08	0.30	0.30	0.05	1.23	1.23
94620	TC	A	Pulmonary stress testing	0.00	1.53	1.53	1.89	1.89	0.10	1.99	1.99
94640	.....	A	Airway inhalation treatment	0.00	0.60	0.06	0.74	0.08	0.03	0.77	0.11
94650	.....	A	Pressure breathing (IPPB)	0.00	0.40	0.03	0.49	0.04	0.03	0.52	0.07
94651	.....	A	Pressure breathing (IPPB)	0.00	0.36	0.03	0.44	0.04	0.03	0.47	0.07
94652	.....	A	Pressure breathing (IPPB)	0.00	NA	0.03	NA	0.05	0.08	NA	0.13
94656	.....	A	Initial ventilator mgmt	1.22	NA	0.14	NA	0.47	0.12	NA	1.81
94657	.....	A	Cont. ventilator	0.83	NA	0.14	NA	0.37	0.05	NA	1.25
94660	.....	A	Pos airway pressure, CPAP	0.76	0.49	0.14	0.78	0.35	0.06	1.60	1.17
94662	.....	A	Neg pressure ventilation,cnp	0.76	NA	0.08	NA	0.27	0.02	NA	1.05
94664	.....	A	Aerosol or vapor inhalations	0.00	0.40	0.03	0.49	0.05	0.04	0.53	0.09
94665	.....	A	Aerosol or vapor inhalations	0.00	0.48	0.06	0.59	0.09	0.05	0.64	0.14

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
94667	.....	A	Chest wall manipulation	0.00	0.55	0.03	0.68	0.05	0.05	0.73	0.10
94668	.....	A	Chest wall manipulation	0.00	0.50	0.03	0.62	0.04	0.03	0.65	0.07
94680	.....	A	Exhaled air analysis: O_2	0.26	1.28	1.28	1.64	1.64	0.10	2.00	2.00
94680	26	A	Exhaled air analysis: O_2	0.26	0.07	0.07	0.15	0.15	0.03	0.44	0.44
94680	TC	A	Exhaled air analysis: O_2	0.00	1.21	1.21	1.49	1.49	0.07	1.56	1.56
94681	.....	A	Exhaled air analysis: O_2, CO_2	0.20	1.32	1.32	1.70	1.70	0.17	2.07	2.07
94681	26	A	Exhaled air analysis: O_2, CO_2	0.20	0.07	0.07	0.14	0.14	0.04	0.38	0.38
94681	TC	A	Exhaled air analysis: O_2, CO_2	0.00	1.25	1.25	1.56	1.56	0.13	1.69	1.69
94690	.....	A	Exhaled air analysis	0.07	1.22	1.22	1.51	1.51	0.04	1.62	1.62
94690	26	A	Exhaled air analysis	0.07	0.07	0.07	0.10	0.10	0.00	0.17	0.17
94690	TC	A	Exhaled air analysis	0.00	1.15	1.15	1.41	1.41	0.04	1.45	1.45
94720	.....	A	Monoxide diffusing capacity	0.26	1.02	1.02	1.32	1.32	0.08	1.66	1.66
94720	26	A	Monoxide diffusing capacity	0.26	0.06	0.06	0.14	0.14	0.02	0.42	0.42
94720	TC	A	Monoxide diffusing capacity	0.00	0.96	0.96	1.18	1.18	0.06	1.24	1.24
94725	.....	A	Membrane diffusion capacity	0.26	1.48	1.48	1.88	1.88	0.14	2.28	2.28
94725	26	A	Membrane diffusion capacity	0.26	0.06	0.06	0.13	0.13	0.01	0.40	0.40
94725	TC	A	Membrane diffusion capacity	0.00	1.42	1.42	1.75	1.75	0.13	1.88	1.88
94750	.....	A	Pulmonary compliance study	0.23	1.91	1.91	2.40	2.40	0.06	2.69	2.69
94750	26	A	Pulmonary compliance study	0.23	0.06	0.06	0.13	0.13	0.02	0.38	0.38
94750	TC	A	Pulmonary compliance study	0.00	1.85	1.85	2.27	2.27	0.04	2.31	2.31
94760	.....	A	Measure blood oxygen level	0.00	0.16	0.09	0.20	0.12	0.02	0.22	0.14
94761	.....	A	Measure blood oxygen level	0.00	0.24	0.11	0.31	0.15	0.06	0.37	0.21
94762	.....	A	Measure blood oxygen level	0.00	0.09	0.09	0.13	0.13	0.10	0.23	0.23
94770	.....	A	Exhaled carbon dioxide test	0.15	1.30	1.30	1.64	1.64	0.11	1.90	1.90
94770	26	A	Exhaled carbon dioxide test	0.15	0.06	0.06	0.11	0.11	0.03	0.29	0.29
94770	TC	A	Exhaled carbon dioxide test	0.00	1.24	1.24	1.53	1.53	0.08	1.61	1.61
95004	.....	A	Allergy skin tests	0.00	0.09	0.01	0.11	0.01	0.01	0.12	0.02
95010	.....	A	Sensitivity skin tests	0.15	0.18	0.02	0.25	0.06	0.01	0.41	0.22
95015	.....	A	Sensitivity skin tests	0.15	0.12	0.01	0.18	0.05	0.01	0.34	0.21
95024	.....	A	Allergy skin tests	0.00	0.13	0.01	0.16	0.01	0.01	0.17	0.02
95027	.....	A	Skin end point titration	0.00	0.33	0.11	0.40	0.14	0.01	0.41	0.15
95028	.....	A	Allergy skin tests	0.00	0.17	0.02	0.21	0.03	0.01	0.22	0.04
95044	.....	A	Allergy patch tests	0.00	0.37	0.11	0.45	0.14	0.01	0.46	0.15
95052	.....	A	Photo patch test	0.00	0.37	0.11	0.45	0.14	0.01	0.46	0.15
95056	.....	A	Photosensitivity tests	0.00	0.37	0.11	0.45	0.14	0.01	0.46	0.15
95060	.....	A	Eye allergy tests	0.00	0.35	0.11	0.43	0.14	0.02	0.45	0.16
95065	.....	A	Nose allergy test	0.00	0.49	0.11	0.60	0.14	0.01	0.61	0.15
95070	.....	A	Bronchial allergy tests	0.00	0.23	0.11	0.29	0.14	0.02	0.31	0.16
95071	.....	A	Bronchial allergy tests	0.00	0.33	0.11	0.40	0.14	0.02	0.42	0.16
95075	.....	A	Ingestion challenge test	0.95	0.36	0.11	0.65	0.35	0.02	1.62	1.32
95078	.....	A	Provocative testing	0.00	0.33	0.11	0.40	0.14	0.02	0.42	0.16
95115	.....	A	Immunotherapy, one injection	0.00	0.41	0.04	0.50	0.05	0.02	0.52	0.07
95117	.....	A	Immunotherapy injections	0.00	0.42	0.04	0.51	0.05	0.02	0.53	0.07
95144	.....	A	Antigen therapy services	0.06	0.18	0.01	0.23	0.03	0.01	0.30	0.10
95145	.....	A	Antigen therapy services	0.06	0.30	0.01	0.39	0.03	0.03	0.48	0.12
95146	.....	A	Antigen therapy services	0.06	0.18	0.01	0.24	0.03	0.03	0.33	0.12
95147	.....	A	Antigen therapy services	0.06	0.18	0.01	0.24	0.03	0.03	0.33	0.12
95148	.....	A	Antigen therapy services	0.06	0.18	0.01	0.24	0.03	0.03	0.33	0.12
95149	.....	A	Antigen therapy services	0.06	0.30	0.01	0.39	0.03	0.03	0.48	0.12
95165	.....	A	Antigen therapy services	0.06	0.18	0.02	0.23	0.04	0.01	0.30	0.11
95170	.....	A	Antigen therapy services	0.06	0.19	0.02	0.25	0.04	0.03	0.34	0.13
95180	.....	A	Rapid desensitization	2.01	0.58	0.11	1.15	0.58	0.01	3.17	2.60
95805	.....	A	Multiple sleep latency test	1.88	7.28	7.28	9.38	9.38	0.45	11.71	11.71
95805	26	A	Multiple sleep latency test	1.88	0.28	0.28	0.76	0.76	0.07	2.71	2.71
95805	TC	A	Multiple sleep latency test	0.00	7.00	7.00	8.62	8.62	0.38	9.00	9.00
95807	.....	A	Sleep study	1.66	11.01	11.01	13.93	13.93	0.67	16.26	16.26
95807	26	A	Sleep study	1.66	0.34	0.34	0.82	0.82	0.19	2.67	2.67
95807	TC	A	Sleep study	0.00	10.67	10.67	13.11	13.11	0.48	13.59	13.59
95808	.....	A	Polysomnography, 1–3	2.65	9.93	9.93	12.82	12.82	0.67	16.14	16.14
95808	26	A	Polysomnography, 1–3	2.65	0.34	0.34	1.03	1.03	0.19	3.87	3.87
95808	TC	A	Polysomnography, 1–3	0.00	9.59	9.59	11.79	11.79	0.48	12.27	12.27
95810	.....	A	Polysomnography, 4 or more	3.53	12.98	12.98	16.75	16.75	0.67	20.95	20.95
95810	26	A	Polysomnography, 4 or more	3.53	0.26	0.26	1.14	1.14	0.19	4.86	4.86
95810	TC	A	Polysomnography, 4 or more	0.00	12.72	12.72	15.61	15.61	0.48	16.09	16.09
95812	.....	A	Electroencephalogram (EEG)	1.08	2.06	2.06	2.78	2.78	0.15	4.01	4.01
95812	26	A	Electroencephalogram (EEG)	1.08	0.11	0.11	0.38	0.38	0.04	1.50	1.50
95812	TC	A	Electroencephalogram (EEG)	0.00	1.95	1.95	2.40	2.40	0.11	2.51	2.51
95813	.....	A	Electroencephalogram (EEG)	1.73	2.90	2.90	3.96	3.96	0.15	5.84	5.84
95813	26	A	Electroencephalogram (EEG)	1.73	0.16	0.16	0.59	0.59	0.04	2.36	2.36
95813	TC	A	Electroencephalogram (EEG)	0.00	2.74	2.74	3.37	3.37	0.11	3.48	3.48
95816	.....	A	Electroencephalogram (EEG)	1.08	1.77	1.77	2.43	2.43	0.13	3.64	3.64
95816	26	A	Electroencephalogram (EEG)	1.08	0.11	0.11	0.38	0.38	0.03	1.49	1.49
95816	TC	A	Electroencephalogram (EEG)	0.00	1.66	1.66	2.05	2.05	0.10	2.15	2.15
95819	.....	A	Electroencephalogram (EEG)	1.08	1.91	1.91	2.60	2.60	0.14	3.82	3.82

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[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
95819	26	A	Electroencephalogram (EEG)	1.08	0.11	0.11	0.38	0.38	0.04	1.50	1.50
95819	TC	A	Electroencephalogram (EEG)	0.00	1.80	1.80	2.22	2.22	0.10	2.32	2.32
95822		A	Sleep electroencephalogram	1.08	1.98	1.98	2.70	2.70	0.18	3.96	3.96
95822	26	A	Sleep electroencephalogram	1.08	0.11	0.11	0.38	0.38	0.04	1.50	1.50
95822	TC	A	Sleep electroencephalogram	0.00	1.87	1.87	2.32	2.32	0.14	2.46	2.46
95824		A	Electroencephalography	0.74	0.19	0.19	0.42	0.42	0.07	1.23	1.23
95824	26	A	Electroencephalography	0.74	0.07	0.07	0.26	0.26	0.04	1.04	1.04
95824	TC	A	Electroencephalography	0.00	0.12	0.12	0.16	0.16	0.03	0.19	0.19
95827		A	Night electroencephalogram	1.08	6.09	6.09	7.72	7.72	0.24	9.04	9.04
95827	26	A	Night electroencephalogram	1.08	0.16	0.16	0.45	0.45	0.07	1.60	1.60
95827	TC	A	Night electroencephalogram	0.00	5.93	5.93	7.27	7.27	0.17	7.44	7.44
95829		A	Surgery electrocorticogram	6.21	3.37	3.37	5.49	5.49	0.05	11.75	11.75
95829	26	A	Surgery electrocorticogram	6.21	0.16	0.16	1.57	1.57	0.03	7.81	7.81
95829	TC	A	Surgery electrocorticogram	0.00	3.21	3.21	3.92	3.92	0.02	3.94	3.94
95830		A	Insert electrodes for EEG	1.70	1.07	0.13	1.69	0.55	0.07	3.46	2.32
95831		A	Limb muscle testing, manual	0.28	0.34	0.16	0.48	0.27	0.03	0.79	0.58
95832		A	Hand muscle testing, manual	0.29	0.34	0.16	0.48	0.27	0.02	0.79	0.58
95833		A	Body muscle testing, manual	0.47	0.34	0.16	0.52	0.31	0.05	1.04	0.83
95834		A	Body muscle testing, manual	0.60	0.34	0.16	0.55	0.34	0.06	1.21	1.00
95851		A	Range of motion measurements	0.16	0.34	0.16	0.45	0.24	0.02	0.63	0.42
95852		A	Range of motion measurements	0.11	0.34	0.16	0.44	0.23	0.02	0.57	0.36
95857		A	Tensilon test	0.53	0.32	0.10	0.51	0.25	0.04	1.08	0.82
95858		A	Tensilon test & myogram	1.56	0.33	0.33	0.75	0.75	0.09	2.40	2.40
95858	26	A	Tensilon test & myogram	1.56	0.05	0.05	0.41	0.41	0.05	2.02	2.02
95858	TC	A	Tensilon test & myogram	0.00	0.28	0.28	0.34	0.34	0.04	0.38	0.38
95860		A	Muscle test, one limb	0.96	0.37	0.37	0.68	0.68	0.09	1.73	1.73
95860	26	A	Muscle test, one limb	0.96	0.05	0.05	0.29	0.29	0.06	1.31	1.31
95860	TC	A	Muscle test, one limb	0.00	0.32	0.32	0.39	0.39	0.03	0.42	0.42
95861		A	Muscle test, two limbs	1.54	0.43	0.43	0.89	0.89	0.16	2.59	2.59
95861	26	A	Muscle test, two limbs	1.54	0.05	0.05	0.42	0.42	0.10	2.06	2.06
95861	TC	A	Muscle test, two limbs	0.00	0.38	0.38	0.47	0.47	0.06	0.53	0.53
95863		A	Muscle test, 3 limbs	1.87	0.49	0.49	1.05	1.05	0.18	3.10	3.10
95863	26	A	Muscle test, 3 limbs	1.87	0.05	0.05	0.50	0.50	0.11	2.48	2.48
95863	TC	A	Muscle test, 3 limbs	0.00	0.44	0.44	0.55	0.55	0.07	0.62	0.62
95864		A	Muscle test, 4 limbs	1.99	0.55	0.55	1.17	1.17	0.27	3.43	3.43
95864	26	A	Muscle test, 4 limbs	1.99	0.05	0.05	0.53	0.53	0.14	2.66	2.66
95864	TC	A	Muscle test, 4 limbs	0.00	0.50	0.50	0.64	0.64	0.13	0.77	0.77
95867		A	Muscle test, head or neck	0.79	0.37	0.37	0.64	0.64	0.09	1.52	1.52
95867	26	A	Muscle test, head or neck	0.79	0.05	0.05	0.25	0.25	0.05	1.09	1.09
95867	TC	A	Muscle test, head or neck	0.00	0.32	0.32	0.39	0.39	0.04	0.43	0.43
95868		A	Muscle test, head or neck	1.18	0.43	0.43	0.81	0.81	0.15	2.14	2.14
95868	26	A	Muscle test, head or neck	1.18	0.05	0.05	0.34	0.34	0.10	1.62	1.62
95868	TC	A	Muscle test, head or neck	0.00	0.38	0.38	0.47	0.47	0.05	0.52	0.52
95869		A	Muscle test, limited	0.37	0.31	0.31	0.48	0.48	0.05	0.90	0.90
95869	26	A	Muscle test, limited	0.37	0.05	0.05	0.15	0.15	0.03	0.55	0.55
95869	TC	A	Muscle test, limited	0.00	0.26	0.26	0.33	0.33	0.02	0.35	0.35
95872		A	Muscle test, one fiber	1.50	0.50	0.50	0.96	0.96	0.11	2.57	2.57
95872	26	A	Muscle test, one fiber	1.50	0.05	0.05	0.40	0.40	0.06	1.96	1.96
95872	TC	A	Muscle test, one fiber	0.00	0.45	0.45	0.56	0.56	0.05	0.61	0.61
95875		A	Limb exercise test	1.34	0.60	0.60	1.04	1.04	0.10	2.48	2.48
95875	26	A	Limb exercise test	1.34	0.05	0.05	0.36	0.36	0.04	1.74	1.74
95875	TC	A	Limb exercise test	0.00	0.55	0.55	0.68	0.68	0.06	0.74	0.74
95900		A	Motor nerve conduction test	0.42	0.28	0.28	0.45	0.45	0.05	0.92	0.92
95900	26	A	Motor nerve conduction test	0.42	0.05	0.05	0.16	0.16	0.03	0.61	0.61
95900	TC	A	Motor nerve conduction test	0.00	0.23	0.23	0.29	0.29	0.02	0.31	0.31
95903		A	Motor nerve conduction test	0.60	0.39	0.39	0.61	0.61	0.05	1.26	1.26
95903	26	A	Motor nerve conduction test	0.60	0.05	0.05	0.20	0.20	0.03	0.83	0.83
95903	TC	A	Motor nerve conduction test	0.00	0.34	0.34	0.41	0.41	0.02	0.43	0.43
95904		A	Sense nerve conduction test	0.34	0.28	0.28	0.43	0.43	0.05	0.82	0.82
95904	26	A	Sense nerve conduction test	0.34	0.05	0.05	0.14	0.14	0.03	0.51	0.51
95904	TC	A	Sense nerve conduction test	0.00	0.23	0.23	0.29	0.29	0.02	0.31	0.31
95920		A	Intraoperative nerve testing	2.11	0.10	0.10	0.63	0.63	0.20	2.94	2.94
95920	26	A	Intraoperative nerve testing	2.11	0.05	0.05	0.55	0.55	0.12	2.78	2.78
95920	TC	A	Intraoperative nerve testing	0.00	0.05	0.05	0.08	0.08	0.08	0.16	0.16
95921		A	Autonomic nerve func test	0.45	1.99	1.99	2.54	2.54	0.05	3.04	3.04
95921	26	A	Autonomic nerve func test	0.45	0.11	0.11	0.24	0.24	0.02	0.71	0.71
95921	TC	A	Autonomic nerve func test	0.00	1.88	1.88	2.30	2.30	0.03	2.33	2.33
95922		A	Autonomic nerve func test	0.48	1.99	1.99	2.55	2.55	0.06	3.09	3.09
95922	26	A	Autonomic nerve func test	0.48	0.11	0.11	0.25	0.25	0.03	0.76	0.76
95922	TC	A	Autonomic nerve func test	0.00	1.88	1.88	2.30	2.30	0.03	2.33	2.33
95923		A	Autonomic nerve func test	0.45	1.99	1.99	2.54	2.54	0.05	3.04	3.04
95923	26	A	Autonomic nerve func test	0.45	0.11	0.11	0.24	0.24	0.02	0.71	0.71
95923	TC	A	Autonomic nerve func test	0.00	1.88	1.88	2.30	2.30	0.03	2.33	2.33
95925		A	Somatosensory testing	0.54	2.03	2.03	2.62	2.62	0.12	3.28	3.28

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
95925	26	A	Somatosensory testing	0.54	0.11	0.11	0.27	0.27	0.05	0.86	0.86
95925	TC	A	Somatosensory testing	0.00	1.92	1.92	2.35	2.35	0.07	2.42	2.42
95926	.....	A	Somatosensory testing	0.54	2.03	2.03	2.62	2.62	0.12	3.28	3.28
95926	26	A	Somatosensory testing	0.54	0.11	0.11	0.27	0.27	0.05	0.86	0.86
95926	TC	A	Somatosensory testing	0.00	1.92	1.92	2.35	2.35	0.07	2.42	2.42
95927	.....	A	Somatosensory testing	0.54	2.03	2.03	2.62	2.62	0.12	3.28	3.28
95927	26	A	Somatosensory testing	0.54	0.11	0.11	0.27	0.27	0.05	0.86	0.86
95927	TC	A	Somatosensory testing	0.00	1.92	1.92	2.35	2.35	0.07	2.42	2.42
95930	.....	A	Visual evoked potential test	0.35	0.70	0.70	0.95	0.95	0.05	1.35	1.35
95930	26	A	Visual evoked potential test	0.35	0.04	0.04	0.14	0.14	0.04	0.53	0.53
95930	TC	A	Visual evoked potential test	0.00	0.66	0.66	0.81	0.81	0.01	0.82	0.82
95933	.....	A	Blink reflex test	0.59	0.39	0.39	0.62	0.62	0.10	1.31	1.31
95933	26	A	Blink reflex test	0.59	0.05	0.05	0.20	0.20	0.04	0.83	0.83
95933	TC	A	Blink reflex test	0.00	0.34	0.34	0.42	0.42	0.06	0.48	0.48
95934	.....	A	'H' reflex test	0.51	0.39	0.39	0.59	0.59	0.05	1.15	1.15
95934	26	A	'H' reflex test	0.51	0.05	0.05	0.18	0.18	0.03	0.72	0.72
95934	TC	A	'H' reflex test	0.00	0.34	0.34	0.41	0.41	0.02	0.43	0.43
95936	.....	A	'H' reflex test	0.55	0.39	0.39	0.60	0.60	0.05	1.20	1.20
95936	26	A	'H' reflex test	0.55	0.05	0.05	0.19	0.19	0.03	0.77	0.77
95936	TC	A	'H' reflex test	0.00	0.34	0.34	0.41	0.41	0.02	0.43	0.43
95937	.....	A	Neuromuscular junction test	0.65	0.39	0.39	0.63	0.63	0.07	1.35	1.35
95937	26	A	Neuromuscular junction test	0.65	0.05	0.05	0.21	0.21	0.04	0.90	0.90
95937	TC	A	Neuromuscular junction test	0.00	0.34	0.34	0.42	0.42	0.03	0.45	0.45
95950	.....	A	Ambulatory eeg monitoring	1.51	3.28	3.28	4.46	4.46	0.60	6.57	6.57
95950	26	A	Ambulatory eeg monitoring	1.51	0.16	0.16	0.55	0.55	0.10	2.16	2.16
95950	TC	A	Ambulatory eeg monitoring	0.00	3.12	3.12	3.91	3.91	0.50	4.41	4.41
95951	.....	A	EEG monitoring/videorecord	6.00	17.38	17.38	22.64	22.64	0.64	29.28	29.28
95951	26	A	EEG monitoring/videorecord	6.00	0.52	0.52	1.97	1.97	0.11	8.08	8.08
95951	TC	A	EEG monitoring/videorecord	0.00	16.86	16.86	20.67	20.67	0.53	21.20	21.20
95953	.....	A	EEG monitoring/computer	3.08	2.38	2.38	3.72	3.72	0.60	7.40	7.40
95953	26	A	EEG monitoring/computer	3.08	0.16	0.16	0.90	0.90	0.10	4.08	4.08
95953	TC	A	EEG monitoring/computer	0.00	2.22	2.22	2.82	2.82	0.50	3.32	3.32
95954	.....	A	EEG monitoring/giving drugs	2.45	2.13	2.13	3.19	3.19	0.28	5.92	5.92
95954	26	A	EEG monitoring/giving drugs	2.45	0.11	0.11	0.72	0.72	0.22	3.39	3.39
95954	TC	A	EEG monitoring/giving drugs	0.00	2.02	2.02	2.47	2.47	0.06	2.53	2.53
95955	.....	A	EEG during surgery	1.01	2.00	2.00	2.73	2.73	0.30	4.04	4.04
95955	26	A	EEG during surgery	1.01	0.14	0.14	0.42	0.42	0.11	1.54	1.54
95955	TC	A	EEG during surgery	0.00	1.86	1.86	2.31	2.31	0.19	2.50	2.50
95956	.....	A	EEG monitoring/cable/radio	3.08	16.94	16.94	21.46	21.46	0.61	25.15	25.15
95956	26	A	EEG monitoring/cable/radio	3.08	0.52	0.52	1.33	1.33	0.11	4.52	4.52
95956	TC	A	EEG monitoring/cable/radio	0.00	16.42	16.42	20.13	20.13	0.50	20.63	20.63
95957	.....	A	EEG digital analysis	1.98	1.13	1.13	1.85	1.85	0.18	4.01	4.01
95957	26	A	EEG digital analysis	1.98	0.07	0.07	0.53	0.53	0.05	2.56	2.56
95957	TC	A	EEG digital analysis	0.00	1.06	1.06	1.32	1.32	0.13	1.45	1.45
95958	.....	A	EEG monitoring/function test	4.25	3.04	3.04	4.76	4.76	0.52	9.53	9.53
95958	26	A	EEG monitoring/function test	4.25	0.14	0.14	1.19	1.19	0.38	5.82	5.82
95958	TC	A	EEG monitoring/function test	0.00	2.90	2.90	3.57	3.57	0.14	3.71	3.71
95961	.....	A	Electrode stimulation, brain	2.97	2.01	2.01	3.16	3.16	0.20	6.33	6.33
95961	26	A	Electrode stimulation, brain	2.97	0.16	0.16	0.88	0.88	0.12	3.97	3.97
95961	TC	A	Electrode stimulation, brain	0.00	1.85	1.85	2.28	2.28	0.08	2.36	2.36
95962	.....	A	Electrode stimulation, brain	3.21	1.15	1.15	2.15	2.15	0.20	5.56	5.56
95962	26	A	Electrode stimulation, brain	3.21	0.03	0.03	0.77	0.77	0.12	4.10	4.10
95962	TC	A	Electrode stimulation, brain	0.00	1.12	1.12	1.38	1.38	0.08	1.46	1.46
96100	.....	A	Psychological testing	0.00	1.86	1.86	2.32	2.32	0.20	2.52	2.52
96105	.....	A	Assessment of aphasia	0.00	1.84	1.84	2.29	2.29	0.20	2.49	2.49
96111	.....	A	Developmental test, extend	0.00	1.87	1.87	2.33	2.33	0.20	2.53	2.53
96115	.....	A	Neurobehavior status exam	0.00	1.94	1.94	2.40	2.40	0.20	2.60	2.60
96117	.....	A	Neuropsych test battery	0.00	1.94	1.94	2.40	2.40	0.20	2.60	2.60
96400	.....	A	Chemotherapy, (SC)/(IM)	0.00	0.88	0.15	1.07	0.19	0.01	1.08	0.20
96405	.....	A	Intralesional chemo admin	0.52	0.94	0.16	1.26	0.32	0.03	1.81	0.87
96406	.....	A	Intralesional chemo admin	0.80	0.95	0.16	1.34	0.38	0.04	2.18	1.22
96408	.....	A	Chemotherapy, push technique	0.00	1.22	0.16	1.50	0.21	0.06	1.56	0.27
96410	.....	A	Chemotherapy, infusion method	0.00	1.46	0.16	1.80	0.22	0.09	1.89	0.31
96412	.....	A	Chemotherapy, infusion method	0.00	0.85	0.06	1.05	0.09	0.08	1.13	0.17
96414	.....	A	Chemotherapy, infusion method	0.00	1.46	0.16	1.80	0.22	0.09	1.89	0.31
96420	.....	A	Chemotherapy, push technique	0.00	1.25	0.16	1.55	0.22	0.09	1.64	0.31
96422	.....	A	Chemotherapy, infusion method	0.00	1.25	0.16	1.55	0.22	0.09	1.64	0.31
96423	.....	A	Chemotherapy, infusion method	0.00	1.07	0.06	1.31	0.08	0.03	1.34	0.11
96425	.....	A	Chemotherapy, infusion method	0.00	1.49	0.16	1.83	0.22	0.09	1.92	0.31
96440	.....	A	Chemotherapy, intracavitary	2.37	2.44	0.16	3.50	0.73	0.06	5.93	3.16
96445	.....	A	Chemotherapy, intracavitary	2.20	2.44	0.16	3.47	0.70	0.09	5.76	2.99
96450	.....	A	Chemotherapy, into CNS	1.89	1.94	0.16	2.79	0.63	0.06	4.74	2.58
96520	.....	A	Pump refilling, maintenance	0.00	0.91	0.16	1.12	0.21	0.06	1.18	0.27
96530	.....	A	Pump refilling, maintenance	0.00	1.14	0.16	1.41	0.21	0.07	1.48	0.28

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
96542	.....	A	Chemotherapy injection	1.42	1.68	0.16	2.39	0.54	0.13	3.94	2.09
96900	.....	A	Ultraviolet light therapy	0.00	0.50	0.16	0.62	0.21	0.03	0.65	0.24
96910	.....	A	Photochemotherapy with UV–B	0.00	0.50	0.16	0.62	0.21	0.04	0.66	0.25
96912	.....	A	Photochemotherapy with UV–A	0.00	0.63	0.16	0.78	0.21	0.05	0.83	0.26
96913	.....	A	Photochemotherapy, UV–A or B	0.00	0.98	0.16	1.21	0.22	0.10	1.31	0.32
97010	.....	B	Hot or cold packs therapy	+0.06	0.23	0.16	0.30	0.22	0.02	0.38	0.30
97012	.....	A	Mechanical traction therapy	0.25	0.23	0.16	0.34	0.26	0.02	0.61	0.53
97014	.....	A	Electric stimulation therapy	0.18	0.23	0.16	0.33	0.24	0.02	0.53	0.44
97016	.....	A	Vasopneumatic device therapy	0.18	0.23	0.16	0.33	0.24	0.02	0.53	0.44
97018	.....	A	Paraffin bath therapy	0.06	0.23	0.16	0.31	0.22	0.03	0.40	0.31
97020	.....	A	Microwave therapy	0.06	0.23	0.16	0.30	0.22	0.02	0.38	0.30
97022	.....	A	Whirlpool therapy	0.17	0.23	0.16	0.33	0.24	0.02	0.52	0.43
97024	.....	A	Diathermy treatment	0.06	0.23	0.16	0.30	0.22	0.02	0.38	0.30
97026	.....	A	Infrared therapy	0.06	0.23	0.16	0.30	0.22	0.02	0.38	0.30
97028	.....	A	Ultraviolet therapy	0.08	0.23	0.16	0.31	0.22	0.01	0.40	0.31
97032	.....	A	Electrical stimulation	0.25	0.25	0.16	0.37	0.26	0.01	0.63	0.52
97033	.....	A	Electric current therapy	0.26	0.28	0.16	0.40	0.26	0.02	0.68	0.54
97034	.....	A	Contrast bath therapy	0.21	0.25	0.16	0.36	0.25	0.01	0.58	0.47
97035	.....	A	Ultrasound therapy	0.21	0.25	0.16	0.36	0.25	0.01	0.58	0.47
97036	.....	A	Hydrotherapy	0.28	0.26	0.16	0.39	0.26	0.02	0.69	0.56
97039	.....	A	Physical therapy treatment	0.20	0.25	0.16	0.36	0.25	0.03	0.59	0.48
97110	.....	A	Therapeutic exercises	0.45	0.25	0.16	0.41	0.30	0.02	0.88	0.77
97112	.....	A	Neuromuscular reeducation	0.45	0.24	0.16	0.40	0.30	0.01	0.86	0.76
97113	.....	A	Aquatic therapy/exercises	0.44	0.25	0.16	0.41	0.30	0.02	0.87	0.76
97116	.....	A	Gait training therapy	0.40	0.24	0.16	0.39	0.29	0.01	0.80	0.70
97122	.....	A	Manual traction therapy	0.42	0.24	0.16	0.39	0.29	0.01	0.82	0.72
97124	.....	A	Massage therapy	0.35	0.24	0.16	0.38	0.28	0.01	0.74	0.64
97139	.....	A	Physical medicine procedure	0.21	0.24	0.16	0.35	0.25	0.02	0.58	0.48
97150	.....	A	Group therapeutic procedures	0.27	0.24	0.16	0.36	0.26	0.02	0.65	0.55
97250	.....	A	Myofascial release	0.45	0.24	0.16	0.41	0.31	0.04	0.90	0.80
97260	.....	A	Regional manipulation	0.19	0.24	0.16	0.34	0.24	0.02	0.55	0.45
97261	.....	A	Supplemental manipulations	0.12	0.12	0.08	0.17	0.13	0.01	0.30	0.26
97265	.....	A	Joint mobilization	0.45	0.23	0.16	0.39	0.31	0.04	0.88	0.80
97504	.....	A	Orthotic training	0.45	0.24	0.16	0.40	0.30	0.02	0.87	0.77
97520	.....	A	Prosthetic training	0.45	0.24	0.16	0.40	0.30	0.02	0.87	0.77
97530	.....	A	Therapeutic activities	0.44	0.24	0.16	0.40	0.30	0.02	0.86	0.76
97535	.....	A	Self care mngment training	0.45	0.27	0.16	0.43	0.30	0.02	0.90	0.77
97537	.....	A	Community/work reintegration	0.45	0.27	0.16	0.43	0.30	0.02	0.90	0.77
97542	.....	A	Wheelchair mngement training	0.25	0.27	0.16	0.39	0.25	0.02	0.66	0.52
97703	.....	A	Prosthetic checkout	0.25	0.27	0.16	0.39	0.26	0.03	0.67	0.54
97750	.....	A	Physical performance test	0.45	0.25	0.16	0.42	0.30	0.03	0.90	0.78
97770	.....	A	Cognitive skills development	0.44	0.28	0.16	0.44	0.30	0.03	0.91	0.77
98925	.....	A	Osteopathic manipulation	0.45	0.24	0.16	0.40	0.30	0.02	0.87	0.77
98926	.....	A	Osteopathic manipulation	0.65	0.25	0.16	0.46	0.35	0.03	1.14	1.03
98927	.....	A	Osteopathic manipulation	0.87	0.25	0.16	0.51	0.40	0.03	1.41	1.30
98928	.....	A	Osteopathic manipulation	1.03	0.25	0.16	0.54	0.43	0.04	1.61	1.50
98929	.....	A	Osteopathic manipulation	1.19	0.25	0.16	0.58	0.47	0.03	1.80	1.69
98940	.....	A	Chiropractic manipulation	0.45	0.24	0.16	0.40	0.30	0.01	0.86	0.76
98941	.....	A	Chiropractic manipulation	0.65	0.25	0.16	0.46	0.34	0.01	1.12	1.00
98942	.....	A	Chiropractic manipulation	0.87	0.25	0.16	0.50	0.39	0.01	1.38	1.27
98943	.....	N	Chiropractic manipulation	+0.40	0.24	0.16	0.39	0.29	0.01	0.80	0.70
99175	.....	A	Induction of vomiting	0.00	0.38	0.04	0.48	0.07	0.10	0.58	0.17
99183	.....	A	Hyperbaric oxygen therapy	2.34	0.47	0.11	1.11	0.67	0.11	3.56	3.12
99185	.....	A	Regional hypothermia	0.00	NA	0.08	NA	0.11	0.04	NA	0.15
99186	.....	A	Total body hypothermia	0.00	NA	0.16	NA	0.31	0.52	NA	0.83
99195	.....	A	Phlebotomy	0.00	1.52	0.14	1.86	0.18	0.03	1.89	0.21
99201	.....	A	Office/outpatient visit, new	0.45	0.64	0.33	0.89	0.50	0.04	1.38	0.99
99202	.....	A	Office/outpatient visit, new	0.88	0.72	0.33	1.09	0.60	0.05	2.02	1.53
99203	.....	A	Office/outpatient visit, new	1.34	0.80	0.33	1.29	0.70	0.06	2.69	2.10
99204	.....	A	Office/outpatient visit, new	2.00	0.85	0.33	1.49	0.85	0.08	3.57	2.93
99205	.....	A	Office/outpatient visit, new	2.67	0.89	0.33	1.69	1.00	0.09	4.45	3.76
99211	.....	A	Office/outpatient visit, est	0.17	0.38	0.16	0.50	0.24	0.02	0.69	0.43
99212	.....	A	Office/outpatient visit, est	0.45	0.42	0.16	0.61	0.30	0.02	1.08	0.77
99213	.....	A	Office/outpatient visit, est	0.67	0.46	0.16	0.71	0.35	0.03	1.41	1.05
99214	.....	A	Office/outpatient visit, est	1.10	0.50	0.16	0.86	0.45	0.04	2.00	1.59
99215	.....	A	Office/outpatient visit, est	1.77	0.54	0.16	1.06	0.60	0.07	2.90	2.44
99217	.....	A	Observation care discharge	1.28	NA	0.12	NA	0.44	0.04	NA	1.76
99218	.....	A	Observation care	1.28	NA	0.51	NA	0.91	0.06	NA	2.25
99219	.....	A	Observation care	2.14	NA	0.51	NA	1.11	0.09	NA	3.34
99220	.....	A	Observation care	2.99	NA	0.57	NA	1.37	0.09	NA	4.45
99221	.....	A	Initial hospital care	1.28	NA	0.51	NA	0.91	0.06	NA	2.25
99222	.....	A	Initial hospital care	2.14	NA	0.51	NA	1.11	0.09	NA	3.34
99223	.....	A	Initial hospital care	2.99	NA	0.57	NA	1.37	0.08	NA	4.44
99231	.....	A	Subsequent hospital care	0.64	NA	0.05	NA	0.21	0.03	NA	0.88

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[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
99232	.....	A	Subsequent hospital care	1.06	NA	0.05	NA	0.30	0.04	NA	1.40
99233	.....	A	Subsequent hospital care	1.51	NA	0.05	NA	0.40	0.05	NA	1.96
99238	.....	A	Hospital discharge day	1.28	NA	0.12	NA	0.44	0.04	NA	1.76
99239	.....	A	Hospital discharge day	1.75	0.12	0.12	0.54	0.54	0.04	2.33	2.33
99241	.....	A	Office consultation	0.64	0.85	0.41	1.19	0.65	0.08	1.91	1.37
99242	.....	A	Office consultation	1.29	0.89	0.41	1.38	0.80	0.09	2.76	2.18
99243	.....	A	Office consultation	1.72	0.93	0.41	1.53	0.90	0.10	3.35	2.72
99244	.....	A	Office consultation	2.58	0.97	0.41	1.77	1.09	0.11	4.46	3.78
99245	.....	A	Office consultation	3.43	1.02	0.41	2.03	1.28	0.16	5.62	4.87
99251	.....	A	Initial inpatient consult	0.66	NA	0.41	NA	0.66	0.08	NA	1.40
99252	.....	A	Initial inpatient consult	1.32	NA	0.41	NA	0.81	0.09	NA	2.22
99253	.....	A	Initial inpatient consult	1.82	NA	0.41	NA	0.92	0.10	NA	2.84
99254	.....	A	Initial inpatient consult	2.64	NA	0.41	NA	1.10	0.11	NA	3.85
99255	.....	A	Initial inpatient consult	3.65	NA	0.41	NA	1.33	0.14	NA	5.12
99261	.....	A	Follow-up inpatient consult	0.42	NA	0.08	NA	0.20	0.03	NA	0.65
99262	.....	A	Follow-up inpatient consult	0.85	NA	0.08	NA	0.29	0.04	NA	1.18
99263	.....	A	Follow-up inpatient consult	1.27	NA	0.08	NA	0.39	0.04	NA	1.70
99271	.....	A	Confirmatory consultation	0.45	0.85	0.41	1.14	0.61	0.07	1.66	1.13
99272	.....	A	Confirmatory consultation	0.84	0.89	0.41	1.28	0.70	0.09	2.21	1.63
99273	.....	A	Confirmatory consultation	1.19	0.93	0.41	1.42	0.78	0.11	2.72	2.08
99274	.....	A	Confirmatory consultation	1.73	0.97	0.41	1.58	0.90	0.11	3.42	2.74
99275	.....	A	Confirmatory consultation	2.31	1.02	0.41	1.79	1.04	0.17	4.27	3.52
99281	.....	A	Emergency dept visit	0.33	NA	0.25	NA	0.38	0.01	NA	0.72
99282	.....	A	Emergency dept visit	0.55	NA	0.25	NA	0.44	0.03	NA	1.02
99283	.....	A	Emergency dept visit	1.24	NA	0.25	NA	0.59	0.04	NA	1.87
99284	.....	A	Emergency dept visit	1.95	NA	0.25	NA	0.75	0.06	NA	2.76
99285	.....	A	Emergency dept visit	3.06	NA	0.25	NA	1.00	0.08	NA	4.14
99291	.....	A	Critical care, first hour	4.00	1.92	0.41	3.24	1.40	0.11	7.35	5.51
99292	.....	A	Critical care, addl 30 min	2.00	0.78	0.03	1.40	0.48	0.04	3.44	2.52
99295	.....	A	Neonatal critical care	16.00	NA	0.41	NA	4.34	1.55	NA	21.89
99296	.....	A	Neonatal critical care	8.00	NA	0.05	NA	1.98	0.77	NA	10.75
99297	.....	A	Neonatal critical care	4.00	NA	0.05	NA	1.02	0.38	NA	5.40
99301	.....	A	Nursing facility care	1.28	NA	0.16	NA	0.49	0.03	NA	1.80
99302	.....	A	Nursing facility care	1.71	NA	0.16	NA	0.58	0.04	NA	2.33
99303	.....	A	Nursing facility care	2.14	NA	0.16	NA	0.68	0.07	NA	2.89
99311	.....	A	Nursing facility care, subseq	0.64	NA	0.16	NA	0.35	0.03	NA	1.02
99312	.....	A	Nursing facility care, subseq	1.06	NA	0.16	NA	0.44	0.03	NA	1.53
99313	.....	A	Nursing facility care, subseq	1.51	NA	0.16	NA	0.54	0.04	NA	2.09
99321	.....	A	Rest home visit, new patient	0.71	0.37	0.37	0.61	0.61	0.03	1.35	1.35
99322	.....	A	Rest home visit, new patient	1.01	0.50	0.50	0.84	0.84	0.05	1.90	1.90
99323	.....	A	Rest home visit, new patient	1.28	0.58	0.58	1.00	1.00	0.06	2.34	2.34
99331	.....	A	Rest home visit, estab pat	0.60	0.37	0.37	0.58	0.58	0.02	1.20	1.20
99332	.....	A	Rest home visit, estab pat	0.80	0.42	0.42	0.69	0.69	0.03	1.52	1.52
99333	.....	A	Rest home visit, estab pat	1.00	0.46	0.46	0.78	0.78	0.02	1.80	1.80
99341	.....	A	Home visit, new patient	1.12	0.37	0.37	0.70	0.70	0.05	1.87	1.87
99342	.....	A	Home visit, new patient	1.58	0.50	0.50	0.97	0.97	0.05	2.60	2.60
99343	.....	A	Home visit, new patient	2.09	0.58	0.58	1.18	1.18	0.06	3.33	3.33
99351	.....	A	Home visit, estab patient	0.83	0.37	0.37	0.64	0.64	0.04	1.51	1.51
99352	.....	A	Home visit, estab patient	1.12	0.42	0.42	0.76	0.76	0.04	1.92	1.92
99353	.....	A	Home visit, estab patient	1.48	0.46	0.46	0.89	0.89	0.05	2.42	2.42
99354	.....	A	Prolonged service, office	1.77	0.29	0.05	0.75	0.47	0.07	2.59	2.31
99355	.....	A	Prolonged service, office	1.77	0.17	0.05	0.61	0.47	0.07	2.45	2.31
99356	.....	A	Prolonged service, inpatient	1.71	NA	0.03	NA	0.43	0.08	NA	2.22
99357	.....	A	Prolonged service, inpatient	1.71	NA	0.03	NA	0.43	0.08	NA	2.22
99375	.....	G	Care plan oversight/30–60	+1.73	0.64	0.26	1.17	0.71	0.04	2.94	2.48
99381	.....	N	Preventive visit, new, infant	+1.19	0.77	0.30	1.22	0.64	0.08	2.49	1.91
99382	.....	N	Preventive visit, new, age 1–4	+1.36	0.69	0.30	1.16	0.68	0.09	2.61	2.13
99383	.....	N	Preventive visit, new, age 5–11	+1.36	0.69	0.30	1.16	0.68	0.09	2.61	2.13
99384	.....	N	Preventive visit, new, 12–17	+1.53	0.69	0.30	1.20	0.72	0.10	2.83	2.35
99385	.....	N	Preventive visit, new, 18–39	+1.53	0.70	0.30	1.21	0.72	0.09	2.83	2.34
99386	.....	N	Preventive visit, new, 40–64	+1.88	0.70	0.30	1.29	0.79	0.10	3.27	2.77
99387	.....	N	Preventive visit, new, 65 & over	+2.06	0.78	0.30	1.43	0.84	0.11	3.60	3.01
99391	.....	N	Preventive visit, est, infant	+1.02	0.46	0.16	0.80	0.44	0.07	1.89	1.53
99392	.....	N	Preventive visit, est, age 1–4	+1.19	0.46	0.16	0.84	0.48	0.08	2.11	1.75
99393	.....	N	Preventive visit, est, age 5–11	+1.19	0.46	0.16	0.84	0.48	0.08	2.11	1.75
99394	.....	N	Preventive visit, est, 12–17	+1.36	0.46	0.16	0.88	0.52	0.09	2.33	1.97
99395	.....	N	Preventive visit, est, 18–39	+1.36	0.47	0.16	0.89	0.51	0.08	2.33	1.95
99396	.....	N	Preventive visit, est, 40–64	+1.53	0.47	0.16	0.93	0.55	0.09	2.55	2.17
99397	.....	N	Preventive visit, est, 65 & over	+1.71	0.47	0.16	0.97	0.60	0.10	2.78	2.41
99401	.....	N	Preventive counseling, indiv	+0.48	0.32	0.16	0.50	0.31	0.03	1.01	0.82
99402	.....	N	Preventive counseling, indiv	+0.98	0.32	0.16	0.61	0.42	0.05	1.64	1.45
99403	.....	N	Preventive counseling, indiv	+1.46	0.32	0.16	0.72	0.54	0.08	2.26	2.08
99404	.....	N	Preventive counseling, indiv	+1.95	0.32	0.16	0.84	0.65	0.11	2.90	2.71
99411	.....	N	Preventive counseling, group	+0.15	0.20	0.16	0.28	0.23	0.01	0.44	0.39

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[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3] [4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
99412	.....	N	Preventive counseling, group	+0.25	0.20	0.16	0.30	0.25	0.01	0.56	0.51
99431	.....	A	Initial care, normal newborn	1.17	NA	0.33	NA	0.67	0.08	NA	1.92
99432	.....	A	Newborn care not in hospital	1.26	0.80	0.33	1.27	0.69	0.08	2.61	2.03
99433	.....	A	Normal newborn care, hospital	0.62	NA	0.03	NA	0.18	0.04	NA	0.84
99435	.....	A	Hospital NB discharge day	1.50	NA	0.32	NA	0.74	0.10	NA	2.34
99440	.....	A	Newborn resuscitation	2.93	NA	0.05	NA	0.75	0.19	NA	3.87
A2000	.....	G	Chiropractor manip of spine	+0.45	0.24	0.16	0.40	0.30	0.01	0.86	0.76
A4263	.....	A	Permanent tear duct plug	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A4300	.....	A	Cath impl vasc access portal	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
A4550	.....	A	Surgical trays	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
G0002	.....	A	Temporary urinary catheter	0.50	0.85	0.02	1.14	0.14	0.02	1.66	0.66
G0004	.....	A	ECG transm phys review & int	0.52	1.57	0.15	2.17	0.44	0.65	3.34	1.61
G0005	.....	A	ECG 24 hour recording	0.00	0.16	0.05	0.21	0.08	0.09	0.30	0.17
G0006	.....	A	ECG transmission & analysis	0.00	1.35	0.05	1.76	0.17	0.51	2.27	0.68
G0007	.....	A	ECG phy review & interpret	0.52	0.05	0.05	0.19	0.19	0.05	0.76	0.76
G0015	.....	A	Post symptom ECG tracing	0.00	1.44	0.11	1.87	0.25	0.51	2.38	0.76
G0016	.....	A	Post symptom ECG md review	0.52	0.05	0.05	0.19	0.19	0.05	0.76	0.76
G0025	.....	A	Collagen skin test kit	0.00	0.47	0.02	0.57	0.02	0.00	0.57	0.02
G0030	26	A	PET imaging prev PET single	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0031	26	A	PET imaging prev PET multple	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0032	26	A	PET follow SPECT 78464 singl	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0033	26	A	PET follow SPECT 78464 mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0034	26	A	PET follow SPECT 76865 singl	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0035	26	A	PET follow SPECT 78465 mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0036	26	A	PET follow cornry angio sing	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0037	26	A	PET follow cornry angio mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0038	26	A	PET follow myocard perf sing	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0039	26	A	PET follow myocard perf mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0040	26	A	PET follow stress echo singl	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0041	26	A	PET follow stress echo mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0042	26	A	PET follow ventriculogm sing	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0043	26	A	PET follow ventriculogm mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0044	26	A	PET following rest ECG singl	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0045	26	A	PET following rest ECG mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0046	26	A	PET follow stress ECG singl	1.09	0.11	0.11	0.39	0.39	0.07	1.55	1.55
G0047	26	A	PET follow stress ECG mult	1.46	0.13	0.13	0.50	0.50	0.10	2.06	2.06
G0050	.....	A	Residual urine by ultrasound	0.00	0.40	0.40	0.50	0.50	0.05	0.55	0.55
G0051	.....	A	Destroy benign/premal lesion	0.55	0.60	0.26	0.86	0.45	0.04	1.45	1.04
G0052	.....	A	Destruction of add'l lesions	0.18	0.03	0.00	0.08	0.04	0.01	0.27	0.23
G0053	.....	A	Destruction of add'l lesions	3.05	0.77	0.26	1.66	1.03	0.20	4.91	4.28
G0062	.....	A	peripheral bone densitometry	0.22	0.97	0.97	1.25	1.25	0.07	1.54	1.54
G0062	26	A	peripheral bone densitometry	0.22	0.10	0.10	0.18	0.18	0.02	0.42	0.42
G0062	TC	A	peripheral bone densitometry	0.00	0.87	0.87	1.07	1.07	0.05	1.12	1.12
G0063	.....	A	central bone densitometry	0.30	0.39	0.39	0.58	0.58	0.21	1.09	1.09
G0063	26	A	central bone densitometry	0.30	0.09	0.09	0.18	0.18	0.02	0.50	0.50
G0063	TC	A	central bone densitometry	0.00	0.30	0.30	0.40	0.40	0.19	0.59	0.59
G0064	.....	A	care plan oversight, hme hlth	1.73	0.64	0.26	1.17	0.71	0.04	2.94	2.48
G0065	.....	A	care plan oversight, hospice	1.73	0.64	0.26	1.17	0.71	0.04	2.94	2.48
G0071	.....	A	Psychotherapy, office, no E/M	1.11	0.35	0.16	0.68	0.45	0.05	1.84	1.61
G0072	.....	A	Psychotherapy, office, wth E/M	1.47	0.35	0.16	0.76	0.53	0.05	2.28	2.05
G0073	.....	A	Psychotherapy, office, no E/M	1.73	0.35	0.16	0.82	0.60	0.08	2.63	2.41
G0074	.....	A	Psychotherapy, office, wth E/M	2.00	0.35	0.16	0.88	0.65	0.08	2.96	2.73
G0075	.....	A	Psychotherapy, office, no E/M	2.76	0.35	0.16	1.06	0.84	0.15	3.97	3.75
G0076	.....	A	Psychotherapy, office, wth E/M	3.15	0.35	0.16	1.15	0.92	0.15	4.45	4.22
G0077	.....	A	Psychotherapy, office, no E/M	1.19	0.35	0.16	0.70	0.48	0.09	1.98	1.76
G0078	.....	A	Psychotherapy, office, wth E/M	1.58	0.35	0.16	0.79	0.56	0.09	2.46	2.23
G0079	.....	A	Psychotherapy, office, no E/M	1.86	0.35	0.16	0.85	0.63	0.09	2.80	2.58
G0080	.....	A	Psychotherapy, office, wth E/M	2.15	0.35	0.16	0.91	0.69	0.09	3.15	2.93
G0081	.....	A	Psychotherapy, office, no E/M	2.97	0.35	0.16	1.09	0.87	0.09	4.15	3.93
G0082	.....	A	Psychotherapy, office, wth E/M	3.39	0.35	0.16	1.18	0.96	0.09	4.66	4.44
G0083	.....	A	Psychotherapy, inpt, no E/M	1.24	0.35	0.16	0.70	0.48	0.05	1.99	1.77
G0084	.....	A	Psychotherapy, inpt, with E/M	1.65	0.35	0.16	0.79	0.57	0.05	2.49	2.27
G0085	.....	A	Psychotherapy, inpt, no E/M	1.94	0.35	0.16	0.86	0.64	0.08	2.88	2.66
G0086	.....	A	Psychotherapy, inpt, with E/M	2.24	0.35	0.16	0.93	0.71	0.08	3.25	3.03
G0087	.....	A	Psychotherapy, inpt, no E/M	3.09	0.35	0.16	1.13	0.91	0.15	4.37	4.15
G0088	.....	A	Psychotherapy, inpt, with E/M	3.53	0.35	0.16	1.23	1.00	0.15	4.91	4.68
G0089	.....	A	Psychotherapy, inpt, no E/M	1.33	0.35	0.16	0.73	0.51	0.09	2.15	1.93
G0090	.....	A	Psychotherapy, inpt, with E/M	1.77	0.35	0.16	0.83	0.61	0.09	2.69	2.47
G0091	.....	A	Psychotherapy, inpt, no E/M	2.08	0.35	0.16	0.90	0.67	0.09	3.07	2.84
G0092	.....	A	Psychotherapy, inpt, with E/M	2.41	0.35	0.16	0.97	0.75	0.09	3.47	3.25
G0093	.....	A	Psychotherapy, inpt, no E/M	3.32	0.35	0.16	1.17	0.95	0.09	4.58	4.36
G0094	.....	A	Psychotherapy, inpt, with E/M	3.80	0.35	0.16	1.27	1.05	0.09	5.16	4.94
H5300	.....	G	Occupational therapy	+0.32	0.19	0.16	0.31	0.28	0.03	0.66	0.63
M0005	.....	G	Off visit 2/more modalities	+0.76	0.23	0.16	0.46	0.37	0.03	1.25	1.16

[1] CPT codes and descriptions only are copyright 1996 American Medical Association. All Rights Reserved. Applicable FARS/DFARS Apply.
[2] Copyright 1994 American Dental Association. All rights reserved.
[3] + Indicates RVUs are not for Medicare Payment.
[4] * Work RVUs increased in global surgical package.

ADDENDUM C.—RELATIVE VALUE UNITS (RVUS) AND RELATED INFORMATION—Continued

CPT [1]/ HCPCS [2]	MOD	Status	Description	Physician work RVUs [3 4]	Direct in office practice expense RVUs	Direct out of office practice expense RVUs	Total in office practice expense RVUs	Total out of office practice expense RVUs	Mal-practice RVUs	Total in office	Total out of office
M0006	.....	G	One phys therapy modality	+0.50	0.23	0.16	0.40	0.31	0.02	0.92	0.83
M0007	.....	G	Combined phys ther mod & tx	+1.01	0.23	0.16	0.52	0.43	0.04	1.57	1.48
M0008	.....	G	Combined phys ther mod & tx	+0.50	0.23	0.16	0.40	0.31	0.01	0.91	0.82
M0064	.....	A	Visit for drug monitoring	0.37	0.35	0.16	0.51	0.29	0.03	0.91	0.69
M0101	.....	A	Foot care hygienic/pm	0.43	0.57	0.16	0.80	0.30	0.03	1.26	0.76
P3001	26	A	Screening pap smear by phys	0.42	0.69	0.16	0.94	0.30	0.04	1.40	0.76
Q0035	.....	A	Cardiokymography	0.17	0.36	0.36	0.48	0.48	0.04	0.69	0.69
Q0035	26	A	Cardiokymography	0.17	0.11	0.11	0.17	0.17	0.01	0.35	0.35
Q0035	TC	A	Cardiokymography	0.00	0.25	0.25	0.31	0.31	0.03	0.34	0.34
Q0068	.....	A	Extracorpeal plasmapheresis	1.67	1.75	0.14	2.54	0.57	0.16	4.37	2.40
Q0091	.....	A	Obtaining screen pap smear	0.37	0.46	0.16	0.65	0.29	0.03	1.05	0.69
Q0092	.....	A	Set up port xray equipment	0.00	0.20	0.20	0.24	0.24	0.01	0.25	0.25
Q0103	.....	A	Physical therapy evaluation	1.01	0.25	0.16	0.56	0.44	0.11	1.68	1.56
Q0104	.....	A	Phys therapy re-evaluation	0.50	0.25	0.16	0.42	0.31	0.01	0.93	0.82
Q0109	.....	A	Occupational therapy eval	1.01	0.20	0.13	0.49	0.41	0.11	1.61	1.53
Q0110	.....	A	Occupational therap re-eval	0.50	0.20	0.13	0.36	0.27	0.01	0.87	0.78
R0070	.....	A	Transport portable x-ray	0.00	0.46	0.46	0.56	0.56	0.00	0.56	0.56
R0075	.....	A	Transport port x-ray multipl	0.00	0.12	0.12	0.15	0.15	0.00	0.15	0.15

ADDENDUM D.—PROPOSED 1999 OFFICE RENTAL INDEX VERSUS 1997 RENTAL INDEX BY 1997 FEE SCHEDULE AREA

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	Rental index		Difference	Percentage difference
			1999	1997		
00973	50	VIRGIN ISLANDS	1.309	1.089	0.220	20.2
00901	99	REST OF MARYLAND	1.020	0.916	0.104	11.4
00824	01	COLORADO	0.956	0.871	0.085	9.8
01380	01	PORTLAND, OR	1.006	0.923	0.083	9.0
01020	01	ALASKA	1.265	1.190	0.075	6.3
00910	09	UTAH	0.827	0.753	0.074	9.8
00820	02	SOUTH DAKOTA	0.809	0.740	0.069	9.3
00820	01	NORTH DAKOTA	0.761	0.695	0.066	9.5
01030	00	ARIZONA	0.955	0.892	0.063	7.1
01390	99	REST OF WASHINGTON	0.957	0.896	0.061	6.8
00900	31	AUSTIN, TX	1.118	1.061	0.057	5.4
00825	21	WYOMING	0.769	0.714	0.055	7.7
00751	01	MONTANA	0.766	0.713	0.053	7.4
00900	09	BRAZORIA, TX	1.001	0.957	0.044	4.6
05130	00	IDAHO	0.801	0.761	0.040	5.3
01380	99	REST OF OREGON	0.899	0.860	0.039	4.5
00528	99	REST OF LOUISIANA	0.721	0.682	0.039	5.7
01360	05	NEW MEXICO	0.844	0.811	0.033	4.1
00621	16	CHICAGO, IL	1.207	1.175	0.032	2.7
01040	99	REST OF GEORGIA	0.765	0.734	0.031	4.2
00660	00	KENTUCKY	0.719	0.690	0.029	4.2
00900	99	REST OF TEXAS	0.791	0.762	0.029	3.8
10250	00	MISSISSIPPI	0.705	0.678	0.027	4.0
05535	00	NORTH CAROLINA	0.817	0.791	0.026	3.3
00901	01	BALTIMORE/SURR. CNTYS, MD	1.027	1.003	0.024	2.4
00951	00	WISCONSIN	0.854	0.830	0.024	2.9
00700	99	REST OF MASSACHUSETTS	1.162	1.138	0.024	2.1
00865	99	REST OF PENNSYLVANIA	0.825	0.801	0.024	3.0
00801	99	REST OF NEW YORK	0.915	0.892	0.023	2.6
00650	00	KANSAS*	0.772	0.751	0.021	2.8
00740	04	KANSAS*	0.772	0.751	0.021	2.8
00880	01	SOUTH CAROLINA	0.795	0.774	0.021	2.7
00900	20	BEAUMONT, TX	0.758	0.737	0.021	2.8
00640	00	IOWA	0.778	0.758	0.020	2.6
01040	01	ATLANTA, GA	1.034	1.017	0.017	1.7
00623	99	REST OF MICHIGAN	0.829	0.813	0.016	2.0
00900	11	DALLAS, TX	1.005	0.990	0.015	1.5
00900	15	GALVESTON, TX	0.910	0.896	0.014	1.6
00590	99	REST OF FLORIDA	0.936	0.922	0.014	1.5
00528	01	NEW ORLEANS, LA	0.826	0.812	0.014	1.7
16510	16	WEST VIRGINIA	0.659	0.646	0.013	2.0

ADDENDUM D.—PROPOSED 1999 OFFICE RENTAL INDEX VERSUS 1997 RENTAL INDEX BY 1997 FEE SCHEDULE AREA—Continued

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	Rental index		Difference	Percentage difference
			1999	1997		
01390	02	SEATTLE (KING CNTY), WA	1.162	1.149	0.013	1.1
01290	00	NEVADA	1.079	1.066	0.013	1.2
10490	00	VIRGINIA	0.881	0.869	0.012	1.4
00621	99	REST OF ILLINOIS	0.756	0.745	0.011	1.5
00510	00	ALABAMA	0.713	0.703	0.010	1.4
00520	13	ARKANSAS	0.698	0.688	0.010	1.5
00655	00	NEBRASKA	0.770	0.760	0.010	1.3
00900	18	HOUSTON, TX	0.972	0.964	0.008	0.8
10240	00	MINNESOTA	0.896	0.888	0.008	0.9
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.305	1.298	0.007	0.5
00621	12	EAST ST. LOUIS, IL	0.787	0.784	0.003	0.4
00740	02	METROPOLITAN KANSAS CITY, MO	0.828	0.827	0.001	0.1
05440	35	TENNESSEE	0.758	0.757	0.001	0.1
00630	00	INDIANA	0.806	0.805	0.001	0.1
00740	99	REST OF MISSOURI*	0.656	0.656	0.000	0.0
11260	99	REST OF MISSOURI*	0.656	0.656	0.000	0.0
16360	00	OHIO	0.812	0.812	0.000	0.0
00803	02	NYC SUBURBS/LONG I., NY	1.535	1.537	−0.002	−0.1
00590	03	FORT WORTH, TX	0.921	0.924	−0.003	−0.3
11260	01	METROPOLITAN ST. LOUIS, MO	0.807	0.810	−0.003	−0.4
01370	00	OKLAHOMA	0.713	0.716	−0.003	−0.4
21200	99	REST OF MAINE	0.827	0.830	−0.003	−0.4
00865	01	METROPOLITAN PHILADELPHIA, PA	1.162	1.168	−0.006	−0.5
00780	40	NEW HAMPSHIRE	1.091	1.101	−0.010	−0.9
21200	03	SOUTHERN MAINE	1.119	1.134	−0.015	−1.3
00570	01	DELAWARE	1.013	1.028	−0.015	−1.5
00780	50	VERMONT	0.980	0.996	−0.016	−1.6
14330	04	QUEENS, NY	1.466	1.484	−0.018	−1.2
00803	01	MANHATTAN, NY	1.808	1.829	−0.021	−1.1
00870	01	RHODE ISLAND	1.111	1.133	−0.022	−1.9
02050	99	REST OF CALIFORNIA*	1.068	1.092	−0.024	−2.2
00542	99	REST OF CALIFORNIA*	1.068	1.092	−0.024	−2.2
02050	18	LOS ANGELES	1.466	1.495	−0.029	−1.9
00973	20	PUERTO RICO	0.715	0.751	−0.036	−4.8
00900	28	FORT LAUDERDALE, FL	1.114	1.151	−0.037	−3.2
00590	04	MIAMI, FL	1.232	1.276	−0.044	−3.4
02050	26	ANAHEIM/SANTA ANA, CA	1.474	1.526	−0.052	−3.4
10230	00	CONNECTICUT	1.313	1.367	−0.054	−4.0
00623	01	DETROIT, MI	0.971	1.032	−0.061	−5.9
00700	01	METROPOLITAN BOSTON	1.366	1.433	−0.067	−4.7
00542	07	OAKLAND/BERKLEY, CA	1.339	1.411	−0.072	−5.1
00542	03	MARIN/NAPA/SOLANO, CA	1.346	1.423	−0.077	−5.4
00860	99	REST OF NEW JERSEY	1.261	1.343	−0.082	−6.1
00860	01	NORTHERN NJ	1.415	1.507	−0.092	−6.1
00542	06	SAN MATEO, CA	1.629	1.730	−0.101	−5.8
00542	09	SANTA CLARA, CA	1.548	1.651	−0.103	−6.2
00621	15	SUBURBAN CHICAGO, IL	1.207	1.313	−0.106	−8.1
00542	05	SAN FRANCISCO, CA	1.629	1.748	−0.119	−6.8
00580	01	DC + MD/VA SUBURBS	1.335	1.458	−0.123	−8.4
01120	01	HAWAII/GUAM	1.639	1.785	−0.146	−8.2
02050	17	VENTURA, CA	1.329	1.573	−0.244	−15.5

*Payment locality is serviced by two carriers.
Note: Not adjusted for budget neutrality.

ADDENDUM E.—PROPOSED 1999 MALPRACTICE GEOGRAPHIC PRACTICE COST INDEX (MGPCI) VERSUS 1997 MALPRACTICE GEOGRAPHIC PRACTICE COST INDEX, BY 1997 FEE SCHEDULE AREA

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	MGPCI		Difference	Percentage difference
			1999	1997		
00621	16	CHICAGO, IL	1.641	1.351	0.290	21.5

ADDENDUM E.—PROPOSED 1999 MALPRACTICE GEOGRAPHIC PRACTICE COST INDEX (MGPCI) VERSUS 1997 MALPRACTICE GEOGRAPHIC PRACTICE COST INDEX, BY 1997 FEE SCHEDULE AREA—Continued

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	MGPCI		Difference	Percentage difference
			1999	1997		
00621	12	EAST ST. LOUIS, IL	1.441	1.175	0.266	22.6
00621	15	SUBURBAN CHICAGO, IL	1.323	1.133	0.190	16.8
00621	99	REST OF ILLINOIS	0.960	0.803	0.157	19.6
00803	02	NYC SUBURBS/LONG I., NY	1.873	1.719	0.154	9.0
00528	01	NEW ORLEANS, LA	1.118	0.975	0.143	14.7
14330	04	QUEENS, NY	1.782	1.648	0.134	8.1
00528	99	REST OF LOUISIANA	0.999	0.891	0.108	12.1
01290	00	NEVADA	0.966	0.867	0.099	11.4
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.285	1.191	0.094	7.9
00803	01	MANHATTAN, NY	1.603	1.511	0.092	6.1
16510	16	WEST VIRGINIA	1.072	0.981	0.091	9.3
00780	50	VERMONT	0.531	0.442	0.089	20.1
00780	40	NEW HAMPSHIRE	0.982	0.895	0.087	9.7
00973	20	PUERTO RICO	0.348	0.262	0.086	32.8
02050	18	LOS ANGELES, CA	0.820	0.735	0.085	11.6
02050	26	ANAHEIM/SANTA ANA, CA	0.820	0.735	0.085	11.6
00542	03	MARIN/NAPA/SOLANO, CA	0.646	0.583	0.063	10.8
00542	05	SAN FRANCISCO, CA	0.646	0.583	0.063	10.8
00542	06	SAN MATEO, CA	0.646	0.583	0.063	10.8
00542	07	OAKLAND/BERKLEY, CA	0.646	0.583	0.063	10.8
00542	09	SANTA CLARA, CA	0.646	0.583	0.063	10.8
02050	99	REST OF CALIFORNIA*	0.677	0.614	0.063	10.3
00542	99	REST OF CALIFORNIA*	0.677	0.614	0.063	10.3
00570	01	DELAWARE	0.834	0.774	0.060	7.8
05535	00	NORTH CAROLINA	0.482	0.425	0.057	13.4
00630	00	INDIANA	0.395	0.348	0.047	13.5
00580	01	DC + MD/VA SUBURBS	1.000	0.958	0.042	4.4
10230	00	CONNECTICUT	1.020	0.978	0.042	4.3
01040	01	ATLANTA, GA	0.922	0.882	0.040	4.5
01040	99	REST OF GEORGIA	0.922	0.882	0.040	4.5
10490	00	VIRGINIA	0.540	0.506	0.034	6.7
00820	01	NORTH DAKOTA	0.636	0.603	0.033	5.5
00900	11	DALLAS, TX	0.901	0.873	0.028	3.2
00590	03	FORT WORTH, TX	0.901	0.873	0.028	3.2
00860	01	NORTHERN NJ	0.771	0.745	0.026	3.5
00860	99	REST OF NEW JERSEY	0.771	0.745	0.026	3.5
01120	01	HAWAII/GUAM	0.924	0.899	0.025	2.8
00900	99	REST OF TEXAS	0.844	0.819	0.025	3.1
02050	17	VENTURA, CA	0.695	0.671	0.024	3.6
05440	35	TENNESSEE	0.535	0.512	0.023	4.5
16360	00	OHIO	1.041	1.025	0.016	1.6
00900	31	AUSTIN, TX	0.823	0.808	0.015	1.9
00973	50	VIRGIN ISLANDS	1.000	1.000	0.000	0.0
00901	99	REST OF MARYLAND	0.839	0.843	−0.004	−0.5
00740	99	REST OF MISSOURI*	1.129	1.133	−0.004	−0.4
11260	99	REST OF MISSOURI*	1.129	1.133	−0.004	−0.4
00655	00	NEBRASKA	0.429	0.434	−0.005	−1.2
00623	01	DETROIT, MI	2.975	2.982	−0.007	−0.2
10250	00	MISSISSIPPI	0.699	0.710	−0.011	−1.5
00820	02	SOUTH DAKOTA	0.422	0.433	−0.011	−2.5
01390	02	SEATTLE (KING CNTY), WA	0.719	0.731	−0.012	−1.6
01390	99	REST OF WASHINGTON	0.719	0.731	−0.012	−1.6
11260	01	METROPOLITAN ST. LOUIS, MO	1.161	1.180	−0.019	−1.6
00660	00	KENTUCKY	0.782	0.801	−0.019	−2.4
00740	02	METROPOLITAN KANSAS CITY, MO	1.159	1.180	−0.021	−1.8
00900	18	HOUSTON, TX	1.374	1.396	−0.022	−1.6
05130	00	IDAHO	0.549	0.575	−0.026	−4.5
00520	13	ARKANSAS	0.391	0.417	−0.026	−6.2
00901	01	BALTIMORE/SURR. CNTYS, MD	1.064	1.090	−0.026	−2.4
00751	01	MONTANA	0.709	0.739	−0.030	−4.1
00623	99	REST OF MICHIGAN	1.772	1.802	−0.030	−1.7
01370	00	OKLAHOMA	0.437	0.470	−0.033	−7.0
00801	99	REST OF NEW YORK	0.769	0.802	−0.033	−4.1
00640	00	IOWA	0.628	0.664	−0.036	−5.4

ADDENDUM E.—PROPOSED 1999 MALPRACTICE GEOGRAPHIC PRACTICE COST INDEX (MGPCI) VERSUS 1997 MALPRACTICE GEOGRAPHIC PRACTICE COST INDEX, BY 1997 FEE SCHEDULE AREA—Continued

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	MGPCI		Difference	Percentage difference
			1999	1997		
00824	01	COLORADO	0.771	0.808	−0.037	−4.6
00900	09	BRAZORIA, TX	1.343	1.396	−0.053	−3.8
00900	15	GALVESTON, TX	1.343	1.396	−0.053	−3.8
00900	20	BEAUMONT, TX	1.343	1.396	−0.053	−3.8
00910	09	UTAH	0.576	0.629	−0.053	−8.4
01380	01	PORTLAND, OR	0.569	0.623	−0.054	−8.7
01380	99	REST OF OREGON	0.569	0.623	−0.054	−8.7
21200	03	SOUTHERN MAINE	0.686	0.742	−0.056	−7.5
21200	99	REST OF MAINE	0.686	0.742	−0.056	−7.5
00510	00	ALABAMA	0.849	0.906	−0.057	−6.3
01360	05	NEW MEXICO	0.694	0.774	−0.080	−10.3
00880	01	SOUTH CAROLINA	0.271	0.353	−0.082	−23.2
10240	00	MINNESOTA	0.491	0.581	−0.090	−15.5
01020	01	ALASKA	1.486	1.581	−0.095	−6.0
00900	28	FORT LAUDERDALE, FL	1.728	1.825	−0.097	−5.3
00590	99	REST OF FLORIDA	1.286	1.385	−0.099	−7.1
00865	99	REST OF PENNSYLVANIA	0.617	0.719	−0.102	−14.2
00825	21	WYOMING	0.683	0.793	−0.110	−13.9
00865	01	METROPOLITAN PHILADELPHIA, PA	1.170	1.284	−0.114	−8.9
00590	04	MIAMI, FL	2.278	2.401	−0.123	−5.1
01030	00	ARIZONA	1.152	1.291	−0.139	−10.8
00700	01	METROPOLITAN BOSTON	0.691	0.956	−0.265	−27.7
00700	99	REST OF MASSACHUSETTS	0.691	0.956	−0.265	−27.7
00650	00	KANSAS*	0.863	1.164	−0.301	−25.9
00740	04	KANSAS*	0.863	1.164	−0.301	−25.9
00951	00	WISCONSIN	0.815	1.134	−0.319	−28.1
00870	01	RHODE ISLAND	1.152	1.534	−0.382	−24.9

*Payment locality is serviced by two carriers.
Note: Not adjusted for budget neutrality.

ADDENDUM F.—PROPOSED 1999 VERSUS 1997 GEOGRAPHIC ADJUSTMENT FACTOR (GAF) BY 1997 FEE SCHEDULE AREA

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	GAF		Difference	Percent difference
			1999	1997		
00973	50	VIRGIN ISLANDS	0.995	0.972	0.023	2.4
00621	16	CHICAGO, IL	1.081	1.064	0.017	1.6
00901	99	REST OF MARYLAND	0.978	0.962	0.016	1.7
00621	12	EAST ST. LOUIS, IL	0.986	0.972	0.014	1.4
00528	99	REST OF LOUISIANA	0.934	0.924	0.010	1.1
00621	99	REST OF ILLINOIS	0.931	0.922	0.009	1.0
00528	01	NEW ORLEANS, LA	0.984	0.975	0.009	0.9
00820	01	NORTH DAKOTA	0.905	0.896	0.009	1.0
00803	02	NYC SUBURBS/LONG I., NY	1.173	1.166	0.007	0.6
00820	02	SOUTH DAKOTA	0.885	0.878	0.007	0.8
00900	31	AUSTIN, TX	0.984	0.977	0.007	0.7
01290	00	NEVADA	1.014	1.008	0.006	0.6
00803	03	POUGHKPSIE/N NYC SUBURBS, NY	1.053	1.047	0.006	0.6
01380	01	PORTLAND, OR	0.985	0.979	0.006	0.6
00900	99	REST OF TEXAS	0.928	0.922	0.006	0.7
01390	99	REST OF WASHINGTON	0.967	0.961	0.006	0.6
16510	16	WEST VIRGINIA	0.923	0.917	0.006	0.7
00780	40	NEW HAMPSHIRE	1.006	1.001	0.005	0.5
00824	01	COLORADO	0.969	0.964	0.005	0.5
05535	00	NORTH CAROLINA	0.927	0.922	0.005	0.5
01040	99	REST OF GEORGIA	0.939	0.934	0.005	0.5
01040	01	ATLANTA, GA	1.013	1.009	0.004	0.4
00751	01	MONTANA	0.909	0.905	0.004	0.4
14330	04	QUEENS, NY	1.164	1.160	0.004	0.3
00910	09	UTAH	0.929	0.925	0.004	0.4

ADDENDUM F.—PROPOSED 1999 VERSUS 1997 GEOGRAPHIC ADJUSTMENT FACTOR (GAF) BY 1997 FEE SCHEDULE AREA—Continued

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	GAF		Difference	Percent difference
			1999	1997		
05130	00	IDAHO	0.912	0.909	0.003	0.3
10490	00	VIRGINIA	0.945	0.942	0.003	0.3
00780	50	VERMONT	0.956	0.953	0.003	0.3
01020	01	ALASKA	1.128	1.125	0.003	0.3
00900	11	DALLAS, TX	1.007	1.004	0.003	0.3
00630	00	INDIANA	0.926	0.924	0.002	0.2
00660	00	KENTUCKY	0.922	0.920	0.002	0.2
10250	00	MISSISSIPPI	0.899	0.897	0.002	0.2
00803	01	MANHATTAN, NY	1.224	1.222	0.002	0.2
00900	09	BRAZORIA, TX	1.002	1.000	0.002	0.2
02050	18	LOS ANGELES	1.102	1.101	0.001	0.1
01390	02	SEATTLE (KING CNTY), WA	1.022	1.021	0.001	0.1
00640	00	IOWA	0.911	0.910	0.001	0.1
00973	20	PUERTO RICO	0.794	0.793	0.001	0.1
05440	35	TENNESSEE	0.922	0.921	0.001	0.1
00520	13	ARKANSAS	0.886	0.886	0.000	0.0
02050	99	REST OF CALIFORNIA*	1.006	1.006	0.000	0.0
00542	99	REST OF CALIFORNIA*	1.006	1.006	0.000	0.0
00570	01	DELAWARE	1.013	1.013	0.000	0.0
00655	00	NEBRASKA	0.893	0.893	0.000	0.0
16360	00	OHIO	0.971	0.971	0.000	0.0
01380	99	REST OF OREGON	0.932	0.932	0.000	0.0
00900	18	HOUSTON, TX	1.031	1.031	0.000	0.0
00900	20	BEAUMONT, TX	0.970	0.970	0.000	0.0
00590	03	FORT WORTH, TX	0.976	0.976	0.000	0.0
00825	21	WYOMING	0.923	0.923	0.000	0.0
00621	15	SUBURBAN CHICAGO, IL	1.046	1.047	−0.001	−0.1
01030	00	ARIZONA	0.992	0.993	−0.001	−0.1
00740	02	METROPOLITAN KANSAS CITY, MO	0.980	0.981	−0.001	−0.1
11260	01	METROPOLITAN ST. LOUIS, MO	0.981	0.982	−0.001	−0.1
00801	99	REST OF NEW YORK	0.971	0.972	−0.001	−0.1
00900	15	GALVESTON, TX	0.997	0.998	−0.001	−0.1
02050	26	ANAHEIM/SANTA ANA, CA	1.089	1.090	−0.001	−0.1
00901	01	BALTIMORE/SURR. CNTYS, MD	1.029	1.030	−0.001	−0.1
00623	99	REST OF MICHIGAN	1.009	1.010	−0.001	−0.1
00510	00	ALABAMA	0.928	0.930	−0.002	−0.2
01360	05	NEW MEXICO	0.933	0.935	−0.002	−0.2
01370	00	OKLAHOMA	0.907	0.909	−0.002	−0.2
00865	99	REST OF PENNSYLVANIA	0.947	0.949	−0.002	−0.2
00880	01	SOUTH CAROLINA	0.912	0.914	−0.002	−0.2
21200	99	REST OF MAINE	0.932	0.935	−0.003	−0.3
10240	00	MINNESOTA	0.956	0.959	−0.003	−0.3
00740	99	REST OF MISSOURI*	0.906	0.909	−0.003	−0.3
11260	99	REST OF MISSOURI*	0.906	0.909	−0.003	−0.3
00590	99	REST OF FLORIDA	0.978	0.982	−0.004	−0.4
00542	03	MARIN/NAPA/SOLANO, CA	1.056	1.061	−0.005	−0.5
21200	03	SOUTHERN MAINE	0.985	0.990	−0.005	−0.5
00542	07	OAKLAND/BERKLEY, CA	1.085	1.090	−0.005	−0.5
10230	00	CONNECTICUT	1.098	1.104	−0.006	−0.5
00865	01	METROPOLITAN PHILADELPHIA, PA	1.057	1.063	−0.006	−0.6
00860	99	REST OF NEW JERSEY	1.042	1.049	−0.007	−0.7
00623	01	DETROIT, MI	1.126	1.133	−0.007	−0.6
00542	06	SAN MATEO, CA	1.120	1.128	−0.008	−0.7
00542	09	SANTA CLARA, CA	1.124	1.132	−0.008	−0.7
00860	01	NORTHERN NJ	1.098	1.107	−0.009	−0.8
00542	05	SAN FRANCISCO, CA	1.142	1.151	−0.009	−0.8
00900	28	FORT LAUDERDALE, FL	1.043	1.052	−0.009	−0.9
00580	01	DC +MD/VA SUBURBS	1.093	1.103	−0.010	−0.9
00590	04	MIAMI, FL	1.101	1.111	−0.010	−0.9
00700	99	REST OF MASSACHUSETTS	1.028	1.038	−0.010	−1.0
00650	00	KANSAS*	0.931	0.943	−0.012	−1.3
00740	04	KANSAS*	0.931	0.943	−0.012	−1.3
00951	00	WISCONSIN	0.953	0.965	−0.012	−1.2
01120	01	HAWAII/GUAM	1.070	1.083	−0.013	−1.2

ADDENDUM F.—PROPOSED 1999 VERSUS 1997 GEOGRAPHIC ADJUSTMENT FACTOR (GAF) BY 1997 FEE SCHEDULE AREA—Continued

[In descending order of difference]

Carrier No.	Locality No.	Fee schedule area	GAF		Difference	Percent difference
			1999	1997		
00700	01	METROPOLITAN BOSTON	1.086	1.106	−0.020	−1.8
00870	01	RHODE ISLAND	1.045	1.065	−0.020	−1.9
02050	17	VENTURA, CA	1.053	1.077	−0.024	−2.2

*Payment locality is serviced by two carriers.
Note: Not adjusted for budget neutrality.

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Part III

Department of Agriculture

Cooperative State Research, Education, and Extension Service

Special Research Grants Program—Pest Management Alternatives Research: Special Program Addressing Food Quality Protection Act Issues for Fiscal Year 1997; Notice

DEPARTMENT OF AGRICULTURE

Cooperative State Research, Education, and Extension Service

Special Research Grants Program—Pest Management Alternatives Research: Special Program Addressing Food Quality Protection Act Issues for Fiscal Year 1997; Request for Proposals

AGENCY: Cooperative State Research, Education, and Extension Service, USDA.

ACTION: Notice of availability of grant funds and request for proposals

SUMMARY: Proposals are invited for competitive grant awards under the Special Research Grants Program—Pest Management Alternatives Research: Special Program addressing Food Quality Protection Act Issues for fiscal year (FY) 1997. This program addresses anticipated changes in pest management on food and feed crops resulting from pesticide review under the Food Quality Protection Act of 1996 (FQPA), Public Law 104–170. The goal of the program is to develop or identify alternatives for critical needs to insure that crop food producers have reliable methods of managing pest problems. The program has been developed pursuant to the Memorandum of Understanding (MOU) between the U.S. Department of Agriculture (USDA) and the U.S. Environmental Protection Agency (EPA) signed August 15, 1994, and amended April 18, 1996, which establishes a coordinated framework for these two agencies to support programs that make alternative pest management materials available to agricultural producers when regulatory action by EPA or voluntary cancellation by the registrant results in the unavailability of certain agricultural pesticides or pesticide uses. In this MOU, USDA and EPA agreed to: (1) Cooperate in supporting the development and implementation of agricultural pest management approaches that are conducted in the most environmentally-sound manner possible, with sufficient pest management alternatives to reduce risks to human health and the environment, to reduce the incidence of pest resistance to pesticides and to ensure economical agricultural production; and (2) cooperate in establishing a process to conduct the research, technology transfer and registration activities necessary to ensure adequate pest management alternatives are available to meet important agricultural needs for situations in which regulatory action would result in pest management problems.

The emphasis of this program is to develop mitigation strategies and/or pest management alternatives based on use and usage data for pesticides that are considered a high priority for tolerance review and reassessment under FQPA.

DATES: Project grant applications must be received on or before August 4, 1997. Proposals received after August 4, 1997 will not be considered for funding.

ADDRESSES: Proposals sent by First Class mail must be sent to the following address: Proposal Services Unit, Grants Management Branch; Office of Extramural Programs; Cooperative State Research, Education, and Extension Service; U.S. Department of Agriculture; STOP 2245; 1400 Independence Avenue, S.W.; Washington, D.C. 20250–2245. Telephone: (202) 401–5048.

Proposals that are delivered by Express mail, courier service, or by hand must be sent to the following address: Proposal Services Unit, Grants Management Branch; Office of Extramural Programs; Cooperative State Research, Education, and Extension Service; U.S. Department of Agriculture; Room 303, Aerospace Center; 901 D Street, S.W.; Washington, D.C. 20024. Telephone: (202) 401–5048.

FOR FURTHER INFORMATION CONTACT: Michael Fitzner, Cooperative State Research, Education, and Extension Service; U.S. Department of Agriculture; STOP 2220; 1400 Independence Avenue, S.W.; Washington, D.C. 20250–2220. Telephone: (202) 401–4939; fax number: (202) 401–4888; e-mail address: mfitzner@reeusda.gov.

SUPPLEMENTARY INFORMATION:

Authority

This program is administered by the Cooperative State Research, Education, and Extension Service (CSREES), USDA. The authority is contained in section 2(c)(1)(A) of the Act of August 4, 1965, Public Law 89–106, as amended (7 U.S.C. 450i(c)(1)(A)). Under this authority, subject to the availability of funds, the Secretary may make grants, for periods not to exceed five years, to State agricultural experiment stations, all colleges and universities, other research institutions and organizations, Federal agencies, private organizations or corporations, and individuals for the purpose of conducting research to facilitate or expand promising breakthroughs in areas of the food and agricultural sciences of importance to the United States.

Proposals from scientists affiliated with non-United States organizations are not eligible for funding nor are scientists who are directly or indirectly engaged in the registration of pesticides for profit; however, their collaboration with funded projects is encouraged.

The Pest Management Alternatives Program was established to support the development and implementation of pest management alternatives when regulatory action by EPA or voluntary cancellation by the registrant results in the unavailability of certain agricultural pesticides or pesticide uses. On January 6, 1997, the program solicited proposals addressing a specific list of pest-crop combinations, and funds have been obligated for proposals recommended for funding by a review panel. The special program described in this second request for proposals will address specific needs anticipated to result from implementation of the Food Quality Protection Act of 1996. Approximately, $400,000 from the Pest Management Alternatives Program with additional funding from EPA is being made available for this request for proposals. Any proposal meeting the criteria under this RFP will be considered for funding provided the eligibility requirements are met.

Available Funding

The amount available for support of this program in FY 1997 is approximately $700,000. Proposals should be for no more than a two-year period. However, proposals that focus on or the portion of the proposal that focuses on the generation of use and usage data (see ''Use and Usage Data Acquisition'' section below) must be completed within one year.

Section 712 of the Agriculture, Rural Development, Food and Drug Administration, and Related Agencies Appropriations Act, 1997, Public Law 104–180, prohibits CSREES from paying indirect costs on research grants that exceed 14 percent of total Federal funds provided for each award under this program. In addition, section 716(b) of that Act provides that, in the case of any equipment or product that may be authorized to be purchased with funds appropriated under that Act, entities receiving such funds are encouraged to use such funds to purchase only American-made equipment or products.

Applicable Regulations

This program is subject to the administrative provisions for the Special Research Grants Program found in 7 CFR Part 3400 (56 FR 58147, November 15, 1991), which set forth procedures to be followed when submitting grant proposals, rules governing the evaluation of proposals,

the processes regarding the awarding of grants, and regulations relating to the post-award administration of such grants. Other Federal statutes and regulations apply to grant proposals considered for review or to grants awarded under this program. These include, but are not limited to:

7 CFR Part 3019—USDA Uniform Administrative Requirements for Grants and Agreements with Institutions of Higher Education, Hospitals, and Other Non-Profit Organizations; and

7 CFR Part 3051—Audits of Institutions of Higher Education and Other Nonprofit Institutions.

Program Description

This competitive grants program addresses the need for reliable pesticide use and usage data, and modification of existing approaches or introduction of new methods that can be rapidly brought to bear on pest management challenges. This program was created to meet the policy goals set forth in sections 1439 and 1484 of the Food, Agriculture, Conservation and Trade Act of 1990, Public Law 101–624. These activities pertain to pesticides identified for possible regulatory action under section 210 of FQPA, that amends the Federal Insecticide, Fungicide, and Rodenticide Act.

CSREES is seeking proposals that address implementation of FQPA through two categories of activity: (1) The acquisition of use and usage data and (2) the identification or development of replacement or mitigation technologies. Proposals to conduct one or both of the following two categories of activity will be accepted.

I. *Use and Usage Data Acquisition:* Data generation and analyses establishing the scope of potential alternative pest management needs for a large number of crops, especially minor crops, which currently rely on pesticides identified in Appendix I. Data on the actual amount of use and specific use patterns of identified pesticides are desired as are the analyses that will help determine and refine the scope of future research needed to develop mitigation or alternative management strategies. These data and analyses should lead to an improved understanding of how identified pesticides are used on various crops, the role of each pesticide and its particular use pattern for pest management, potential alternative management strategies and associated constraints, and options for mitigating dietary risk through altering use patterns while maintaining the benefits of the pesticide (however, residue analyses will not be supported with these funds). Emphasis should be placed on the ability to capture data needed by decision-makers in a form that facilitates data entry and that allows manipulation for data analysis and report generation. Proposals for an information management system will be considered. Proposals under this category must complete and provide a final report within one year. Successful applicants will be provided with information to submit use and usage data electronically.

II. Replacement or Mitigation Technologies

Identification and demonstration of pest management alternatives or mitigation procedures for one or more pesticides identified in Appendix I for which there are no effective alternatives. The focus should be on modification of existing approaches or introduction of new methods, especially ecologically-based methods, that can be rapidly brought to bear on pest management challenges resulting from implementation of FQPA. Durability and practicality of the proposed pest management option(s) or mitigation procedure(s), and compatibility with integrated pest management systems is critical. Both technological and economic feasibility should be considered. Pest management alternatives or risk mitigation options identified should address various EPA risk concerns for pesticides being reviewed under FQPA (e.g., dietary or worker exposure, groundwater or ecological risk). Replacements for methyl bromide are not addressed by this request for proposals.

Proposals must show evidence of significant involvement of producers or other pesticide user groups in project design and implementation, including data acquisition and analysis, and the identification of potential solutions. Producers as used herein refers to farmers or users. Public-private partnerships and matching resources from non-Federal sources, including producer or commodity groups, are encouraged. Proposals should describe how state and federal registrations of new pest management options will be obtained when they are required prior to use of new methods.

Proposal Format

Members of review committees and the staff expect each project description to be complete in itself. The administrative provisions governing the Special Research Grants Program, 7 CFR Part 3400, set forth instructions for the preparation of grant proposals. The following requirements deviate from those contained in § 3400.4(c). The following provisions of this solicitation shall apply. Proposals submitted to the program should address the format requirements described below.

The pages should be numbered. The text must be prepared on only one side of the page, single-spaced, using no type less than 12 point (10 cpi) font size with one-inch margins. Items (3) through (6) should total no more than 12 pages.

(1) *Application for Funding (Form CSREES–661).* All proposals must contain an Application for Funding, Form CSREES–661, which must be signed by the proposed principal investigator(s) and endorsed by the cognizant Authorized Organizational Representative who possesses the necessary authority to commit the applicant's time and other relevant resources. Principal investigators who do not sign the proposal cover sheet will not be listed on the grant document in the event an award is made. The title of the proposal must be brief (80-character maximum), yet represent the major emphasis of the project. Because this title will be used to provide information to those who may not be familiar with the proposed project, highly technical words or phraseology should be avoided where possible. In addition, phrases such as ''investigation of'' or ''research on'' should not be used.

(2) *Table of Contents.* For ease in locating information, each proposal must contain a detailed table of contents just after the proposal cover page. The Table of Contents should include page numbers for each component of the proposal. Pagination should begin immediately following the Table of Contents.

(3) *Executive Summary.* Describe the project in terms that can be understood by a diverse audience of university personnel, producers, various public and private groups, budget staff, and the general public. This should be on a separate page, no more than one page in length and have the following format: Name(s) of principal investigator(s) and institutional affiliation, project title, key words and project summary.

(4) *Problem Statement.* Identify the pest management problem addressed, its significance and options for solution. Define the scope of the proposed project in terms of the number of pesticide products and commodities to be evaluated. Describe the production area addressed by the proposed solution and the potential applicability to other production regions. This includes the documentation of uses and use patterns, evaluation of significant reduction of risk to human health or the

environment; viable alternatives; and potential losses that will occur without the alternative(s) or mitigation procedures being developed under this proposal.

(5) *Rationale and Significance.* Provide explicit documentation on the basis and rationale for the proposed project, including pesticide use, timing of application, rates of application, pest pressure and other use parameters that are documented in various crop production regions (See Appendix II). Environmental issues, human safety, or resistance management concerns should be addressed, as appropriate, if they are expected to be impacted by cancellation or revision of tolerances under FQPA. Compatibility with current integrated pest management (IPM) and crop production practices, technologic and economic feasibility and potential durability should be addressed.

(6) *Research, Education and Technology Transfer Plan.* Each proposal should provide a detailed plan for the research, education and technology transfer required to implement the alternative solution in the field, and should identify milestones.

(7) *User Involvement.* Provide documentation on producer or other pesticide user involvement in identification of the proposed solution and involvement in implementing the proposed solution. Involvement of producers or other pesticide users either through funding, proposal development, or project performance, is mandatory for funding.

(8) *Facilities and Equipment.* All facilities and major items of equipment that are available for use or assignment to the proposed research project during the requested period of support should be described. In addition, items of nonexpendable equipment necessary to conduct and successfully conclude the proposed project should be listed with the amount and justification for each item.

(9) *Collaborative Arrangements.* If the nature of the proposed project requires collaboration or subcontractual arrangements with other research scientists, corporations, organizations, agencies, or entities, the applicant must identify the collaborator(s) and provide a full explanation of the nature of the collaboration. Funding contributions by collaborators that will be used to accomplish the stated objectives should be identified. Evidence (i.e., letters of intent) should be provided to assure peer reviewers that the collaborators involved have agreed to render this service. In addition, the proposal must indicate whether or not such a collaborative arrangement(s) has the potential for conflict(s) of interest.

(10) *Personnel Support.* To assist peer reviewers in assessing the competence and experience of the proposed project staff, key personnel who will be involved in the proposed project must be clearly identified. For each principal investigator involved, and for all senior associates and other professional personnel who are expected to work on the project, whether or not funds are sought for their support, the following should be included:

(i) An estimate of the time commitments necessary;

(ii) Curriculum vitae. The curriculum vitae should be limited to a presentation of academic and research credentials, e.g., educational, employment and professional history, and honors and awards. Unless pertinent to the project, to personal status, or to the status of the organization, meetings attended, seminars given, or personal data such as birth date, marital status, or community activities should not be included. Each vitae shall be no more than two pages in length, excluding the publication lists; and

(iii) Publication List(s). A chronological list of all publications in referred journals during the past five years, including those in press, must be provided for each professional project member for whom a curriculum vitae is provided. Authors should be listed in the same order as they appear on each paper cited, along with the title and complete reference as these items usually appear in journals.

(11) *Budget.* A detailed budget is required for each year of requested support. In addition, a summary budget is required detailing requested support for the overall project period. A copy of the form which must be used for this purpose, Form CSREES–55, along with instructions for completion, is included in the Application Kit and may be reproduced as needed by applicants. Funds may be requested under any of the categories listed, provided that the item or service for which support is requested may be identified as necessary for successful conduct of the proposed project, is allowable under applicable Federal cost principles, and is not prohibited under any applicable Federal statute. However, the recovery of indirect costs under this program may not exceed the lesser of the grantee institution's official negotiated indirect cost rate or the equivalent of 14 percent of total Federal funds awarded. This limitation also applies to the recovery of indirect costs by any subawardee or subcontractor, and should be reflected in the subrecipient budget.

Note: For projects awarded under the authority of Section 2(c)(1)(A) of Public Law 89–106, no funds will be awarded for the renovation or refurbishment of research spaces; the purchase or installation of fixed equipment in such spaces; or for the planning, repair, rehabilitation, acquisition, or construction of a building or facility.

(12) *Research Involving Special Considerations.* If it is anticipated that the research project will involve recombinant DNA or RNA research, experimental vertebrate animals, or human subjects, an Assurance Statement, Form CSREES–662, must be completed and included in the proposal. Please note that grant funds will not be released until CSREES receives and approves documentation indicating approval by the appropriate institutional committee(s) regarding DNA or RNA research, animal care, or the protection of human subjects, as applicable.

(13) *Current and Pending Support.* All proposals must contain Form CSREES–663 listing this proposal and any other current public or private research support (including in-house support) to which key personnel identified in the proposal have committed portions of their time, whether or not salary support for the person(s) involved is included in the budget. Analogous information must be provided for any pending proposals that are being considered by, or that will be submitted in the near future to, other possible sponsors, including other USDA programs or agencies. Concurrent submission of identical or similar proposals to other possible sponsors will not prejudice proposal review or evaluation by the Administrator of CSREES for this purpose. However, a proposal that duplicates or overlaps substantially with a proposal already reviewed and funded (or that will be funded) by another organization or agency will not be funded under this program.

(14) *Additions to Project Description.* The Administrator of CSREES, the members of peer review groups, and the relevant program staff expect each project description to be complete while meeting the page limit established in this section (Proposal Format). However, if the inclusion of additional information is necessary to ensure the equitable evaluation of the proposal (e.g., photographs that do not reproduce well, reprints, and other pertinent materials that are deemed to be unsuitable for inclusion in the text of the proposal), then 14 copies of the materials should be submitted. Each set of such materials must be identified with the name of the submitting organization, and the name(s) of the

principal investigator(s). Information may not be appended to a proposal to circumvent page limitations prescribed for the project description. Extraneous materials will not be used during the peer review process.

(15) *Organizational Management Information.* Specific management information relating to an applicant shall be submitted on a one-time basis prior to the award of a grant for this program if such information has not been provided previously under this or another program for which the sponsoring agency is responsible. If necessary, USDA will contact an applicant to request organizational management information once a proposal has been recommended for funding.

Compliance With the National Environmental Policy Act

As outlined in 7 CFR Part 3407 (CSREES's implementation of the National Environmental Policy Act of 1969 (NEPA), as amended (42 U.S.C. 4321 *et seq.*)), the environmental data or documentation for any proposed project is to be provided to CSREES in order to assist CSREES in carrying out its responsibilities under NEPA. In some cases, however, the preparation of environmental data or documentation may not be required. Certain categories of actions are excluded from the requirements of NEPA. The USDA and CSREES exclusions are listed in 7 CFR 1b.3 and 7 CFR 3407.6, respectively.

In order for CSREES to determine whether any further action is needed with respect to NEPA (e.g., preparation of an environmental assessment (EA) or environmental impact statement (EIS)), pertinent information regarding the possible environmental impacts of a proposed project is necessary; therefore, the National Environmental Policy Act Exclusions Form (Form CSREES–1234) provided in the Application Kit must be included in the proposal indicating whether the applicant is of the opinion that the project falls within one or more of the categorical exclusions. Form CSREES–1234 should follow Form CSREES–661, Application for Funding, in the proposal.

Even though a project may fall within the categorical exclusions, CSREES may determine that an EA or an EIS is necessary for an activity, if substantial controversy on environmental grounds exists or if other extraordinary conditions or circumstances are present that may cause such activity to have a significant environmental effect.

Proposal Evaluation

Proposals will be evaluated by the Administrator of CSREES assisted by a peer panel with IPM expertise and ad hoc reviewers. Representatives from affected user groups, IR–4, the National Agricultural Pesticide Impact Assessment Program (NAPIAP), and EPA will serve as ad hoc reviewers. Proposals will be evaluated with the following criteria:

1. Relationship to implementation of FQPA—10 points.

An evaluation of how well the proposal relates to issues of implementation of FQPA and how it may be used by producers and various public and private groups in changing management systems in response to FQPA. The proposal should have practical usefulness in implementing FQPA and should result in a better understanding of the importance of the identified pesticide(s) to each commodity.

2. Appropriateness of the Budget—5 points.

An evaluation of appropriate and detailed budget request and collaborative funding to accomplish the proposed project; collaborative arrangements must be clearly documented.

3. Problem Statement, Background and Rationale—15 points.

Includes the documentation of uses and use patterns, evaluation of significant reduction of risk to human health or the environment; evaluation of existing alternatives; and documentation of significant potential losses likely to occur without the alternative(s) or mitigation procedures being developed under this proposal.

4. Methodology—20 points.

Evaluation of a detailed plan for data acquisition and analysis (Category I) or research (Category II). For Category II, a summary of past research or extension activities that demonstrate the practicability of the proposed alternative(s), including evaluation of whether the proposed solutions could rapidly be brought to bear on critical problems and whether registration considerations are addressed where they are required implementation of alternatives.

5. Education and Technology Transfer—20 points. A plan on how results will be shared and utilized by key producer groups, governmental and non-governmental agencies, etc.

6. User Involvement—15 points. Evaluation includes user involvement in the identification of uses, use patterns and risk mitigation procedures; potential approaches to solutions and the opportunity for public/private partnerships and matching resources from producer or commodity groups.

7. Integration of Ecologically-Based Solutions—15 points. Includes the evaluation of ecologically-based alternatives as partially or fully effective solutions to the pest management problems being addressed and an analysis of the durability and the technologic and economic feasibility of the proposed alternatives. This criterion only applies to proposals, or sections of proposals, that will identify or develop replacement or mitigation technologies (category II).

Note: Proposals to document use and usage patterns and proposed solutions should not exceed one year.

CSREES receives grant proposals in confidence and will protect the confidentiality of their contents to the maximum extent permitted by law. Information contained in unsuccessful proposals will remain the property of the applicant. However, CSREES will retain for one year one file copy of all proposals received; extra copies will be destroyed.

When a proposal results in a grant, it becomes a part of the public record, available to the public upon specific request under the Freedom of Information Act (FOIA). Information that the Secretary of Agriculture determines to be of a privileged nature will be held in confidence to the extent permitted by law. Therefore, any information that the applicant wishes to have considered as privileged should be clearly marked by the applicant with the term ''confidential proprietary information.''

Programmatic Contact

For additional information on the program, please contact: Dr. Michael Fitzner; Cooperative State Research, Education, and Extension Service; U.S. Department of Agriculture; STOP 2220; 1400 Independence Avenue, SW., Washington, DC 20250–2220; Telephone: (202) 401–4939; Fax Number: (202) 401–4888; E-mail address: mfitzner@reeusda.gov.

How To Obtain Application Materials

Copies of this solicitation, the administrative provisions for the Program (7 CFR Part 3400), and the Application Kit, which contains required forms, certifications, and instructions for preparing and submitting applications for funding, may be obtained by contacting: Proposal Services Unit, Grants Management Branch; Office of Extramural Programs; Cooperative State Research, Education,

and Extension Service; U.S. Department of Agriculture; STOP 2245; 1400 Independence Avenue, SW., Washington, DC 20250–2245; Telephone: (202) 401–5048. When contacting the Proposal Services Unit, please indicate that you are requesting forms for the Special Research Grants Program—Pest Management Alternatives Research: Special Program Addressing Food Quality Protection Act Issues.

Application materials may also be requested via Internet by sending a message with your name, mailing address (not e-mail) and telephone number to psb@reeusda.gov that states that you wish to receive a copy of the application materials for the FY 1997 Special Research Grants Program, Pest Management Alternatives Research: Special Program Addressing Food Quality Protection Act Issues. The materials will then be mailed to you (not e-mailed) as quickly as possible.

Proposal Submission

What To Submit

An original and 14 copies of a proposal must be submitted. Each copy of each proposal must be stapled securely in the upper left-hand corner (Do Not Bind). All copies of the proposal must be submitted in one package.

Where and When To Submit

Proposals must be received on or before August 4, 1997. Proposals sent by First Class mail must be sent to the following address: Proposal Services Unit, Grants Management Branch, Office of Extramural Programs, Cooperative State Research, Education, and Extension Service, U.S. Department of Agriculture, Stop 2245, 1400 Independence Avenue, SW., Washington, DC 20250–2245, Telephone: (202) 401–5048.

Proposals that are delivered by Express mail, a courier service, or by hand must be submitted to the following address (note that the zip code differs from that shown above): Proposal Services Unit, Grants Management Branch; Office of Extramural Programs; Cooperative State Research, Education, and Extension Service; U.S. Department of Agriculture; Room 303, Aerospace Center; 901 D Street, SW., Washington, DC 20024; Telephone: (202) 401–5048.

SUPPLEMENTARY INFORMATION: For reasons set forth in the final rule-related Notice to 7 CFR Part 3015, Subpart V (48 FR 29115, June 24, 1983), this program is excluded from the scope of Executive Order No. 12372 which requires intergovernmental consultation with State and local officials. Under the provisions of the Paperwork Reduction Action of 1980 (44 U.S.C. 3504(h)), the collection of information requirements contained in this Notice have been approved under OMB Document No. 0524–0022.

Done at Washington, DC, on this 12th day of June, 1997.

B.H. Robinson,

Administrator, Cooperative State Research, Education, and Extension Service.

Appendix I—Pesticides Addressed by the 1997 Special Research Grants Program, Pest Management Alternatives Research: Special Program Addressing Food Quality Protection Act Issues

F = fungicide I = insecticide H = herbicide AM = antimicrobial N = nematicide

Organophosphates

Acephate—I
Azinphos-methyl—I
Bensulide—H
Chlorethoxyfos—I
Chlorpyrifos—I
Chlorpyrifos methyl—I
Coumaphos—I
DEF—Defoliant
Diazinon—I
Dichlorvos -I
Dicrotophos—I
Dimethoate—I
Disulfoton—I
Ethion—I
Ethoprop -I, N
Ethyl parathion—I
Fenamiphos—I, N
Fenitrothion—I
Fenthion—I
Fonofos -I
Fosamine ammonium—plant growth regulator
Isofenphos—I
Malathion -I
Methamidophos—I
Methidathion—I
Methyl parathion—I
Naled—I
Oxydemeton methyl—I
Phorate—I
Phosmet—I
Phostebupirim—I
Pirimiphos methyl -I
Profenofos—I
Propetamphos—I
Sulfotepp—I
Sulprofos—I
Temephos—I
Terbufos—I
Tetrachlorvinphos—I
Trichlorfon—I

Carbamates

2EEEBC—F
Aldicarb—I, N
Asulam—H
Bendiocarb—I
Benomyl—F
Carbaryl—I
Carbendazim—F
Carbofuran—I, N
Chlorpropham—H
Desmidipham—H
Fenoxycarb—I
Formetanate HC—I
Methiocarb—I
Methomyl—I
Oxamyl—I, N
Phenmedipham—H
Propamocarb hydrochloride—F
Propoxur—I
Thiodicarb—I
Thiophanate methyl—F
Troysan KK—AM, F

Potential Carcinogens (B1's and B2's)

Acetochlor—H
Aciflourfen sodium—H
Alachlor—H
Amitrol—H
Cacodylic acid—H
Captan—F
Chlorothalonil—F
Creosote—wood preservative
Cyproconazole—F
Daminozide (Alar)—growth retardant
ETO—fumigant, sterilant
Fenoxycarb—IGR
Folpet—F
Formaldehyde—fumigant, germicide
Heptachlor—I
Iprodione—F
Lactofen—H
Lindane—I
Mancozeb—F
Maneb—F
Metam sodium—F, I, H, N, soil fumigant
Metiram—F
MGK repellent—repellent, synergist
Orthophenylphenol—AM, F, virucide
Oxythioquinox—I
Pentachlorophenol—F
Pronamide—H
Propargite—I
Propoxur—I
Propylene oxide—AM, I, F
Telone—N, soil fumigant
Terrazole—F
Thiodicarb—I
TPTH—F
Vinclozolin—F

APPENDIX II.—INFORMATION NEEDED/USEFUL FOR USE AND USAGE DATA

Assessment	Dietary	Occupational	Residential (lawn and structural treatments)	Environmental—Water	Environmental—Non-target
Usage/Use Data	% crop treated max. application info. (rate, # applications, timing). Typical application info (when available).	Acres treated ..... acres treated: commercial v. private applicators (if info available), concentration, formulation, personal protective equipment (PPE), restricted entry interval (REI), max. application information (rate, timing, frequency, methods).	Use directions from product labels (frequently use directions and limitations are unclear or unspecified). Quantities used (information frequently not available or not reliable).	Acres treated, concentration, formulation, application information (rate, timing, frequency, method).	Acres treated, concentration, formulation, application information (rate, timing, frequency, method).
Information Useful in Evaluation of Risk Reduction from Risk Mitigation Measures.	Information about typical use —number of application, rates, timing, % crop treated, regional use information, alternative pesticides and pest control methods, actual residue levels, efficacy of reduced rates.	Typical application methods, rates, timing, duration of application, season when applied, use by private v. commercial applicators, typical application equipment—closed cabs, etc., efficacy of reduced rates.	Total amount used amounts, finished spray applied, % sites treated, methods of application, formulations/packaging, efficacy of reduced rates.	Geographical use information (by region, state, county), soil vulnerability date (depth to water table, soil characteristics), efficacy of reduced rates.	Geographical use information, typical use information, methods of application, alternative pesticides and pest control methods, efficacy of reduced rates, season when applied.

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BILLING CODE 3410–22–P

Wednesday
June 18, 1997

Part IV

Federal Trade Commission

16 CFR Part 245

Request for Comments Concerning Guides for the Watch Industry; Proposed Rule

FEDERAL TRADE COMMISSION

16 CFR Part 245

Request for Comments Concerning Guides for the Watch Industry

AGENCY: Federal Trade Commission.

ACTION: Request for public comments.

SUMMARY: The Federal Trade Commission (the ''Commission'') is requesting public comments on proposed revisions to the Guides for the Watch Industry (''the Watch Guides'' or ''the Guides''). The Commission also is soliciting comment about whether there is a continuing need for the Watch Guides. All interested persons are hereby given notice of the opportunity to submit written data, views and arguments concerning this proposal. This information will assist the Commission in determining whether the Guides should be revised and retained, or whether the Guides should be rescinded.

DATES: Written comments will be accepted until September 2, 1997.

ADDRESSES: Comments should be directed to: Secretary, Federal Trade Commission, Room H–159, Sixth and Pennsylvania Ave., N.W., Washington, D.C. 20580. Comments about these proposed changes to the Watch Guides should be identified as ''Watch Guides—16 CFR Part 245—Comment.''

FOR FURTHER INFORMATION CONTACT: Constance M. Vecellio or Laura J. DeMartino, Attorneys, Federal Trade Commission, Washington, D.C. 20580, (202) 326–2966 or (202) 326–3030.

SUPPLEMENTARY INFORMATION:

I. Introduction

The Guides for the Watch Industry, 16 CFR Part 245, address claims made about watches, watchcases, watch accessories and watch bands that are permanently attached to watchcases. The Commission published a **Federal Register** Notice (''FRN'') soliciting public comment on amendments to the Watch Guides, in response to a petition from the Jewelers Vigilance Committee, Inc. (''JVC'').[1]

While there was extensive comment in response to the FRN (263 comments were received), most comments focused on the Jewelry Guides rather than on the Watch Guides.[2] Approximately ten comments focused primarily on the Watch Guides.[3] The Commission has tentatively decided to make numerous changes that were not suggested in the JVC petition or mentioned in the FRN. Therefore, the Commission solicits further comment on the Watch Guides and the proposed changes.

The Commission also is soliciting comment about whether there is a continuing need for the Watch Guides. In particular, the Commission is requesting comment about the overall costs and benefits of the Guides. The Commission also is interested in determining whether international standards provide sufficient guidance to the watch industry. Further, the Commission is requesting comment regarding whether industry self-regulation and ''market mechanisms,'' such as manufacturer reputation or manufacturer warranties, are sufficient to protect consumers from misrepresentations about watches. This information will assist the Commission in determining whether the Guides should be revised and retained, or whether the Guides should be rescinded.

II. Analysis of Comments

A. Revisions to the Legal Language of the Guides

The legal language in the Guides has been revised to conform to the Commission's view on deception and unfairness, as expressed in its Policy Statements on Deception and Unfairness.[4] Specifically, instead of stating ''industry members should not misrepresent directly or indirectly * * *,'' the Guides have been revised to state ''it is unfair or deceptive to * * *.''[5]

B. Proposal to Consolidate the Jewelry, Watch Band, and Watch Guides and to Delete Permanently Attached Watchbands From the Provisions of the Watch Guides

At the time of the JVC petition, *detachable* metallic watch bands were the subject of the Watch Band Guides and metallic watch bands that were *permanently attached* to the watch were included in the Watch Guides. The JVC proposed combining the Watch and Watch Band Guides with the Jewelry Guides and the FRN solicited comment on this proposal. Thirty comments addressed this issue, and 22 believed the Guides should be consolidated.[6] Most of those who gave reasons for favoring consolidation mentioned the Watch Band Guides rather than the Watch Guides. In a notice published on May 30, 1996, the Commission stated that it was rescinding the Watch Band Guides and consolidating certain of their provisions with the Guides for the Jewelry Industry (renamed Guides for the Jewelry, Precious metals and Pewter Industries). 61 FR 27222 (May 30, 1996).

The Commission also announced that it had determined *not* to combine the Guides for the Watch Industry with either of the other two guides. 61 FR 27181 (May 30, 1996). Six of the eight comments opposing consolidating all three Guides were from watch manufacturers or trade associations.[7] (Only Benrus favored consolidation.) The reasons given for opposition were primarily related to the consolidation of the Watch Guides, not the Watch Band Guides. AWA stated that the current Guides reflect the fact that watches and jewelry are very different products ''by imposing substantially different definitions and standards for watches and jewelry.''[8] For example, the minimum thickness in the Watch Guides for gold electroplated watches is about 100 times thicker than the

[1] 57 FR 24996 (June 12, 1992). The FRN also solicited comment on the JVC petition's proposed changes to the Guides for the Jewelry Industry (''Jewelry Guides''), 16 CFR Part 23, and the Guides for the Metallic Watch Band Industry (''Watch Band Guides''), 16 CFR Part 19. The Commission described the changes to the Jewelry Guides and the Watch Band Guides in a previously published FRN, 61 FR 27178–27228 (May 30, 1996).

[2] In the remainder of this notice, the comments are cited to by an abbreviation of the commenter's name and the document number assigned to the comment on the public record. A list of the commenters, including the abbreviations and document numbers used to identify each commenter is attached as an Appendix.

[3] Benrus (22); Newhouse (76); AWI (116); USWC (118); JCWA (216); Citizen (228); Swiss Federation (232); AWA (236); Timex (239); and NAW (251). Other comments are also discussed below to the extent they address specific aspects of the Watch Guides or related issues.

[4] Statement on Deception, appendix to *Cliffdale Assoc., Inc.*, 103 F.T.C. 110, 1734–84 (1984) and Statement on Unfairness, appendix to *International Harvester Co.*, 104 F.T.C. 949, 1072 (1984).

[5] The FRN stated that, if the Commission determined to retain the Guides, the legal discussion would be updated to reflect the Commission's current practice. 57 FR 24999 and n.4.

[6] JMC (1); Fasnacht (4); Gold Institute (13); Benrus (22); Estate (23); G&B (30); Jabel (47); Skalet (61); Lannyte (65); Newhouse (76); Nowlin (109); McGee (112); ArtCarved (155); Bales (156); Bedford (210); Bridge (163); IJA (192); Canada (209); Matthey (213); Bedford (210); MJSA (226); and Leach (257).

[7] USWC (118); JCWA (216); NACSM (219); Best (225); Citizen (228); Swiss Federation (232); AWA (236); and Timex (239). Although AWI (116) p.1, did not specifically address this issue, it proposed certain changes in the Watch Guides and then noted that the remainder of the Watch Guides should be retained ''as they now exist.''

[8] Comment 236, p.1. *See also* Swiss Federation (232) pp. 1, 38 (stating that the industries are separate, with separate trade associations, and that consolidating the Guides would make dealer and consumer use of the Guides difficult); Citizen (228) p.5 (watches and jewelry are dissimilar and should not be combined); JCWA (216) p. 4 (favoring separate Guides because the application of materials and quality demands differ for watches and jewelry).

minimum thickness for gold electroplated jewelry that was contained in the Jewelry Guides or for detachable watch bands in the Watch Band Guides.[9] The differences in the provisions were based on the assumption that watches are worn more often than other plated jewelry and should, therefore, have thicker minimum plate standards.

Moreover, the Commission notes that watches are essentially machines that perform a function; many sections of the Watch Guides address the proper functioning of watches or protective features of watches. Those sections are irrelevant to jewelry or detachable watch bands. The Commission has thus determined to retain the Watch Guides as separate Guides.

C. Definitions: Section 245.1

The Watch Guides set forth definitions in section 245.1. The JVC proposed a change in the definition of ''watchcase'' or ''case'' that would result in deleting *permanently* attached watchbands from the items covered by the Watch Guides. Section 245.1(b) defines ''watchcase'' or ''case'' as ''any metal case, covering, or housing * * * for a watch * * * including a watch band which has been permanently affixed thereto * * *.'' The JVC proposed including all watch bands, whether permanently attached or detachable, in the same category of its proposed guides.[10]

However, the Commission has tentatively determined not to delete permanently attached watch bands from the items covered by the Watch Guides. The two watch industry commenters that specifically addressed this issue supported retaining permanently attached watchbands under the Watch Guides.[11] The Commission agrees that whatever guidelines apply to watches plated with precious metals should also apply to permanently attached watchbands.[12]

The JVC also proposed adding ''watch chains'' to the examples of accessories defined in section 245.1(c).[13] No comments addressed this proposal. Section 245.1(c) defines ''accessories'' as ''products, other than watch bands, which are affixed to and sold in combination with watchcases or watches, such as, for example, bracelets, pins, pendants, brooches, or ornaments.'' Currently, as noted, detachable watch bands are excluded from the Watch Guides; logically, all detachable accessories should be excluded. Accessories are *not* covered by 245.3, which governs misrepresentation of metallic composition; that section covers only ''watchcases,'' which are defined as including permanently affixed watch bands. The only provision of the Watch Guides that specifically mentions accessories is 245.7, ''Misrepresentation of Accessories,'' which prohibits misrepresentation of various types and refers the reader to the Jewelry Guides for details. The Commission proposes to delete the definition of ''accessories'' from the Guides and expand the definition of ''watchcase'' or ''case'' to include any *permanently attached* accessory, so that only permanently attached accessories are included in the Watch Guides. Therefore, such accessories would be covered by section 245.3 (*i.e.,* Misrepresentation of Metallic Composition).[14]

The JVC also proposed adding the explanation ''at all levels of consumption'' to the end of the definition of ''industry member'' as ''a person, firm, corporation, or organization engaged in the importation, manufacture, sale or distribution of any industry product,'' in section 245.1(h) of the current Guides. The current definition states that it applies to entities engaged in the ''importation, manufacture, sale, or *distribution* of any industry product.'' (Emphasis added). Thus, a distributor who sells watches to a retailer is covered by the admonitions of the Guides.

However, one comment stated that the Guides need to clarify that purchasers at all levels of the industry are protected by the Guides, since it is commonly assumed by courts that merchants are experts who should know better than to rely on suppliers' representations as being accurate.[15] The Commission agrees that it would be useful to clarify that retailers, as well as consumers, are meant to be protected from deceptive practices addressed by the Guides. Thus, the Commission proposes adding a new section to the Guides, ''245.0 Scope, application, and purpose,'' which states that the Guides ''apply to persons, partnerships or corporations, at every level of the trade (including but not limited to manufacturers, suppliers, and retailers) engaged in the business of offering for sale, selling, distributing or importing industry products.'' This section also provides that the Watch Guides cover representations asserted by any means, including computerized images.

Some of the commenters proposed other changes to section 245.1. The Swiss Federation proposed adding certain definitions (for ''movement,'' ''mechanical movement,'' and ''quartz movement'') because ''today's development of more complex watches and watch components require more precise identification of these terms.'' [16] The JVC also proposed that the Watch Guides prohibit deceptive use of the term ''quartz watch,'' and included a proposed definition of quartz watch.[17]

Although quartz watches are not addressed by the current Guides, they constitute the bulk of watches sold today. The Commission proposes adding a definition of quartz watches, and addressing, in section 245.6, misrepresentations specifically related to quartz watches, as the JVC suggested. The Commission also proposes including in section 245.1 the following simplified version of the technical definitions of movement proposed by the Swiss Federation:

The term ''movement'' means that part of a watch which produces and maintains a recurring phenomenon and is capable of counting time. The movement is connected to a means of displaying time by either a dial and hands (analog) or a digital display, and is mounted in a case.

(1) ''Mechanical movement'' means a movement which divides time into equal parts using a balance wheel or any other mechanical means of determining intervals of time that uses power generated by a mainspring which may be wound by hand or automatically.

(2) ''Quartz movement'' means a movement which divides time into equal parts using a synthetic quartz crystal that vibrates using power generated by electrical energy.

The Swiss Federation also proposed adding a definition of chronometer contained in Standard 3159 (Timekeeping instruments—Wrist-

[9] Standards for plated watch bands that are permanently attached to watches are the same as for watches.

[10] *See* JVC Petition, § 23.25(c) ''Note.''

[11] Swiss Federation (232) pp.27, 38–39 (stating that a watch, case, and permanently attached band are sold as one unit whereas detachable bands primarily are sold separately in an aftermarket); Timex (239) p.8 (stating that compliance may be more burdensome if a permanently attached band is treated as a detachable band and therefore must bear separate country of origin and metallic content markings, regardless of whether it differed from the markings on the case).

[12] Detachable bands are in essence bracelets that can be replaced if the precious metal plating wears thin.

[13] JVC Petition, § 23.25, Section I (b).

[14] The Watch Guides also cover accessories as ''industry products,'' defined in § 245.1(g), and addressed in other sections of the Guides. However, these sections are either inapplicable to accessories or are very general in nature.

[15] ISA (237) p.12.

[16] Comment 232, p.28.

[17] *See* JVC Petition § 23.29 and discussion of section 245.6, ''Deception as to Movements,'' *infra.*

chronometers with spring balance oscillator) established by the International Organization for Standardization (ISO). This definition states that a watch is not a ''chronometer'' unless ''certified by a neutral, official authority, which checks the watch, or if necessary the movement, and issues an official certificate of compliance.'' [18]

The Swiss Federation contended that the Trade Agreements Act of 1979 supports adopting ISO standards. The Act states that ''No Federal agency may engage in any standards-related activity that creates unnecessary obstacles to the foreign commerce of the United States * * *.'' and that federal agencies must, in developing standards, ''take into consideration international standards and shall, if appropriate, base the standards on international standards.'' 19 U.S.C. 2532 (1980). The Commission agrees that, in developing standards within the meaning of the Trade Agreements Act, it should consider whether international standards exist and are appropriate for use in the United States.[19]

Although the Guides do not define chronometer, section 245.4 cautions industry members not to falsely designate or describe a watch as a chronometer. However, the definition in the ISO standard would require industry members to test and obtain a certificate before describing a watch that keeps time with precision as a chronometer. No evidence has been brought to the Commission's attention indicating that consumers believe use of the word ''chronometer'' alone, without any reference to testing and certification, means that the device has been tested and certified.[20] In the absence of such evidence, the Commission does not intend to adopt the definition of chronometer contained in ISO Standard 3159.

However, the Commission is aware that companies marketing chronometers in the United States that have been tested and certified in accordance with the ISO standard may want assurance that the level of precision required to meet the ISO standard is also sufficient within the meaning section 245.4 of the Guides. Therefore, the Commission proposes to include a Note to section 245.4 stating that conformity to the ISO definition constitutes a ''safe harbor'' for a claim that a watch is a chronometer. The Commission seeks comment on this modification.

Timex proposed limiting the definition of ''watch'' to a device ''with the primary function of timekeeping for measuring or indicating time which is worn on or about the person.'' [21] It noted that wrist instruments may serve a variety of purposes other than timekeeping, such as wrist paging devices that also keep time, and concluded that such technical advances make it ''appropriate'' to limit the definition of ''watch.'' [22] However, it is not evident why the Watch Guides would be less needed with respect to devices that perform a watch's function (*i.e.*, timekeeping), but in a secondary role. Thus, the Commission has determined not to adopt Timex's proposal.

Finally, the Commission is deleting the definitions of ''plate'' or ''plated'' and of ''electroplate'' or ''electroplated'' from section 245.1. These terms are used in section 245.3, which deals with misrepresentation of metallic composition, and their meaning is clear in the context of that section.

D. Misrepresentation of Metallic Composition of Watchcases: Section 245.3

The Commission believes that section 245.3 is more regulatory in tone than appropriate for guides, and thus has redrafted it to describe unfair or deceptive acts and to establish ''safe harbors'' (*i.e.*, examples of ways of avoiding misrepresentations). In the proposed Guides, section 245.3(b) identifies specific practices that may be misleading and section 245.3(c) lists markings and descriptions that are consistent with the principles described in the section. The latter provisions are ''safe harbors.'' As discussed in more detail below, the Commission proposes deleting several subsections. Also discussed below are some additional issues raised by the JVC's petition and the comments.

1. Requirement That Metallic Composition be Marked

The preamble to section 245.3 advises industry members not to misrepresent the metallic composition of a watchcase in advertising, labeling, brand or trade name, or otherwise. However, it provides that for ''cases having an exposed surface or surfaces which are or have the appearance of being metal, the metallic composition of the cases should be clearly and conspicuously disclosed in accordance with the methods and terminology set forth below.'' The requirement that metallic composition be marked is also contained in subsections (c)-(j), each of which states that watches of a certain metallic composition ''should be marked'' in a certain way.

The requirement that metallic composition be disclosed is most important for watches made of base metals, since the sellers of such watches might otherwise choose to say nothing about their metallic composition. However, it seems likely that a reasonable consumer would assume that a seller would want to tout the precious metal content of a watch, and therefore the consumer would assume that an unmarked watch was made of base metal. Subsection (j) requires that watchcases or parts that do not meet the minimum requirements for marking as precious metals be marked as ''Base Metal'' or with the specific base metal(s) of which they are composed, such as ''Chromium Plated Steel.'' Timex proposed exempting from this requirement watches that sell at retail for less than $100 and make no claim of precious metal content. Timex pointed out that few, if any, watches selling below $100 contain cases or parts that qualify as precious metal under the Guides, and, for such watches, the base metal ''markings are of no meaning or value to the consumer and only an administrative and financial burden to manufacturers of low priced watches.'' [23]

The Commission believes that it is unlikely to be unfair or deceptive to *fail to mark* a watch as to metallic composition and proposes deleting the requirement. However, some comments generally supported the marking requirements, pointing out that the disclosure lessens the chance that consumers will be misinformed. Apparently, the general theory is that the existence of the indelible ''Base Metal'' marking can deter misrepresentations of precious metal content by making them less likely to succeed; an absence of marking reinforces the incentives of unscrupulous watch sellers to make misrepresentations. The Commission is aware that the Watch Guides have

[18] Comment 232, p.29 and exhibit 10 thereto. ISO is, according to the ''foreword'' sections in several ISO standards attached to the Swiss Federation's comment (232), ''a worldwide federation of national standards bodies. The work of preparing International Standards is normally carried out through ISO technical committees.''

[19] Certain provisions of the Watch Guides qualify as standards under the Trade Agreements Act, which defines a standard as ''a document approved by a recognized body that provides, for common and repeated use, rules, guidelines, or characteristics for products or related processes and production methods, with which compliance is not mandatory.'' 19 U.S.C. 2571(13) (Supp. 1995).

[20] The dictionary definition of ''chronometer'' is ''an exceptionally precise clock, watch, or other timepiece.''

[21] Comment 239, p.8.

[22] *Id.*

[23] Comment 239, p. 5.

provided for base metal disclosures for decades and the watch industry has followed this practice for many years. Therefore, the Commission solicits comment on whether or not the requirement should be deleted.

2. Gold and Gold Alloy Coatings: Subsections (b)–(g) [24]

Subsection (b) of section 245.3 restricts the use of ''gold'' to 24 karat gold, and (c) states that ''gold,'' when applied to alloys of gold, should be immediately preceded with a correct designation of the karat fineness. There were no comments on these subsections, and the Commission only proposes changing the language to a description of unfair and deceptive acts, in proposed sections 245.3(b)(1) and (b)(2), coupled (in the case of alloys) with a ''safe harbor,'' in proposed section 245.3(c)(1).

Subsection (d) sets a standard for use of ''gold filled,'' (three one-thousandths of an inch of mechanically-plated gold of not less than 10 karat fineness, or approximately 75 microns) and subsection (e) sets a standard for use of ''gold plate'' or ''rolled gold plate'' (one and one-half thousandths of an inch of mechanically-plated gold of not less than 10 karat fineness, or approximately 37.5 microns.) An expansion of the meaning of ''gold plate'' was suggested, and is discussed at subsection b. *infra.* No comments objected to the current requirements for the use of the terms ''gold filled'' or ''rolled gold plate,'' and the Commission proposes maintaining these requirements as ''safe harbors'' for the use of these terms. However, ISO Standard 3160–1 (Watch cases and accessories—Gold alloy coverings—Part 1: General requirements) allows the use of ''rolled gold'' for products with 5 microns of 10 karat gold, although the ISO Standard does not allow the karat fineness to be marked.[25] Accordingly, the Commission solicits comment on whether the ''safe harbor'' for ''rolled gold'' should be changed to conform with the ISO standard (*i.e.*, from 37.5 microns to 5 microns).

a. Thickness of Gold Electroplate

Section 245.3(f) advises industry members to mark as ''gold electroplate'' or ''gold electroplated'' watchcases which have been electroplated with gold or a gold alloy of not less than 10 karat fineness to a thickness throughout of not less than ¾ 1000ths of an inch (approximately 19 microns), and which can successfully withstand the adhesion, hardness, and porosity tests set forth in the appendix. If the gold electroplate is at least 1 and ½ 1000ths of an inch thick, it may be described as ''Heavy Gold Electroplate.'' [26] Section 245.3(f) permits a designation of the karat fineness of the gold coating to be placed immediately before the terms ''gold electroplate,'' ''gold electroplated,'' or ''heavy gold electroplate.'' [27] Sellers also may disclose the actual thickness of the electroplate.[28]

The JVC proposed no changes in the current thickness required for gold electroplate. Several watch industry commenters, however, urged that the current standard be lowered. The Swiss Federation proposed lowering the minimum standard to conform to current Swiss law (8 microns) or the ISO standard (5 microns).[29] Similarly, Japan Watch commented that the standard should conform to ISO Standard 3160–1, which requires a thickness of at least 5 microns of 14 karat gold for an item marked as gold plate.[30] This standard also requires disclosure of the nominal thickness of gold coating in micrometers (microns).[31] Both Japan Watch and the Swiss Federation argued that the lack of consistency with international standards limits access of U.S. consumers to products sold overseas, and adds to the costs of watches designed for the U.S. market.[32]

Other comments indicated that the current Guide's thickness standard is obsolete, because technology now permits a thinner yet durable layer of gold to be deposited electrolytically.[33] Benrus suggested a one micron standard for gold electroplate, based on use of that ''standard'' by a large segment of the watch industry and the fact that one micron or more of plating ''has substantial durability and reliability and gives years of satisfactory service.'' [34] The U.S. Watch Council also asserted that the industry follows a basic standard of 1 micron of thickness (40 millionths of an inch of 23 karat gold) for gold electroplating.[35] North American Watch stated that ''it is routine to apply a gold electrodeposit of more than 10 karat fineness with a thickness of, for example, 2 microns.'' [36]

The Commission believes that it is useful for the Guides to establish a ''safe harbor'' for the use of the term ''gold electroplate,'' but that the current 19 micron standard is far above what is necessary to prevent unfair and deceptive acts. It may also unnecessarily limit competition among gold electroplated watchcases and between gold electroplated watchcases and watchcases made of gold-colored base metal. Lowering the minimum thickness would allow industry members who wish to comply with the Guides to describe their products accurately, by identifying as ''gold electroplate'' watches that have a coating of gold alloy less than 19 microns thick. Currently, the Guides provide that such watches may be identified only as base metal. The consumer has no way to distinguish them from watches that actually are made of base metal. The Watch Council argued that the ''consuming public

[24] Subsection (a) exempts certain parts (*e.g.*, springs) from any determination of metallic composition. There was no comment on this subsection and the Commission proposes no change other than redesignating it as subsection (e).

[25] ISO Standard 3160–1 is attached as Annex 7 to the comment of Japan Watch (216).

[26] No comments objected to the standard for heavy gold electroplate.

[27] ISO Standard 3160–1 prohibits, in section 7.4, any mention of karat fineness of the gold alloy electrodeposit, although it must be at least 14 karats. Japan Watch (216) explained, at p. 4, that the karat mark is not put on the product lest it mislead consumers into thinking the item is solid gold, rather than merely plated. The Commission has received no complaints from consumers indicating that they misinterpreted the mark ''14k Gold Electroplate'' to mean solid 14 karat gold alloy. Nevertheless, the Commission solicits comment on whether this portion of subsection (f) should be changed to conform to the ISO standard. The ISO standard also requires, in section 7.6, a marking of the ''nominal value'' of the thickness in microns. The concept of ''nominal value'' appears to treat a thinner layer of higher karat gold as equivalent to a thicker layer of lower karat gold (*e.g.*, 1 micron of 24 K is equivalent to 2 microns of 12 K).

[28] Current section 245.3(d), (e), and (f) and paragraph 1 of the appendix currently allow a twenty percent tolerance in measuring the thickness of gold plating. With respect to ''gold plate'' (which includes gold electroplate) and ''rolled gold,'' the ISO standard allows, in section 6.1, for a 20% tolerance. However, paragraph 1 of the appendix, unlike the ISO standard, requires that the total quantity of precious metal plating be ''sufficient to equal the quantity necessary to provide the specified minimum thickness on all points on such watchcase including the thinnest point.'' The Commission solicits comment on whether this qualification of the tolerance is necessary.

[29] Comment 232, pp.26–27.

[30] Comment 216, p.4 and Annex 7.

[31] Note that the electroplate thickness standards differ both in terms of the micron thickness and the karat fineness of the gold used. The ISO standard of 5 microns of 14 karat gold would be equivalent to 7 microns of 10 karat gold. The U.S. Watch Council's proposal of 1 micron of 23 karat gold, discussed *infra,* would be equivalent to 1.64 microns of 14 karat gold or 2.3 microns of 10 karat gold.

[32] Comment 216, p.1; Comment 232, p.24.

[33] Benrus (22) p.2.

[34] *Id.* at 1–2. *But see* Newhouse (76) pp.2–3 (stating that electroplate surfaces are less durable than mechanically plated gold and recommending a minimum thickness of 20 microns).

[35] Comment 118, p.1.

[36] Comment 251, p.3. It opposed any minimum standard for the thickness of gold electroplate on watches, except when an affirmative representation of thickness, such as ''heavy gold electroplate,'' is made, but stated that the existing standard of 1500 millionths of an inch for ''heavy gold electroplate'' is acceptable. *Id.* at 5.

should be able to choose watches with better levels of electroplating.''[37]

Although lowering the minimum thickness required for gold electroplate would allow consumers greater choice of products, it also has the potential to increase incentives and opportunities for industry members to misrepresent the thickness of the gold electroplate of their products. The current Guides do not require, but merely allow, a disclosure of the actual fineness and thickness of the gold electrodeposit. The Commission recognizes that manufacturers and sellers of watches with thicker layers of gold electrodeposit are likely voluntarily to disclose the amount of gold electrodeposit to advertise a higher value or longer life for their products. Nonetheless, lowering the minimum thickness requirement from one with which the industry and consumers have had decades of experience dramatically broadens the range of products to which the term ''gold electroplate'' properly may be applied. The amount of gold electrodeposit necessary to provide lasting and effective service as a gold electroplated watch could vary considerably according to the expected life of the watch. Because a much broader range of products may be sold as gold electroplate if the Commission lowers the minimum thickness requirement, the Commission believes that manufacturers and sellers of watches with thinner coatings of gold electrodeposit would have an incentive not to disclose the actual thickness and actual karat fineness. The lack of such a disclosure is likely to cause substantial and unavoidable consumer injury by leading consumers to believe that all gold electroplate watches lacking such a disclosure are equally valuable and equally durable.

Furthermore, none of the comments addressed what consumers expect to receive when they purchase a watchcase marked ''gold electroplate.'' Some consumers may expect they are getting a watchcase with a relatively thick, durable layer of gold electrodeposit, because the U.S. standard historically has been high. Established consumer expectations therefore weigh in favor of disclosing the actual thickness of gold electroplate, if the minimum thickness for use of the term gold electroplate is drastically lowered. It is likely that a significant number of reasonable consumers may assume that watches marked ''gold electroplate'' satisfy the same relatively thick standard of 19 microns of at least 10 karat gold that has been used for decades, unless they know the actual thickness and karat fineness.

In addition, if the thickness and karat fineness of the gold electrodeposit are marked, consumers will be better able to comparison shop between watches with differing quantities of gold electrodeposit. Consumers who value more highly a thicker or finer layer of gold (or simply more total gold) will have the information that allows them to select the watch that best serves their particular needs. Consumers who are willing to accept a watch with a thinner or lower karat layer of gold in exchange for a lower price will be able to determine whether they are paying a price commensurate with the actual thickness and karat fineness of the gold electrodeposit. The Commission notes that the ISO standard for gold plate also requires disclosure of the actual minimum ''nominal thickness,'' a comparable concept.[38] The Commission proposes that the revised Guides include a ''safe harbor'' for gold electroplate claims that include a statement of actual thickness and actual fineness, and solicits comment on this change, including whether ''nominal'' thickness would be preferable.

With regard to the inclusion of a minimum thickness in the ''safe harbor,'' the Commission finds persuasive the comments of NAW, Benrus, and the Watch Council indicating that electroplating of as little as 1 or 2 microns of fine gold comports with industry practice and, due to technological advances in electroplating, is sufficient to render lasting and effective service for inexpensive watches intended to last only a couple of years. The ISO standard advocated by the Swiss Federation and Japan Watch appears overly restrictive in light of such advances. Nevertheless, the Commission solicits comment on whether the minimum thickness requirement in the ISO standard (5 microns of 14 karat gold) is preferable to 1 micron of 23 karat gold.

As Japan Watch pointed out, for a product marked ''gold plated,'' the ISO standard requires that the alloy be of at least 14 karat fineness.[39] Section 245.3(f), however, requires a minimum of 10 karat fineness. The Swiss Federation suggested lowering the minimum fineness requirement to 9 karats to conform with Swiss law and unspecified ''developments'' in the European Community.[40] Neither the JVC nor any other commenter advocated changing the existing minimum fineness requirement. Because there is insufficient information on the record to warrant departing from the existing minimum fineness standard, the Commission does not propose changing the 10 karat minimum fineness for gold electroplate.[41]

Finally, the Commission proposes deleting the current requirements that the electroplated product pass the adhesion, hardness, and porosity tests described in the Appendix to the Watch Guides. None of the commenters suggested retaining these tests, and the Commission has concluded that these tests reflected industry practice in the 1960's, before current methods of gold electroplating existed and do not reflect current industry practice. In addition, the ISO standard for gold plate does not rely on any tests other than tests to confirm the minimum thickness and fineness.

b. Gold Plate

The Watch Guides recognize only electrolytic and mechanical means of applying gold plate. Further, section 245.3(e) limits use of the term ''gold plate'' to watchcases to which a layer of gold has been mechanically applied to a thickness of at least one and one half one thousandths of an inch (37.5 microns). Such watchcases alternatively may be identified as ''rolled gold plate'' under the current section 245.3(e).

Citizen urged that use of the general term ''gold plate'' not be restricted to any particular method of applying gold covering, but rather be used to inform consumers that the article so designated has a surface covering of gold.[42] The

[37] Comment 118, p.1.

[38] As noted, the ISO standard specifies that karat fineness cannot be marked but that ''nominal thickness'' must be marked. For ''gold plate'' (which, in the ISO standard includes electroplate), there must be a 14 karat minimum. Thus, the marking indicating ''nominal thickness'' would be the same for a product that contained, *e.g.,* 5 microns of 14 karat gold, as for a product that contained 3.5 microns of 20 karat gold.

[39] JCWA (216) p.4.

[40] Comment 232, p.26.

[41] The 10 karat minimum standard has been used at least since 1933 when it first appeared in Commercial Standard CS 67–38, promulgated by the then Bureau of Standards of the U.S. Department of Commerce. It was incorporated into the Trade Practice Rules for the Jewelry Industry, 16 CFR Part 23, in 1957. In 1977, the Commission proposed permitting sellers to market gold of less than 10 karat and silver of less than 92.5% if the quality was accurately disclosed. This proposal was published for public comment. Over 1200 comments were received, many from consumers, and over 98% of the comments opposed lowering the standard. The Commission found, based on articles and test reports, that articles of less than 10 karat fineness tend to tarnish and corrode. The Commission ultimately retained the 10 karat minimum fineness for gold and the 92.5% standard for silver. 42 FR 29,916, 29,917 (1977).

[42] Comment 228, p.3. Citizen described a new method of applying gold covering, ''ion plating,'' and suggested that the Guides contain a provision regarding this new technique and the use of the

Commission agrees that the term gold plate should apply to both mechanically and electrolytically plated watches. As the ISO standard recognizes in its definition of gold plate, a gold plated covering may be achieved by electrolytic, chemical, or other means. The current Watch Guides may limit competition and consumer choice by preventing an industry member from describing its product as ''gold plate'' if it has a durable layer of gold coating applied by any means other than mechanical. Accordingly, the Commission proposes removing the term ''gold plate'' from current section 245.3(e) and defining gold plate to cover any industry product to which a surface coating of gold has been applied by any method. The Commission seeks comment on this change.

However, consumers are likely to expect a minimum level of durability from an item labeled ''gold plate.'' Accordingly, the Commission believes that the Guides should inform the industry of the conditions under which use of the term ''gold plate'' would not be deemed unfair or deceptive. The ISO Standard 3160 for gold plated watches requires a minimum thickness of 5 microns of 14 karat gold for gold plate regardless of the method by which it is applied. The Commission believes that the 5 micron ISO standard for gold plated watchcases provides a supportable safe harbor for application of a broader, inclusive gold plate designation for watchcases. However, for gold *electroplated* watchcases, the record evidence (as discussed above) supports an even lower, 1 micron of 23 karat gold, or its equivalent, safe harbor.[43] The Commission would not exclude from the broad ''gold plate'' category those gold *electroplated* watches that fall below the stricter ISO minimum thickness of 5 microns, but satisfy revised section 245.3's gold electroplate requirements. Accordingly, the Commission proposes a minimum safe harbor for application of the term ''gold plate'' if one of two conditions are met: (1) the plating meets the thickness requirements in revised section 245.3, for gold electroplate (*i.e.*, a thickness equivalent to 1 micron of 23 karat gold for gold electroplate),[44] or (2) the watchcase has a gold coating at least 5 microns thick of 14 karat gold or the equivalent (*i.e.*, it satisfies the ISO standard).

As proposed, the term ''gold plate'' would cover a broad range of watchcases with gold coatings that may vary considerably in thickness and durability. Accordingly, to ensure consumers are not deceived by the term ''gold plate,'' the Commission also proposes that the actual minimum thickness and fineness of the gold plating be disclosed in microns on the watchcase in close proximity to the mark identifying the watchcase as gold plate. (Because the ISO standard requires the marking of the ''nominal thickness,'' the Commission seeks comment on whether the ''nominal thickness'' or the actual karat fineness and thickness should be so disclosed.)

Finally, the Commission proposes deleting current section 245.3(l), which states that if the plating is not of a sufficient thickness as to render lasting and effective service, there must be a disclosure of this fact on a tag, label, or other printed material which accompanies the watch. The Commission believes that the revised ''safe harbor'' provisions, discussed above, describe non-deceptive use of certain terms, such as ''gold plate'' and make this provision unnecessary.

c. Use of Terms ''Gold Flashed'' and ''Gold Washed''

The JVC proposed adding a sentence to the definition of ''gold electroplate'' in section 245.3(f) to provide that ''[w]hen the gold electrodeposit is less than 75 millionths of an inch, and meets the minimum [10 karat] fineness, the case may be marked or described as 'gold flashed' or 'gold washed.' ''[45] The Watch Guides currently do not permit use of the term ''gold flashed'' or ''gold washed,'' although these terms are used for jewelry.[46]

Several commenters opposed the use of these terms for watches, for various reasons.[47] None of the comments indicated that members of the watch industry currently use the terms gold washed or gold flashed. Further, the Commission is not aware of any international standard for gold flashed or gold washed watches.

However, under the current Guides, manufacturers of watches that use gold electrodeposit in amounts too small to be able to identify the watches as ''gold electroplate'' are unable to inform consumers that the watch contains gold at all. The Commission's proposed revisions to the gold electroplate and gold plate provisions acknowledge the technological advances and allow manufacturers of watches with a thinner, yet durable coating of gold to indicate to consumers that the item is plated with gold. Under the proposal, industry members could apply the terms ''gold electroplate'' or ''gold plate'' to watchcases covered with gold alloy of at least 23 karat fineness to a thickness of at least 1 micron (40 millionths of an inch) or the equivalent (*e.g.*, 2 microns of 11.5 karat fineness). There is no evidence that surface deposits of gold alloy of less than 40 millionths of an inch are sufficient to render lasting and effective service during the life of the watch. Thus, the Commission has not included a provision regarding the use of the terms ''gold flashed'' or ''gold washed.''

3. Vermeil

The JVC proposed a standard definition for a ''vermeil'' watchcase of a silver base coated with gold.[48] The JVC's proposal states that a watchcase cannot be described as ''vermeil'' unless it has a sterling silver base, with a gold coating of at least ¾ of 1,000th of an inch (approximately 19 microns) of 10K gold or better, applied either by mechanical bonding or electroplating. The FRN solicited comment on this proposal.

Most comments specifically addressing vermeil watchcases agreed with the JVC's proposed standard without stating any specific reasons.[49] Other comments advocated adopting a vermeil standard, but did not indicate whether the JVC's proposal was the appropriate standard nor did they offer an alternative.[50] Other comments indicated that the JVC's vermeil standards for watches differed from the JVC's proposal for vermeil jewelry.[51]

term ''Gold Ion Plate.'' However, it offered no reason why there is a need to identify the specific method of plating, and no evidence that indicates that consumers care about the method by which gold coating is applied. According to the Commission's proposed revisions, discussed above, gold ion plated watchcases could be identified as ''gold plate'' or ''gold plated.''

[43] As noted, no comments suggest changing the Watch Guides' current minimum thickness safe harbors for gold filled watchcases (three one-thousands of an inch or 75 microns) or rolled gold watchcases (one and one-half one thousands of an inch or 37.5 microns).

[44] Thus, a product meeting the gold electroplate thickness requirement could be marked either ''gold electroplate'' or ''gold plate.''

[45] JVC Petition, § 23.25, Section III, (f).

[46] *See* current Guides for the Jewelry, Precious Metals, and Pewter Industries, 16 CFR 23.4(c)(4).

[47] Citizen (228) p.5; AWA (236) p.2 (stating that the terms gold flashed and gold washed suggest ''something impermanent and shoddy'' and that ''[d]ifferent technologies permit varying thicknesses of gold to produce the same effect—a durable covering of cold electroplate'').

[48] JVC Petition, § 23.25, Section III, (i).

[49] JMC (1) p.1; Fasnacht (4) p.1; Estate (23) p.1; Handy (62) p.1; Newhouse (76) p.3; MJSA (226) p.10; and AWA (236) p.2 (endorsing the JVC's vermeil proposal because such watches ''are a distinct product and should be subject to specific standards'').

[50] Phillips (204); Leach (257) p.6.

[51] Canada (209) p.5 (advocating the same vermeil standard for both jewelry and watchcases, because the term would be better understood by consumers

Continued

The inclusion of a definition of vermeil could help prevent deceptive uses of the term, to the extent that consumers expect or may come to expect that items sold as vermeil conform to industry usage of that term. The basic premise that it is deceptive to sell a product identified as having a specific metallic composition when it does not conform to consumer's expectations of characteristics associated with that term (*e.g.*, quality and durability)—apply with equal force to vermeil.

None of the comments, however, establish a need for a vermeil standard for watches. Only Japan Watch indicates that there is current production of vermeil watchcases, but it does not indicate that such watches are being sold in the United States. Accordingly, the Commission does not propose to include a vermeil standard, because there appears to be no need to do so to prevent consumer deception.

4. Silver and Silver-Plated Watchcases

Section 245.3(g) states that use of the terms ''silver,'' ''sterling,'' or ''sterling silver'' is deceptive unless the watchcase contains at least 925 parts per thousand silver, and that use of the term ''coin silver'' is deceptive unless it contains 900 parts per thousand silver. Section 245.3(h) states that watchcases ''which have been plated or electroplated with silver should be marked as 'silver plate' or 'silver plated,' if after the completion of all finishing operations, such plating is of sufficient thickness to withstand normal use and last throughout the estimated life of the watch.''

The JVC proposed adding the following sentence to this section: ''The term 'Sterling' shall not be applied in any manner to a silver-plated watchcase.'' [52] This change merely states in the negative what is stated affirmatively in sections 245.3(g) and (h) of the current Watch Guides. These provisions are derived from the National Stamping Act, which states that silverplated articles shall not ''be stamped, branded, engraved or imprinted with the word 'sterling' or the word 'coin,' either alone or in conjunction with other words or marks.'' 15 U.S.C. 297(a). The Commission believes that the best way to convey this information is by a Note referencing this section of the National Stamping Act.

5. Metallic Composition of Parts of Watchcases

Section 245.3(k) specifies that watchcases composed of parts having different metallic compositions shall be marked as prescribed for watchcases, with an accompanying explanation of the part or parts to which such markings or descriptions apply, such as ''14 K Gold Filled Bezel.'' [53] Japan Watch advocated that only the metallic composition of ''major parts'' (that is, center, bezel and back) be disclosed.[54] Although the Commission believes, as noted above, that it would probably not be unfair or deceptive to simply fail to mark a watch as to metallic composition, it might well be unfair and deceptive to mark part of a watch as, *e.g.*, gold, when other parts are not gold but are similar to gold in appearance. Hence, in proposed Guide section 245.3(d), this section has been redrafted to state that if a watchcase is composed of parts having different metallic compositions, and has exposed surfaces that are or have the appearance of being metal, a mark placed on the product that indicates the metallic content of the product should be closely accompanied by an identification of the parts to which the mark applies. The Commission requests comment on this change.

6. Location of Markings and Abbreviations: Section 245.3(m)

Subsection (m) states that all markings of metallic composition should be of a permanent type placed on the exterior, exposed surface of the back of the watchcase. The metallic composition of a permanently attached watchband, however, may be disclosed either on the band or on the back of the watchcase. The JVC proposed no change, but the FRN solicited comment on the section.

Nearly all comments that specifically addressed this issue supported retaining the current marking requirements.[55] Other comments indicated that the section prevents misrepresentations and lessens the chance that consumers receive misinformation.[56] However, the National Stamping Act explicitly allows marking by means of a label or tag. Moreover, a marking could be satisfactory if it is somewhere other than on the back.[57] The Commission proposes deleting the portion of subsection (m) that requires that a watch be permanently marked and that it be marked on the back.

Subsection (m) also contains statements about the conspicuousness of markings that may be appropriate. In addition, subsection (m) states that certain abbreviations may be used (*e.g.*, ''R.G.F.'' for rolled gold plate) but that the word ''electroplate'' may not be abbreviated. In the proposed Guides, these issues are addressed in subsections 245.3(c)(2)–(5). The Commission proposes omitting the prohibition on abbreviating electroplate.

7. Misuse of Terms: Section 245.3(n)

Section 245.3(n) of the current Guides provides that: ''The words 'gold,' 'karat,' 'silver,' 'sterling,' 'coin,' or any abbreviation thereof either alone or in conjunction with other words such as 'solid,' 'plate,' 'plated,' 'filled,' 'electroplate,' or 'electroplated' or any abbreviation thereof should not be used as a marking or as descriptive of a watchcase or part thereof in labeling, advertising, trade names or otherwise in a manner inconsistent with the provisions of this section.'' This subsection could be read to make the use of the terms discussed in other subsections mandatory. As discussed above, the Commission proposes revising the Guides to set forth safe harbors (examples of marking and descriptions that would not be considered to be misleading) and recognizes that there may be other non-deceptive terms that could be used to describe an item. Because subsection (n) is unnecessary and provides no additional information to the reader, the Commission proposes deleting it.

8. Disclosures in Advertising: Section 245.3(o)

Section 245.3(o) urges disclosure in advertising and promotional material of the information about metallic composition placed on industry products in conformity with section 245.3, when failure to make such a

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if used consistently); Citizen (228) p.3 (stating that it did not object to a vermeil watchcases standards, but questioning why it should be significantly greater than the JVC's proposed vermeil jewelry standard); and Sheaffer (249) p.5 (stating that the minimum vermeil standard should be the same for all entities).

[52] JVC Petition, § 23.25, Section III, (g)

[53] Current section 245.3(a) specifies that certain parts, such as springs, that are necessarily required to be of some base metal, may be excluded in determining the metallic content of a watchcases.

[54] Comment 216, p.3.

[55] JMC (1) p.1; Fasnacht (4) p.2; Estate (23) p.2; G&B (30) p.10; Jabel (47) p.2; Handy (62) p.6; ArtCarved (155) p.6; Bales (156) p.11; IJA (192) p.5; Bedford (210) p.3; and Citizen (228) p.4. Canada (209) p.5 stated, without explanation, that ''this question deserves further review.''

[56] Sibbing's (5) p.2; Bridge (163) p.3 (stating that ''[m]arking the acutal metal composition of each watch case *on* the watch case helps prevent misrepresentation'').

[57] *See* USWC (118) p.1 (favoring deletion of the requirement that required disclosures be made on the *back* of watchcases, stating out that casebacks may have ornamental designs, names or award engravings on them, or be the back side of a coin or medallion, or have transparent glass lenses).

disclosure would create the false impression that the product is of a certain metallic composition. However, current section 245.2 admonishes against misrepresentation in general, including misrepresentation as to ''substance.'' Thus, the Commission proposes deleting it.

E. Misrepresentation as to Durability or Suitability: Section 245.4

This section informs industry members that they should not misrepresent the characteristics of a product, its ability to resist or withstand damage from stated causes, or its suitability for a particular use, such as a chronometer or for skin diving. Although neither the JVC nor the commenters proposed changes to this section, commenters did propose changes to other sections that the Commission believes are best addressed in this section.

As discussed *supra,* the Swiss Federation proposed the addition of a definition for ''chronometer'' based on the ISO standard, which would require industry members to test and obtain a certificate before describing a watch that keeps time with precision as a chronometer. No evidence has been brought to the Commission's attention indicating that consumers believe use of the word ''chronometer'' alone, without any reference to testing and certification, means that the device has been tested and certified. However, because section 245.4 prohibits misrepresentation of chronometers, the Commission has tentatively determined to take into account the international standard that exists for chronometers. Specifically, the Commission proposes including a Note to section 245.4 stating that conformity to the ISO definition constitutes a ''safe harbor'' for a claim that a watch is a chronometer. The Commission seeks comment on this change.

AWI and Japan Watch asked the Commission to expand the Guides to include definitions and tests for divers' watches, and Japan Watch suggested the use of the ISO standard.[58] The Commission is not aware of any consumer complaints that a watch sold as a diver's watch did not satisfy consumers' expectations of what a diver's watch is. However, because there is an ISO standard concerning divers' watches, the Commission seeks comment on adding a Note establishing the ISO standards for divers' watches as a ''safe harbor'' and seeks comment on this change. If such a note proves unnecessary, the Commission proposes consolidating section 245.4 into 245.2 (Misrepresentation in general).

F. Misrepresentation of Protective Features: Section 245.5

Section 245.5(a) is repetitive of section 245.4 in that it cautions against misrepresenting the ability of a product to withstand or resist damage or other harmful effects from stated causes. However, it specifically states that a product should *not* be described as ''shockproof,'' ''waterproof,'' ''nonmagnetic,'' or ''all proof.'' No comments objected to this provision, and therefore, the Commission has retained it in the proposed Guides. The Commission, however, seeks comment on whether this provision is necessary and desirable.

Section 245.5(a) also states that products may be described as ''shock resistant,'' ''water resistant,'' or ''antimagnetic'' if they withstand tests described in the appendix to the Watch Guides. The JVC proposed no changes to this section. The FRN solicited comment on whether the current definitions and tests for protective features of watchcases (*e.g.*, water resistance, shock resistance) described in this section should be retained.

Most commenters who addressed this issue favored retaining the current definitions and tests.[59] Two jewelry industry members suggested updating the tests, but did not explain how or why.[60] Four watch industry commenters suggested revising one or more of the tests or definitions.[61] All of these commenters appeared to view the use of definitions and tests in the Guides as useful. The Swiss Federation noted that consumers cannot easily confirm that watches are water resistant, shock resistant, or anti-magnetic.[62] The Swiss Federation and Japan Watch, however, recommended substituting ISO standards in some instances for those currently being used. The Commission agrees that industry is likely to need guidance with respect to what constitutes an adequate basis for claiming that a watch is water resistant, shock resistant, or anti-magnetic, and that the creation of ''safe harbors'' for the non-deceptive use of these terms is beneficial to industry and consumers.

1. Water Resistance of Watches

Section 245.5(a)(2) provides that the term ''water resistant'' may be applied to an industry product that is sufficiently impervious to water and moisture so as to insure that it will successfully withstand the test described in paragraph 4 of the appendix to the Watch Guides. That test requires that the watch being tested be immersed in water for specified periods at specified pressures and not admit any water or moisture.

The Swiss Federation and Japan Watch recommended adopting the tests used in ISO Standard 2281–1990(E).[63] ISO Standard 2281 provides two alternative sets of tests. One uses a water pressure test and involves immersion in water for specified periods at specified temperatures. The other uses an air pressure test.

Timex contended that the current water resistance test is outmoded and unduly burdensome. It advocated a test for water resistance that would expose watches to helium pressure equivalent to water pressure at 15 pounds, but recommended considering the ISO standard as an alternative.[64] AWI did not specifically reference the ISO test, but commented that the test for water resistance should allow for testing with new, waterless testers.[65]

Based on its comparison of the ISO standard and the existing test, the Commission is satisfied that both methods test whether pressure, to a level consistent with ordinary use of a water resistant watch, results in condensation or moisture inside the watch. Based on the widespread use of the ISO test, and its apparent compatibility with the purposes and measure of success of section 245.5's test for water resistance, the Commission proposes revising section 245.5 to identify safe harbors for use of the term ''water resistant'' for watches that satisfy either the current test or the requirements of ISO 2281.

[58] AWI (116) p.1; JCWA (216) p.3. The ISO standard for divers' watches is ISO 6425—Divers' Watches.

[59] Benrus (22) p. 2; Citizen (228) p. 4 (stating that there is no evidence that watches meeting the current standards do not provide ''adequate performance'' and stating that the industry has responded to the market by selling and marking water resistant watches for specialized uses); AWA (236) p. 2 (stating that there is no evidence of consumer dissatisfaction with the standards, that the standards safeguard against problems arising under normal conditions, and that consumers requiring watches for special circumstances, such as diving, can purchase products marked for such purposes). Eleven members of the jewelry industry supported the existing definitions and tests, but did not explain why. JMC (1); Fasnacht (4); Sibbing's (5) (stating that the existing definitions and tests have worked well and there is no reason to change them); Estate (23); Jabel (47); Handy (62); McGee (112); ArtCarved (155) p. 6 (supporting established, published standards in general); Bales (156); LaPrad (181); IJA (192); Leach (257).

[60] Bridge (163) p. 3; Bedford (210) p. 3.

[61] *See* discussion, below, regarding the comments of Swiss Federation, Timex, JCWA and AWI

[62] Comment 232, p. 5.

[63] Swiss Federation (232) pp. 5, 21–22; JCWA (216) p. 3.

[64] Comment 239, pp.6–7.

[65] Comment 116, p.1.

On the basis of the limited descriptions of the alternative tests proffered by Timex and AWI, the Commission is unable to evaluate whether such alternatives would satisfactorily measure water resistance.

2. Shock Resistant Watches

Section 245.5(a)(1) and paragraph 3 of the appendix currently require that to be identified as ''shock resistant'' or ''shock absorbing,'' an industry product must be sufficiently resistant to shock to withstand certain shocks equivalent to being dropped from a height of three feet onto a horizontal hardwood surface without losing more than 60 seconds per day in timekeeping accuracy or damaging the physical condition of the product. Timex noted that the current test for shock resistance applies only to mechanical watches, and should be expanded to cover quartz watches.[66] The Swiss Federation and Japan Watch advocated adopting the test for shock resistance used in ISO Standard 1413–1984(E).[67] The ISO uses a test to simulate the shock received by a watch in falling one meter onto a horizontal hardwood surface. It requires that the residual effect on accuracy of quartz watches not exceed 2 seconds per day and that the residual effect on accuracy of all other watches not exceed 60 seconds per day.[68] The Swiss Federation noted that the ISO's test for mechanical watches does not differ materially from the current Guides. The test for quartz watches, however, imposes a stricter timekeeping requirement than for mechanical watches.[69]

The Commission notes that quartz watches apparently are inherently more accurate than mechanical watches and therefore are held by the industry to a higher standard of minimum accuracy. Accordingly, consumers expect greater accuracy from inexpensive quartz watches than they do from inexpensive mechanical watches. Thus, the Commission proposes updating section 245.5's test to incorporate the ISO residual effect standards that are stricter for quartz watches than for watches with mechanical movements.

The Commission also notes that the language used in the current Guide's test requires observations of a watch's daily timekeeping rate in language that is applicable only to watches with mechanical movements (*i.e.*, the necessary observations are to be made ''one hour after the watch has been fully wound''). Because the test should be applied to all watches claimed to be ''shock resistant'' or ''shock absorbing,'' the Commission proposes revising the current test to provide that the necessary observations are made either one hour after a watch with a mechanical movement has been fully wound or at least two hours after a quartz watch has been functioning. This approach adopts the ISO standard's pre-test observations of accuracy for quartz watches.

Because many watch industry members are familiar with and support retaining the current test, the Commission proposes identifying two alternative safe harbors for shock resistance: the current test, as updated to apply to quartz watches, and ISO Standard 1413–1984(E). Satisfying either of these tests would be a reasonable basis for claims of shock resistance.

3. Antimagnetic Watches

Section 245.5(a)(3) and paragraph 5 of the appendix allow an industry product to be described as ''antimagnetic'' if it is designed and constructed to provide a substantial degree of protection against magnetism and will successfully withstand a test that places it in a particular electrical field under specified conditions without altering the daily rate of the watch by more than 15 seconds. The Swiss Federation and Japan Watch urged adoption of ISO Standard 764–1984(E) for antimagnetic watches.[70]

The ISO standard requires placing the watch in a magnetic field of a specified intensity generated by a particular apparatus for several minute long exposures.[71] For mechanical watches, the residual effect must not exceed 30 to 45 seconds per day depending upon the size of the watch; for quartz watches, the residual effect must not exceed 1.5 seconds per day.[72]

As discussed above, quartz watches generally are expected to be more accurate than mechanical watches. The ISO standard, however, permits mechanical watches today to be less accurate following completion of the antimagnetism test than the test contained in the current Watch Guides. Mechanical watches manufactured today generally may not be as antimagnetic as mechanical watches manufactured thirty years ago, because different metals are used today. Thus, the ISO standard reflects current industry practice. Accordingly, the Commission proposes incorporating the ISO residual effects for quartz and mechanical watches into the current test and identifying both the revised test and the ISO standard as safe harbors for claims of antimagnetism.

4. Pre-Sale Explanations

Section 245.5(b) states that when a watch described as ''shock resistant,'' ''water resistant,'' or ''antimagnetic'' is sold to the ultimate consumer, the description should be accompanied by a statement explaining the meaning of the term and the care and maintenance required. This statement should also be made on ''any point of sale material describing or referring to the watch having the designation in question and on a label or tag firmly affixed to the watch bearing the designation.'' Timex requested that the Commission revise this provision, arguing that it is ''clearly impractical'' in mass merchandising and that it is sufficient to provide the explanation, care, and maintenance statement in instruction booklets and catalogs.[73]

The Commission has tentatively determined that this section is not necessary to prevent unfair or deceptive practices and thus, proposes deleting the provision. Comment is sought on this change.

G. Proposed ''Deception as to Movements'': Section 245.6

Section 245.6, ''Deception as to jewels,'' advises industry members not to misrepresent the number of jewels contained in a watch, or that a watch is ''jeweled'' or contains a jeweled movement. Subpart (a) states that industry members should not describe a watch as ''jeweled'' unless the movement contains at least seven jewels, each of which protects against wear from friction by providing a mechanical contact with a moving point. Subpart (b) states that industry members should not refer to the number of jewels contained in a watch ''unless each and every one of these jewels'' protects against wear from friction by providing a mechanical contact with a moving point. Neither the JVC nor the commenters proposed changing section 245.6. The Commission proposes retaining these provisions.

The Commission also proposes addressing in this section the JVC proposal regarding quartz watches. The JVC proposed that the Guides state that ''Industry members shall not misrepresent * * * the characterization

[66] Comment 239, pp.6–7.

[67] Swiss Federation (232) pp. 20–21; JCWA (216) p.3.

[68] Horology—Shock-resistant Watches, ISO Standard 1413–1984 (E), ¶ 4.

[69] Comment 232, p.21.

[70] Swiss Federation (232) pp.5, 23; JCWA (216) p.3. AWI (116) at p.1, supported the current definition and test.

[71] Horology—Antimagnetic Watches, ISO 764–1984(E), ¶ 5.

[72] *Id.*, ¶ 4.1, 4.2

[73] Comment 239, p.11.

of a watch as a 'quartz watch.' * * * [nor] describe a watch as a 'quartz watch' unless a silicon oxide ('quartz') crystal contained in the watch serves the purpose of dividing time and regulating the time display by means of vibrations of such crystal caused by its placement into an electric field.'' [74]

Both comments that specifically addressed this proposal stated that the Guides should cover quartz watches and endorsed the JVC's proposal.[75] Several other comments indicated that the Watch Guides should be updated to reflect the existence of quartz watches, but did not specifically address the JVC's proposal concerning misrepresentation of quartz watches.[76]

The Commission believes the language suggested by the JVC would be helpful to the industry and to consumers by discouraging claims that watches with mechanical movements and containing some amount of quartz as a decorative feature are ''quartz watches.'' Both consumer expectations and commercial practice in the watch industry support limiting the description ''quartz watch'' to those watches that have quartz movements. Accordingly, the Commission proposes adding a new paragraph regarding quartz watches in section 245.6, and retitling the revised section ''Deception as to movements'' to reflect its broader applicability.

H. Misrepresentation of Accessories: Section 245.7

Neither the JVC nor the commenters proposed changes to section 245.7, which admonishes industry members not to misrepresent the composition, quality, or other material fact respecting watch accessories. Such accessories, as defined in section 245.1(c), are products, other than watch bands, that are affixed to and sold with watchcases or watches (*e.g.*, bracelets, pins, or pendants). As discussed *supra*, the Commission proposes deleting the definition of ''accessories,'' in section 245.1(c) of the current Guides, and expanding the definition of ''watchcase'' or ''case,'' in proposed Guides section 245.1(b), to include any *permanently attached* accessory. With this change, section 245.7 is unnecessary; section 245.3, which covers misrepresentation of metallic composition of watchcases, will cover all such permanently attached accessories. The Commission proposes deleting section 245.7, and adding a Note following the definition of ''watchcase'' that states, ''Detachable metallic watch bands and other accessories of the detachable type are subject to the provisions of the Guides for the Jewelry, Precious Metals, and Pewter Industries, 16 CFR Part 23.''

I. Deceptive Selling of Used, Rebuilt, or Secondhand Products: Section 245.8

Section 245.8 requires disclosure of the fact that an industry product or parts are not new, or are used, secondhand, rebuilt, repaired, or refurbished. The disclosure must be made in all product advertising, on the product or a label firmly affixed to the product, and on the immediate container in which the product is sold to the ultimate consumer. Although a disclosure of some type may indeed be necessary to prevent unfairness or deception, the Commission no longer believes that the disclosure is adequate only if it is on the product and on its immediate container. The Commission proposes modifying this provision to require simply that there be a disclosure, without specifying how it must be made. The Commission requests comment on this change.

The JVC proposed adding a second paragraph to this section that would require the disclosure to all subsequent buyers of any alteration to a watch manufactured under a brand name or trade name. Such alterations would include modification, removal, or addition of any identifying trademark, name, number, or other information on any part of a trade name or brand name watch, as well as the ''unauthorized opening'' of a water resistant watch. The person making such an alteration would invalidate the existing warranty, become the new warrantor of the watch, and be required to identify whether the warranty is full or limited. The manufacturer or designer of a brand name or trade name watch would have the option of refusing to honor its original warranty, if it discovers that a watch presented to it for service has been so altered after the watch left the manufacturing facility.[77]

The FRN sought comment on the JVC's proposal. Several comments from members of the jewelry industry supported the proposal with little or no explanation.[78] One jeweler opposed changing section 245.8, but provided no reason.[79] Other jewelry industry comments expressed qualified support for the JVC's proposal, but either opposed any provision that would invalidate a warranty by mere battery replacement or requested clarification as to the definition of ''unauthorized opening'' of a water resistant watch.[80]

No watch industry commenter expressed support for the JVC's proposal in its entirety. Both Timex and Citizen opposed all of the JVC's proposed warranty provisions, arguing that such provisions conflict with the Magnuson Moss Warranty Act, 15 U.S.C. 2301 *et seq.*[81] Timex pointed out that ''[t]he watch warranty may specify this limitation without need for establishing an industry standard.'' [82]

Several watch industry commenters strongly opposed the JVC's proposal that any person who opens a ''water resistant'' watch without authorization invalidates the warranty and becomes the warrantor. Three pointed out that any competent watch repairer should be able to replace a battery without being authorized by the manufacturer of the watch.[83] AWI questioned whether the U.S. Customs Service's routine inspection for interior marks on watches would invalidate the manufacturer's warranty under the JVC's proposal.[84] Similarly, the Swiss Federation submitted that the unauthorized opening of a water resistant watch is better provided for in the warranty itself, rather than by substituting the retailer for the warrantor.[85]

Only two watch industry commenters specifically addressed the aspects of the JVC's proposal pertaining to alteration of *trademarks* [86] or *brand names.* Because section 245.9 of the Guides currently advises industry members not to imitate, simulate, obliterate, conceal, or remove trade names, tags, or other disclosures on watches under circumstances having the capacity and tendency to deceive the ultimate consumer as to the manufacturer's identity, the product's origin, or in any other material respect, the portion of the JVC proposal dealing with alteration of a trademark or tradename is discussed in more detail *infra* in conjunction with

[74] JVC Petition, § 23.29.

[75] AWA (236) p. 2; Citizen (228) pp. 2, 5.

[76] Swiss Federation (232) pp. 21, 28–29; Timex (239) pp. 6, 8.

[77] JVC Petition, § 23.31.

[78] Sibbing's (5) p. 2 (particularly supported section dealing with alteration of the watch to avoid harming the reputation of brand name watches); Estate (23) p. 2; G&B (30) p. 10; Jabel (47) p. 2 (''disclosure is a good thing''); Handy (62) p. 10; ArtCarved (155) p. 6 (both the consumer and the manufacturer need to be protected from a third party); Bridge (163) p. 3; Bedford (210) p. 3 (noting that disclosure should also be made if a diving watch will no longer be useable as such); Leach (257) p. 6.

[79] Fasnacht (4) p. 1.

[80] Battery replacement: JMC (1) p. 1; Solid Gold (261) p. 3. Authorization: McGee (112) p. 5; IJA (192) p. 5.

[81] Timex (239) pp. 8–9; Citizen (228) p. 4.

[82] Comment 239, p. 9.

[83] Benrus (22) p. 1; USWC (118) p. 1; Citizen (228) p. 4.

[84] Comment 116, p. 1.

[85] Comment 232, p. 38.

[86] Benrus (22) p. 1; Newhouse (76) p. 3.

section 245.9. The remaining parts of the JVC proposal are discussed below.

Warranty Disclosure

There is no information indicating that the JVC's proposed warranty provisions are needed to prevent unfair or deceptive acts or practices under section 5 of the FTC Act, or to lessen the burdens of existing regulation. The JVC's proposal essentially would require that consumers wishing to maintain the manufacturer's original warranty use only authorized dealers to repair brand name or trade name watches. This would limit competition for watch repair, including simple replacement of batteries. It also would conflict with the Magnuson-Moss Warranty Act's prohibition on tie-in sales provisions in warranties, unless the manufacturer offering the warranty sought and obtained a waiver.[87]

More narrowly drawn language could help the industry avoid practices that the Commission is likely to view as unfair and deceptive. In *Zale Corp.*, 77 F.T.C. 1098 (1970), the Commission determined that representing a watch as guaranteed or under warranty is deceptive if the seller knows or has reason to know that the guarantee or warranty does not apply to the watch.[88] The Commission believes that it would assist the watch industry in complying with section 5 of the FTC Act to include a specific warning in section 245.8 (revised section 245.7) that a seller should not mislead consumers into believing that a watch which has been altered, repaired, rebuilt, or refurbished is covered by the manufacturer's guarantee or warranty when the seller knows or has reason to know the watch is not guaranteed. The Commission solicits comment on this change.

Used Disclosures

The Swiss Federation also proposed a revision of section 245.8—*i.e.*, it requested that the Commission define a ''used'' watch so that unscrupulous merchants do not make deceptive consumer sales.[89] It proposed that the Guides provide that a purchaser may return a product to the original place of purchase within a specified number of days and the merchant may later resell it as new. Even products returned during this period, however, may not be resold as ''new'' if they bear obvious signs of wear.[90] A watch would be ''used'' when it is sold under conditions that begin the running of the manufacturer's warranty, *i.e.*, to unauthorized retailers posing as consumers, or when it is returned after the specified number of days. The Swiss Federation warned that watches sold or returned under these conditions ''are often modified, damaged, or otherwise presented for resale under circumstances that facilitate consumer deception.'' [91]

AWA proposed an amendment to section 245.8, which is nearly identical to that suggested by the Swiss Federation,[92] and which states in part:

A watch or any part thereof is used or secondhand:

(a) At any time after

(i) Its original sale or transfer to a purchaser by a retail seller, or

(ii) Immediately after any sale or transfer that initiates the running of a manufacturer's warranty, unless the purchaser or transferee returns the watch to the same retail seller in new and unused condition within 15 days from the date of sale or transfer to such purchaser or transferee.

(b) Immediately after any sale or transfer that voids a manufacturer's warranty;

(c) If its case, movement or serial numbers, or other distinguishing numbers or identification marks or trade names or trade marks have been erased, defaced, removed or altered;

(d) If any serial numbers, identification marks, trade names or trade marks have been concealed under circumstances having the capacity or tendency of deceiving the ultimate consumer as to the identity of the manufacturer, origin of the product, or in any other material respect;

(e) if it is rebuilt, repaired, refinished or reconditioned, or contains parts that are used, secondhand, replaced, rebuilt, repaired, refinished, or reconditioned, whether such rebuilding, replacing, repairing, refinishing or reconditioning has been done by the retail seller or another person.[93]

Citizen opposed AWA's proposed definition of ''used or secondhand'' as arbitrarily specifying a 15 day return period. ''Specifying any return period would impose an impossible burden on retailers and would result in the FTC's obligation to micro manage their return policies.'' [94] Further, to the extent that a sale or transfer voiding a manufacturer's warranty, or the alteration or concealment of serial numbers, should be considered ''unfair,'' they should be addressed separately, not deemed to render a product ''used'' or ''secondhand.'' [95]

The Commission believes that the proposed revisions to current section 245.8 (now 245.7) (*i.e.*, advising against misleading consumers as to the coverage of the manufacturer's warranty) adequately address most of the concerns expressed by the Swiss Federation and the AWA, without placing unnecessary burdens on the industry. That portion of their proposals that deals with removal of trade names or other identification marks is discussed below.

J. Deceptive Imitation, Obliteration, or Concealment of Names, Trademarks, or Marks: Section 245.9

Current section 245.9 advises industry members not to imitate or simulate competitors' tradenames or trademarks, and not to obliterate, conceal, or destroy any disclosures on watch products or their containers under circumstances that would tend to deceive ultimate consumers as to the manufacturer, the country of origin, or in any other material respect.

The JVC proposed no changes to section 245.9. However, as noted above in the discussion of section 245.8, it did propose an addition to section 245.8 that would require the disclosure to all subsequent buyers of any alteration to a watch manufactured under a brand name or trade name, including modification, removal, or addition of any identifying trademark, name, number, or other information on any part of such a watch. Benrus and Newhouse supported this proposal.[96]

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[87] *See* Magnuson-Moss Warranty Act—Federal Trade Commission Improvements Act, 15 U.S.C. 2302(c). It is possible, however, that a seller of a warranted watch could become a co-warrantor under Magnuson-Moss. Certain actions and representations may make sellers of warranted products co-warrantors under Magnuson-Moss, If under state law such a seller is deemed to have adopted any written affirmation of fact, promise, or undertaking with regard to a watch covered by a written warranty. 16 CFR 700.4.

[88] The Commission alleged, among other things, that the failure of a retail watch seller to disclose that the original watch movement had been removed from a particular manufacturer's watchbase misled purchasers into believing that the watch was the original, unaltered product of that manufacturer. The complaint also alleged that, as a result, many watch manufacturers did not honor their guarantees covering the original watches, and purchasers were misled into believing that the manufacturers would honor their guarantees.

[89] Comment 232, pp.5, 31.

[90] *Id.* at 30.

[91] *Id.*

[92] Comment 236, p.4. The only substantive differences between the Swiss Federation did not specify the number of days during which a watch must be returned to the retail seller to be resold as new, and the Swiss Federation would add language stating that ''this return exception will not apply, and the watch will be deemed as used, if it bears obvious signs of wear.'' Comment 232, p.31. The Swiss Federation noted that some states have statutes ''controlling this question.'' *Id.* at 30 n.16.

[93] Comment 236, p.6.

[94] Comment 228, p.6.

[95] *Id.*

[96] Benrus (22) p.1 (stating that alteration of a trade name should not be permitted, nor alteration of a brand name to deceive the purchaser); Newhouse (76) p.3 (stating, without explanation, that

Citizen commented that the JVC's proposed disclosures would be unworkable, pointing out that the premium and award incentive industries frequently add their clients' trademarks to industry products and importers frequently add stones to watches that are imported with empty settings.[97]

Several commenters suggested that the Commission add *counterfeiting* to section 245.9's list of prohibited activities, proscribe both advertising and trafficking in counterfeit watches, and incorporate by reference the language of the 1984 Trademark Counterfeiting Act, 18 U.S.C. 2320.[98] Citizen commented that the existing prohibition against the imitation or simulation of trademarks of competitors ''* * * under circumstances having the capacity and tendency of deceiving the ultimate consumer'' conflicts with the Lanham Act and the 1984 Trademark Counterfeiting Act.[99]

The comments correctly note that, unlike the FTC Act, the 1984 Trademark Counterfeiting Act defines ''traffic'' within the context of defining a federal criminal offense that may occur simply by obtaining control of goods or services bearing a counterfeit mark with intent to transport, transfer, or dispose of such items as consideration for anything of value.[100] Thus, the 1984 Trademark Counterfeiting Act has made many of the activities described in section 245.9 of the Guides criminal.[101] Moreover, the Anticounterfeiting Consumer Protection Act of 1996, Public Law No 104–153 (1996), recently strengthened the provisions of the 1984 Trademark Counterfeiting Act. In addition, although not all ''passing off'' might be defined as counterfeiting, private remedies for these actions exist under the Lanham Act, 15 U.S.C. 1051.[102]

Guides, as stated in 16 CFR Part 17, are ''administrative interpretations of laws administered by the Commission for the guidance of the public in conducting its affairs in conformity with legal requirements.'' They are meant to ''provide the basis for voluntary and simultaneous abandonment of unlawful practices by members of the industry.'' *Id.* The actions described in section 245.9 are illegal under criminal and civil statutes other than section 5 of the Federal Trade Commission Act. Moreover, persons engaging in these actions in spite of the criminal and civil statutes prohibiting them are not likely to voluntarily abandon these practices because the Guides state that they are also illegal under section 5 of Federal Trade Commission Act. Therefore the Commission believes that it may be unnecessary to continue to advise the watch industry that the activities described in section 245.9 of the Guides are illegal under section 5 of the Federal Trade Commission Act. The Commission proposes deleting section 245.9 from the Guides, and seeks comment on this change.

K. Disclosure of Foreign Origin: Section 245.10

Section 245.10 advises, in subsection (a), that watches with movements or movement parts of foreign origin should not be offered for sale or sold without a clear and conspicuous disclosure of the country (or countries) of origin of the movement. This section further specifies that the country of origin of the movement depends upon two factors: (1) Where the movement is assembled and (2) the origin of the parts used in assembling the movement. Under section 245.10(b)(1), if the movement is assembled in the same foreign country in which movement parts constituting 50% or more of the cost to the assembler of all the parts of the movement have been manufactured, the name of that country alone may be used to designate the origin (*e.g.*, ''Swiss Made''). Under section 245.10(b)(2), if movement parts constituting 50% or more of the cost to the assembler of all the parts of the movement have been manufactured in a single country different from the country in which the movement is assembled, the names of both countries, and no other country, are used to designate the country of origin of the movement (*e.g.*, ''Assembled in France from Swiss parts''). Under section 245.10(b)(3), if the movement is assembled in one country, but movement parts constituting 50% or more of the cost to the assembler of all the parts of the movement have not been manufactured in a single other country, only the name of the country of assembly is to be used, with a disclosure that the parts are partially foreign, imported or domestic, as the case may be (*e.g.*, ''Movement assembled in the United States from domestic and imported parts'').

The JVC did not propose any changes in this section. However, based on the comments, changes in international trade, and consumer awareness of changes in the marketplace since the Guides were promulgated, the Commission believes that it is no longer necessary to continue to retain Section 245.10 or to otherwise address origin issues in the Guides. Section 245.2 of the Guides, however, will continue to advise that misrepresentation of country of origin is unfair and deceptive.

In the past, failure to disclose foreign origin has been found to violate section 5 of the FTC Act. Commission cases have held that consumers generally expect to see country of origin marks on imported goods (because section 304 of the Tariff Act of 1930, 19 U.S.C. 1304, has required such marks on goods entering the country for many years), and that consumers assume a product without such marking was manufactured in the United States. Commission cases finding that a substantial number of consumers interpret the absence of country of origin marking to mean that a product was made in the U.S. are based on evidence of consumer perceptions in the 1960s or earlier.

In *Manco Watch Strap Co.*, 60 F.T.C. 495, 514–515 (1962), the Commission created a rebuttable presumption that the absence of a country of origin label would lead consumers to believe the item was made in the United States. In the Commission's reexamination of its Made in USA policy, the Commission sought comment on whether this presumption continues to be valid. 61 FR 18600 (Apr. 26, 1996). The Commission found that ''manufacturing and the sourcing of components have become increasingly global in nature, and that consumers appear to be increasingly aware that goods they buy are produced throughout the world.'' 62 FR 25020, 25046 (May 7, 1997). The Commission determined that it is no longer appropriate to retain this presumption, and stated that disclosure of foreign origin on unmarked goods is required ''only if there is some evidence that, with respect to the particular type of product at issue, a significant

alteration of a brand name should be considered counterfeiting under the Guides).

[97] Comment 228, p.4 (stating also that even the addition of a label or tag for inventory purposes might be an alteration subject to disclosure under the JVC's proposal).

[98] AWA (236) pp.5–6; Swiss Federation (232) p.5, p.33; Citizen (228) p.6.

[99] Comment 228, p.2. Citizen further contended that section 245.9 implies, in conflict with trademark law, that it would be acceptable to imitate or simulate a trademark if disclosure is made. *Id.* This interpretation is not supported by the text of section 245.9.

[100] 18 U.S.C. 2320.

[101] *Id.*

[102] In particular, section 43(a) of the Lanham Act, 15 U.S.C. 1125(a)(1), provides a civil remedy when a person uses in commence ''any word, term, name, symbol, or device, or any combination thereof, or any false designation of origin, false or misleading description of fact, or false or misleading representation of fact, which (A) is likely to cause confusion, or to cause mistake, or to deceive as to the affiliation, connection, or association of such person with another person, or as to the origin, sponsorship, or approval of his or her goods, services, or commercial activities by another person.''

minority of consumers views country of origin as material and believes that the goods in question, when unlabeled, are domestic.'' 62 FR 25020, 25047.

With respect to watches, the evidence indicates that the country of origin of a watch is still a material claim for many consumers.[103] However, it is not certain that today a significant number of consumers acting reasonably would believe that a watch *without* country of origin marking is of U.S. origin. Although some watches are assembled in the United States from imported parts, virtually no watches are made in the United States with domestic parts.[104] Consequently, it may not be reasonable for consumers to assume that unmarked watches are domestic, and it may not be deceptive for a seller to fail to mark a watch with its country of origin.[105]

Nevertheless, because of Customs regulations, all watches imported into the United States are required to contain marks indicating country of origin. The current Guides require the disclosure of more information than is required by Customs—*i.e.*, the origin of the *parts* of the movement.[106] (Both Customs and the Guides regard the movement as the ''guts'' of the watch, but Customs does not require disclosure of the origin of the parts of the movement; rather, it requires disclosure of the country of *assembly* of the movement.[107]) However, in the interest of harmonization of foreign origin markings generally and because country of origin of movement *parts* may no longer be material to consumer purchasing decisions, the Commission has tentatively determined that the Watch Guides should not require disclosure of the origin of movement parts.[108]

Finally, the Swiss Federation objected to certain markings currently allowed by Customs and by the Guides and submitted survey evidence suggesting that these marks may sometimes be misleading because they imply incorrectly that a watch was encased and inspected in the named country. It recommended that use of the unqualified name of a country and use of the name of a country with the word ''Made'' be reserved for watches that contain movements manufactured in the specified country and that are completed (*i.e.*, encased and inspected) in the same country. It argued that the origin of a finished watch, rather than the origin of the movement alone, significantly influences consumers' purchasing decisions.[109] The survey evidence it cited showed that U.S. consumers would prefer to buy a watch manufactured in Switzerland, rather than in France, Hong Kong or Japan.[110] It also showed that 14% of the respondents were ''very confident'' and 39% were ''somewhat confident'' that if ''Swiss'' appears on a watch's face, the complete watch was manufactured in Switzerland.'' [111]

The Swiss Federation also contended that, due to advances in manufacturing technology, widespread use of lower cost quartz movements, and the availability of special features of watches, the movement now represents a significantly lower proportion of the finished watch's value. ''In addition, technological advances in the quality and type of movement require greater testing and final inspection after assembly of the movement.'' [112] Moreover, it alleged that special features make encasing and subsequent testing more important, noting, *e.g.*, that the accuracy of a chronometer or a water resistant watch cannot be assured until a watch is encased.[113]

However, the Tariff Act only requires that products entering the United States be marked with one country of origin. Moreover, because there is currently an international attempt to harmonize Customs rules of origin, the Commission has tentatively determined not to issue new guidelines that vary from requirements already imposed by Customs for foreign-origin markings.[114] As necessary, the Commission can address this issue in the case-by-case context of specific products and claims, weighed against other factors, rather than giving general guidance in the

[103] A recent survey submitted by the Swiss Federation found that about 49% of the respondents considered the country of origin of a watch either ''very important'' or ''somewhat important.'' Comment 232, p. 12, Exhibit 4.

[104] Swiss Federation (232) p. 7 n. 4. Several comments addressed the issue of whether watches assembled in U.S. possessions could be marked ''Made in USA.'' Citizen (228) p. 6; Swiss Federation (232) Exhibit 5, pp. 4–5. Section 245.10(a)(4) of the Watch Guides defines ''United States'' to include the states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, Guam, and American Samoa. As noted above, the Commission proposes deleting § 245.10 entirely. With respect to ''Made in USA'' claims, the Commission is examining its standard for such claims, and has proposed guides addressing such claims, in a separate proceeding. (See 62 FR 25020, May 7, 1997). The Commission's proposed Guides for the Use of U.S. Origin Claims apply (with certain, specified exceptions) to all products, including watches, and thus, eliminate the need for the Watch Guides to contain separate admonitions as to the use of ''Made in USA.'' 62 FR 25020, 25047 (May 7, 1997).

[105] Commission cases have long recognized that, for some products, disclosure of foreign origin is not required. *L. Heller & Son, Inc.*, 47 F.T.C. 34 (1950), *aff'd*, 191 F.2d 954 (7th Cir. 1951) (finding that the public interest does not require disclosure of the origin of a foreign product of a type not produced in the United States, such as cultured pearls, natural pearls, or diamonds).

[106] Customs regulations relating to country of origin emanate primarily from section 304 of the Tariff Act of 1930 (''Tariff Act''), as amended, 19 U.S.C. 1304. The Tariff Act of 1930, as amended, and Customs' implementing regulations provide that every article of ''foreign origin,'' or its container, imported into the U.S. must be marked in a conspicuous place with the name of the country of origin of the article.

[107] Three commenters [Citizen (228) p. 2; Swiss Federation (232) p. 17; Timex (239) pp. 5–6] stated that the current Guides' country of origin provisions conflict with Customs' marking requirements and urged that they be harmonized. With the exception of the use of the word ''assembled,'' which Customs does not generally view as sufficient to indicate the country of origin [*see* HQ 735251 (Oct. 7, 1993), 1993 U.S. CUSTOMS HQ LEXIS 1144], it appears that Customs' and FTC country of origin marking requirements for watches already are *consistent*, albeit not identical. Except for watches that are assembled abroad of U.S. origin parts, Customs has not viewed the term ''assembled in'' as sufficient to indicate the country of origin. *Id.* Generally, watches can be marked ''Made in,'' ''Product of,'' just with the name of the country of origin, or with the word ''Movement'' or the abbreviation ''MVT'' with the name of the country of origin. *Id.*; HQ 734758 (Mar. 1, 1993). However, in the **Federal Register** notice of June 6, 1996, Customs announced that it was modifying 19 CFR 134.43 to provide, in section *(e) Assembled articles*, that, where the country of origin of an article is determined to be the country where the article was finally assembled, the article may be marked as follows: ''(1) Assembled in (country of final assembly); (2) Assembled in (country of final assembly) from components of (name of country or countries of origin of all components); or (3) Made in, or product of, (country of final assembly).''

[108] Timex (239) stated, at p. 6, that the ''the origin of parts no longer has any meaning to consumers since the introduction of quartz technology and precision timekeeping. Now a $10 quartz watch will keep as good or better time than the most expensive watch.''

[109] Comment 232, p.10.

[110] *Id.* at 12, citing Exhibit 4, The Gallup Organization, *Country of Origin as a Consideration in the Purchase of Watches* (July 1992), p.5. The survey was commissioned by the Swiss Federation. It presented a choice among only the four countries named in the text.

[111] *Id.*, Exhibit 4, pp.3,7.

[112] Swiss Federation (232) p.8.

[113] *Id.*

[114] On April 7, 1995 at 60 FR 19605, the United States International Trade Commission announced an investigation and a request for public comment entitled ''International Harmonization of Customs Rules of Origin.'' The notice stated, ''The investigation is intended to provide the basis for Commission participation in work pertaining to the Uruguay Round Agreement on Rules of Origin (ARO) * * * adopted along with the Agreement Establishing the World Trade Organization (WTO). The ARO is aimed at obtaining the harmonization and clarification of nonpreferential rules of origin for goods in trade on the basis of the substantial transformation test; at achieving discipline in the rules' administration; and at providing a framework for notification, review, consultation, and dispute settlement. These harmonized rules are intended to make country-of-origin determinations impartial, predictable, transparent, consistent, and neutral, and to avoid restrictive or distortive effects on international trade.'' *Id.* The notice noted that there will be subsequent notices inviting comments on ''draft U.S. proposals on the rules, which generally will be issued on a product sector basis * * *.'' *Id.*

Watch Guides.[115] Further, to the extent that competitors believe that the origin of processes other than the ones Customs considers in making its determination are truly important, they can use comparative advertising to tout how their products may be unique; for example, ''Entirely Swiss Made,'' whereas other products have only Swiss-made movements.

The Commission therefore proposes deleting section 245.10 entirely, and seeks comment on this proposal.

L. Proposed Deletion of Sections 245.11–245.16

The JVC omitted from its proposal current sections 245.11 through 245.16. Each of these sections is of general applicability and some of them correspond to a broader, non-industry specific guide or rule.[116] For the most part, the comments did not address the deletions proposed by the JVC.

Neither the Watch Council nor AWI specifically addressed any proposed deletions, but both recommended rejecting the JVC's petition and retaining the current Guides.[117] Citizen supported the first two parts of a proposal made by AWA to revise section 245.15, discussed below, but otherwise recommended retaining sections 245.11 through 245.16 in their present form.[118] AWA supported deleting sections 245.11 through 245.13, because they proscribed practices not particular to the watch industry and barred by statute.[119]

AWA, however, proposed retaining a revised version of section 245.15, ''Guarantees, warranties, etc.'' AWA recommended that section 245.15 not delineate precise elements of warranty disclosures or warrantors' duties. Instead, it proposed substituting three paragraphs for current section 245.15 that would: (1) prohibit representations that an industry product is covered by a guarantee or warranty unless it is in fact covered by one that fully complies with all applicable state and federal laws; (2) prohibit representations that an industry product is covered by a ''full'' or ''limited'' written warranty unless it is covered by the specified type of warranty that fully complies with the Magnuson-Moss Warranty Act or any successor legislation, as well as with any other applicable state or federal laws; and (3) require an industry member that performs unauthorized alteration or repair services on an industry product to fully and nondeceptively disclose that any damage arising from such unauthorized alteration or repair services may not be covered by any applicable warranty.[120] AWA argued that the failure of persons repairing or altering a watch from its original condition to notify consumers that damage caused in the process of unauthorized alterations or repairs might not be covered by any applicable warranty ''has the potential to mislead consumers.'' [121] It proposed extending the definition of ''industry member'' to any person that performs alterations or repair services on industry products, whether or not such alterations or repair services involve the sale of an industry product.[122]

The Commission believes that AWA's concerns about watch repair and alteration are adequately addressed by revised section 245.8 (now section 245.7), which advises watch sellers against misleading consumers with regard to the coverage of a manufacturer's guarantee or warranty.[123] The Commission also has concluded that it is unnecessary to include in the Guides the remaining aspects of AWA's proposal because they address practices not particular to watch industry products. Accordingly, the Commission proposes deleting sections 245.11 through 245.16.

III. Request for Comment

The Commission seeks public comment on the Watch Guides as a whole, and all of the proposed changes discussed above. The Commission also requests comment on the following specific questions:

1. Is there a continuing need for Guides for the Watch Industry?

(a) What benefits would the proposed revised Guides for the Watch Industry provide to purchasers?

(b) Would the proposed revised Guides impose costs on purchasers?

(c) Do international standards provide sufficient guidance to the watch industry?

(d) Are industry self-regulation and ''market mechanisms,'' such as manufacturer reputation or manufacturer warranties, sufficient to protect consumers from misrepresentations regarding watches?

2. What changes, if any, should be made to the proposed revised Guides to increase the benefits of the Guides to purchasers?

(a) How would these changes affect the costs the proposed revised Guides may impose on firms subject to their admonitions?

3. What significant burdens or costs, including costs of compliance, would the proposed revised Guides impose on firms subject to their admonitions?

(a) Would the proposed revised Guides provide benefits to such firms?

4. What changes, if any, should be made to the proposed revised Guides to reduce the burdens or costs imposed on firms subject to their admonitions?

(a) How would these changes affect the benefits provided by the Guides?

5. Do the proposed revised Guides overlap or conflict with other federal, state, or local laws or regulations?

6. Since comment was sought on the existing Watch Guides in 1992, what effects, if any, have changes in relevant technology or economic conditions had on the provisions of the Guides?

7. Should detachable accessories to watchcases be covered by the Watch Guides? If so, why?

8. Should the Guides advise that watchcases be marked to indicate their metallic content? If so, why?

9. Should the provisions specifying a minimum thickness for ''rolled gold'' be changed to conform with ISO standard 3160–1?

10. Is the tolerance for plating thickness, in paragraph 1 of the Appendix, necessary? If so, why?

11. Should the Guides admonish against the disclosure of karat fineness for gold electroplated products in accordance with ISO standard 3160–1?

12. Should the Guides advise the disclosure of the actual thickness and karat fineness of gold electroplate? Is a disclosure of the ''nominal thickness'' of the electroplate, as required by ISO standard 3160–1, preferable?

13. Is the proposed safe harbor for gold electroplate representations (1 micron of 23K gold) preferable to ISO standard 3160–1 (5 microns of 14K gold)? If so, does 1 micron of 23 karat gold provide a durable coating, sufficient to render lasting and effective service?

14. Should the term ''gold plate'' be used to describe a watchcase with a gold coating, regardless of the method of application of the coating? For gold plated items, should the Guides advise the disclosure of the actual thickness and karat fineness of the plating? Is a

[115] Section 245.2 of the Guides will continue to advise that misrepresentation of country of origin is unfair and deceptive.

[116] Section 245.11 addresses deceptive pricing. Section 245.12 covers commercial bribery, which is addressed by the Robinson-Patman Act. Section 245.13 covers ''Coercing purchase of one product as a prerequisite to the purchase of other products.'' Section 245.14 addresses ''Misrepresentation of the character and size of business, extent of testing, etc.'' Section 245.15 covers ''Guarantees, warranties, etc.'' Section 245.16 governs ''Use of the word 'free'.''

[117] USWC (118) p.1; AWI (116) p.1.

[118] Comment 228, p.5.

[119] Comment 236, p.3.

[120] *Id.* at 3–4.

[121] *Id.* at 3.

[122] *Id.*

[123] *See* discussion above.

disclosure of the ''nominal thickness'' of the plating, as required by ISO standard 3160–1, preferable?

15. Is proposed section 245.3(d) adequate to prevent the deceptive marking of a watchcase composed of more than one metal?

16. Should the Commission add a Note to the Guides which states that ''Representations that a watch is a chronometer are not considered unfair or deceptive if the watch meets the definition of chronometer in ISO standard 3159?''

17. Should the Commission add a Note to the Guides which states that ''Representations that a watch is a diver's watch are not considered unfair or deceptive if the watch meets the definition of a diver's watch in ISO standard 6425?''

18. Is section 245.5(a)'s admonition against the use of the terms ''shockproof,'' ''waterproof,'' ''nonmagnetic,'' or ''all proof'' justified? Explain.

19. Should the Guides advise the disclosure of the care requirements for protective features of a watch? If so, how should that disclosure be made?

20. Should the Guides advise the manner in which the disclosure that a product or its parts are not new, or are used, secondhand, rebuilt, repaired or refurbished, be made? If so, how should the disclosure be made?

21. Should the Guides admonish against misleading consumers into believing that a watch which has been altered, repaired, rebuilt or refurbished, is covered by the manufacturer's guarantee or warranty, when the seller knows or has reason to know that the watch is not guaranteed?

22. Should the Guides continue to advise industry members that it is unfair or deceptive to imitate, simulate or counterfeit the trade names or trademarks of competitors, or to obliterate, conceal, or remove tags, labels, marks, or other disclosures placed on an industry product under circumstances likely to mislead the ultimate consumer?

23. With respect to imported watches, should the Guides continue to advise industry members to disclose the origin of the parts of the watch movement (in addition to the U.S. Customs Service requirement that the origin of the assembly of the movement be disclosed)? Is such a disclosure of material importance to consumers?

List of Subjects in 16 CFR Part 245

Advertising; Trade Practices; Watch Bands; and Watches.

The Commission proposes to amend Chapter I of Title 16 of the Code of Federal Regulations by revising: Part 245 to read as follows:

PART 245—GUIDES FOR THE WATCH INDUSTRY

Sec.

Authority: 15 U.S.C. 45, 46.

§ 245.0 Scope, application, and purpose.

(a) Statement of purpose. The guides in this part represent administrative interpretations of laws administered by the Federal Trade Commission for the guidance of the public in conducting its affairs in conformity with legal requirements. The guides in this part specifically address the application of section 5 of the FTC Act (15 U.S.C. 45) to the advertising and marketing of watches. They provide the basis for voluntary compliance with such laws by members of industry. Conduct inconsistent with the positions articulated in the guides in this part may result in corrective action by the Commission under section 5 if, after investigation, the Commission has reason to believe that the behavior falls within the scope of conduct declared unlawful by the statute.

(b) The guides in this part apply to persons, partnerships or corporation, at every level of the trade (including but not limited to manufacturers, suppliers, and retailers) engaged in the business of offering for sale, selling, distributing or importing industry products.

(c) The guides in this part apply to claims and representations about industry products included in labeling, advertising, promotional materials and all other forms of marketing, whether asserted directly or by implication, through words, symbols, emblems, logos, illustrations, depictions, product brand or trade names, visual representations, pictures, televised or computer images, diagrams, or other depictions, or through any other means.

§ 245.1 Definitions.

For the purpose of this part the following definitions apply:

(a) The term *watch* means a timepiece or time-keeping device for measuring or indicating time which is designed to be worn on or about the person.

(b) The term *watchcase* or *case* means any metal case, covering, or housing of any quality or description for a watch as defined above and includes the back, center, lugs, bezel, pendant, crown, bow, cap, and other parts thereof, including a watch band or other accessory which has been permanently affixed thereto; and unless otherwise stated, either term as used in these guides applies to the case whether marketed separately or together with the movement or works.

Note: The Guides for the Jewelry, Precious Metals, and Pewter Industries, 16 CFR Part 23, address detachable metallic watch bands and other detachable accessories.

(c) The term *movement* means that part of a watch which produces and maintains a recurring phenomenon and is capable of counting time. The movement is connected to a means of displaying time by either a dial and hands (analog) or a digital display, and is mounted in a case.

(1) *Mechanical movement* means a movement which divides time into equal parts using a balance wheel or any other mechanical means of determining intervals of time that uses power generated by a mainspring which may be wound by hand or automatically.

(2) *Quartz movement* means a movement which divides time into equal parts using a synthetic quartz crystal that vibrates using power generated by electrical energy.

(d) The term *mark* means any letter, figure, numeral, symbol, sign, word, or term, or any combination thereof, which has been stamped, embossed, inscribed, or otherwise placed, on any industry product for the purpose of disclosing its metallic composition or any other material information.

(e) The term *industry product* means a watch or watchcase, or a part thereof, as defined in paragraphs (a), (b) and (c) of this section.

§ 245.2 Misrepresentation in general.

It is unfair or deceptive to misrepresent the grade, quality, estimated life, appearance, substance, size, construction, novelty, composition, accuracy, dependability, imperviousness, repairability, conformance to standards, methods of manufacture, country of origin, or any other material aspect of an industry product or part.

§ 245.3 Misrepresentation of metallic composition of watchcases.

(a) It is unfair or deceptive to misrepresent the metallic composition of a watchcase.

(b) The following are examples of markings or descriptions that may be misleading:

(1) Use of the word ''Gold,'' or any abbreviation, without qualification, to describe all or part of an industry product, which is not composed throughout of fine (24 karat) gold.

(2) Use of the word ''Gold,'' or any abbreviation, to describe all or part of an industry product which is composed throughout of an alloy of gold, unless a correct designation of the karat fineness of the alloy immediately precedes the word ''Gold,'' or its abbreviation, and such fineness designation is of at least equal conspicuousness.

(3) Use of the word ''Gold,'' or any abbreviation, to describe all or part of an industry product, which is not composed throughout of gold or a gold alloy, but is surface-plated or coated with gold alloy, unless the word ''Gold,'' or its abbreviation, is adequately qualified to indicate that the product or part is only surface-plated.

(4) Use of the term ''Gold Plate,'' ''Gold Plated,'' or any abbreviation, to describe all or part of an industry product, unless such product or part contains a surface-plating of gold alloy, applied by any process, which is of such thickness and extent of surface coverage that reasonable durability is assured.

(5) Use of the terms ''Gold Filled,'' ''Rolled Gold Plate,'' ''Rolled Gold Plated,'' or ''Gold Overlay,'' or any abbreviation, to describe all or part of an industry product, unless such product or part contains a surface-plating of gold alloy applied by a mechanical process which is of such thickness and extent of surface coverage that reasonable durability is assured, and unless the term is immediately preceded by a correct designation of the karat fineness of the alloy that is of at least equal conspicuousness as the term used.

(6) Use of the term ''Gold Electroplate,'' or ''Gold Electroplated,'' or any abbreviation, to describe all or part of an industry product, unless such product or part is electroplated with gold or a gold alloy and such electroplating is of such thickness and extent of surface coverage that reasonable durability is assured.

(7) Use of the word ''Gold,'' or any abbreviation, or of a quality mark implying gold content (*e.g.*, 9 karat), to describe all or part of an industry product, which is composed throughout of an alloy of gold of less than 10 karat fineness.

(8) Use of the words ''silver,'' ''sterling,'' or ''sterling silver,'' or any abbreviation, to describe all or part of an industry product, which is not composed throughout of at least 925/1000ths pure silver. Use of the word ''coin silver'' to describe all or part of an industry product, which is not composed throughout of at least 900/1000ths pure silver.

(9) Use of the words ''silver,'' ''sterling,'' ''sterling silver,'' or ''coin silver'' or any abbreviation, to describe all or part of an industry product, which is not composed throughout of silver, but is surface-plated or coated with silver, unless the word ''silver,'' or its abbreviation, is adequately qualified to indicate that the product or part is only surface-plated.

(c) The following are examples of markings and descriptions that are not considered unfair or deceptive.

(1) An industry product or part thereof, composed throughout of an alloy of gold of not less than 10 karat fineness, may be marked and described as ''Gold'' when such word ''Gold,'' wherever appearing, is immediately preceded by a correct designation of the karat fineness of the alloy, and such karat designation is of equal conspicuousness as the word ''Gold'' (for example, ''14 Karat Gold,'' and ''14 K. Gold,'' and ''14 Kt. Gold''). Such product may also be marked and described by a designation of the karat fineness of the gold alloy unaccompanied by the word ''Gold'' (for example, ''14 Karat,'' ''14 Kt.,'' and ''14 K.'').

(2) An industry product or part thereof, on which there has been affixed on all significant surfaces, by any process, a coating, electroplating, or deposition by any means, of gold or gold alloy of not less than 10 karat fineness, may be marked or described as ''Gold Plate'' or ''Gold Plated,'' or adequate abbreviation thereof, (as, for example, G.P.), if such products either could be marked as ''gold electroplate'' under paragraph (c)(5) of this section, or are plated to a thickness throughout which is equivalent to at least five microns (approximately 200 millionths of an inch) of 14 karat gold after completion of all finishing operations, provided that a mark indicating the karat fineness and the actual thickness of the gold plate in microns, is disclosed in close proximity to and equally conspicuously as the mark identifying the watchcase as ''gold plate'' or ''gold plated'' (for example, ''5 microns 14 K. gold plate,'' or ''5μ 14 K. G.P.'' for an item plated with 5 microns of 14 karat gold.)

(3) An industry product or part thereof, on which there has been affixed on all significant surfaces by mechanical means, a plating of gold or gold alloy of not less than 10 karat fineness, may be marked or described as ''Gold Filled,'' or adequate abbreviation, when the plating is of a thickness throughout of not less than 75 microns (approximately three one-thousands of an inch) after completion of all finishing operations, and when the term or abbreviation is immediately preceded by a designation of the karat fineness of the gold alloy of which the plating is composed, which is of equal conspicuousness as the term used (for example, ''12 Karat Gold Filled,'' ''12 K.G.F.'').

(4) An industry product or part thereof, on which there has been affixed on all significant surfaces by mechanical means, a plating of gold or of a gold alloy of not less than 10 karat fineness, may be marked or described as ''rolled gold plate,'' or an abbreviation, when the plating has a thickness throughout of not less than 37.5 microns (approximately one and one-half one thousands of an inch) after completion of all finishing operations, and when the term or abbreviation is immediately preceded by a designation of the karat fineness of the gold alloy of which the plating is composed, which is of equal conspicuousness as the term used (for example, ''10 Karat Rolled Gold Plate,'' ''10 K. R.G.P.'').

(5) An industry product or part thereof, on which there has been affixed on all significant surfaces by an electrolytic process, an electroplating of gold, or of a gold alloy of not less than 10 karat fineness, which has a minimum thickness throughout which is equivalent to at least 1 micron (approximately 40 millionths of an inch) of 23 karat gold after completion of all finishing operations, may be marked ''gold electroplate,'' provided that the karat fineness and the actual minimum thickness of the gold electroplate is disclosed in microns in close proximity to and equally conspicuously as the mark identifying the watchcase as ''gold electroplate.'' If the thickness of such gold electroplate is 37.5 microns (approximately one and one-half one thousandths of an inch) or greater, it may be described as ''heavy gold electroplate.'' The terms ''gold electroplate'' and ''heavy gold electroplate'' may be immediately preceded by a correct designation of the karat fineness of the gold alloy of which such coating is composed.

Note: A watch case which has been electroplated with 5 microns of 14 karat gold meets the requirements of this section and may be marked gold 33332electroplate, provided

that the karat fineness and the actual thickness of the gold electroplate is disclosed in microns in close proximity to and equally conspicuously as the mark identifying the watchcase as ''gold electroplate.''

(6) An industry product or part thereof, which is composed throughout of at least 925/1000ths pure silver, may be described as ''silver,'' ''sterling,'' or ''sterling silver,'' or any abbreviation. An industry product or part thereof which is composed throughout of at least 900/1000ths pure silver, may be described as ''coin silver.''

(7) An industry product or part thereof, which has been plated with silver may be marked as ''silver plate'' or ''silver plated,'' if, after the completion of all finishing operations, all significant surfaces of the product or part contain a plating or coating of silver which is of substantial thickness,[1] which will withstand normal use and last throughout the estimated life of the product.

Note to paragraph (c)(7): The National Stamping Act provides that silverplated articles shall not ''be stamped, branded, engraved or imprinted with the word 'sterling' or the word 'coin,' either alone or in conjunction with other words or marks.'' 15 U.S.C. 297(a).

(8) An industry product or part thereof, which is composed in whole or in part of a precious metal other than gold or silver, or of an alloy of such a metal, or which has been plated by any method with such a metal or alloy thereof, may be marked so as to disclose the kind of precious metal or alloy used and the manner of its use.

(9) An industry product or part thereof, which does not fall within the descriptions provided in paragraphs (c)(1) through (7) of this section, may be marked as ''Base Metal'' or so as to identify clearly the kind or kinds of metal of which it is composed, *e.g.*, ''Aluminum,'' ''Stainless Steel,'' ''Chromium Plated Steel.''

(d) If a watchcase is composed of parts having different metallic compositions, and has exposed surfaces that are or have the appearance of being metal, a mark placed on the product that indicates the metallic content of the product should be closely accompanied by an identification of the part or parts to which the mark is applicable (*e.g.*, ''Base Metal Back,'' ''14K Gold Filled Bezel'').

[1] The term ''substantial thickness'' means that all areas of the plating are of such thickness as to assure a durable coverage of the base metal to which it has been affixed. Since industry products include items having surfaces and parts of surfaces which are subject to different degrees of wear, the thickness of plating for all items or for different areas of the surface of individual items does not necessarily have to be uniform.

(e) In determining the metallic composition of watchcases, parts which are necessarily required to be of steel or some other base metal may be excluded, namely, the springs, hinge pins for jointed cases, spring pins for straps or bands, separate inside movement holding rings, and crown cores.

(f) The provisions of this section relating to markings and descriptions of industry products and parts thereof are subject to the applicable tolerances under the National Stamping Act (15 U.S.C. 294, *et seq.*), or any amendment thereof. For plated items, refer to the permissible tolerances set forth in paragraph 1 of Appendix A to this part.

§ 245.4 Misrepresentation as to durability or suitability.

It is unfair or deceptive to misrepresent the ability of a product to resist or withstand damage from stated causes, or of its suitability for particular uses. Illustratively, it is unfair or deceptive to falsely designate or describe a watch as a chronometer or use such terms as ''skin divers,'' ''navigators,'' or ''railroad'' to describe industry products which do not possess the characteristics, *e.g.*, ruggedness, accuracy, dependability, or other features, required of watches used by persons engaged in those activities.

Note: Representing that a watch is a chronometer would not be considered unfair or deceptive, if the watch meets the definition of ''chronometer'' in ISO standard 3159 (Timekeeping instruments—Wrist-chronometers with spring balance oscillator).

Note: Representing that a watch is a diver's watch would not be considered unfair or deceptive, if the watch meets the definition of a ''diver's watch'' in ISO standard 6425 (Divers' Watches).

§ 245.5 Misrepresentation of protective features.

(a) It is unfair or deceptive to misrepresent the ability of an industry product to withstand or resist damage or other harmful effects from stated causes. Illustratively, it is unfair and deceptive to describe an industry product as ''shockproof,'' ''waterproof,'' ''nonmagnetic,'' or ''all proof,'' even if such term or terms are qualified by words or phrases, *e.g.*, ''waterproof when case, crown, and crystal are intact.''

(b) The following are examples of markings and descriptions that are not considered unfair or deceptive:

(1) Use of the term ''shock resistant'' or ''shock absorbing'' to describe an industry product, if the person making that claim has a reasonable basis for concluding that the product possesses a level of resistance to damage from shock, sufficient to insure that it will successfully withstand being dropped from a height of 3 feet onto a horizontal hardwood surface. Satisfying ISO Standard 1413–1984(E)[2] or passing the test described in paragraph 2 of the appendix provides such a reasonable basis.

(2) Use of the term ''water resistant'' to describe an industry product, if the person making that claim has a reasonable basis for concluding that it is sufficiently impervious to water or moisture so as to insure that at the time of its sale to the ultimate consumer it will successfully withstand being immersed in water during such activities as bathing, showering, and swimming. Satisfying ISO Standard 2281–1990(E) or passing the test described in paragraph 3 of Appendix A to this part provides such a reasonable basis.

(3) Use of the term ''antimagnetic'' to describe an industry product, if the person making that claim has a reasonable basis for concluding that it is so designed and constructed as to provide a substantial degree of protection against magnetism after sale to the ultimate consumer, and the product will successfully withstand accidental exposure to unusually strong magnetic or electrical fields. Satisfying ISO Standard 764–1984(E) or passing the test described in paragraph 4 of Appendix A to this part provides such a reasonable basis.

§ 245.6 Deception as to movements.

(a) It is unfair or deceptive to misrepresent the number of jewels contained in a watch, or that a watch is ''jeweled'' or contains a jeweled movement.

(b) The following are examples of markings and descriptions that are not considered unfair or deceptive:

(1) Describing a watch as ''jeweled'' or as containing a jeweled movement if the movement contains at least seven jewels each of which serves the purpose of protecting against wear from friction by providing a mechanical contact with a moving part at a point of wear.

(2) Describing a watch as containing a certain number of jewels if each of these jewels serves the purpose of protecting against wear from friction by providing a mechanical contact with a moving part at a point of wear.

(c) It is unfair or deceptive to represent that a watch is a ''quartz

[2] ISO standards are available from: American National Standards Institute, Customer Service, 11 W. 42nd Street, 13th Floor, New York, NY 10036–8002, Telephone (212) 642–4900; FAX (212) 302–1286.

watch'' or contains a quartz movement if such is not the case.

(d) A watch may be described as a ''quartz watch'' or as containing a quartz movement if a silicon dioxide (''quartz'') crystal contained in the watch serves the purpose of dividing time and regulating the time display by means of vibrations of such crystal caused by its placement into an electric field.

§ 245.7 Deceptive selling of used, rebuilt, or secondhand products.

(a) It is unfair or deceptive to sell or offer for sale an industry product which in whole or in part is, or which contains parts that are, used, secondhand, rebuilt, repaired or refinished, unless a disclosure is made that such product or parts are not new, or are used, secondhand, rebuilt, repaired, or refinished.

(b) It is unfair or deceptive to represent that a watch which has been used, rebuilt, repaired, or refinished is covered by the manufacturer's guarantee or warranty, when such is not the case.

Appendix A to Part 245—Thickness Tolerances and Tests

Set forth in this Appendix are the thickness tolerances and tests referred to in this part.

1. *Thickness tolerances: plated and electroplated cases.* The minimum thickness specified in § 245.3(c) (2), (3), (4), and (5) for the coatings of gold or gold alloy on watchcases shall mean that the coating of precious metal affixed to the surface of the metal stock shall be throughout the surface and at the thinnest point not less than the thickness specified after the completion of all finishing operations, including polishing, except, however, for such deviations therefrom, not exceeding 20 percent (minus) of the stated thickness, as may be proved by the manufacturer to have resulted from unavoidable variations in manufacturing processes and despite the exercise of due care, which deviation so proved should be allowed if and when the quantity of precious metal remaining plated on the outside of the case is sufficient to equal the quantity necessary to provide the specified minimum thickness at all points on such watchcase including the thinnest point.

2. *Test for shock resistance.* A watch should be tested for shock resistance in a room having a temperature between 18 and 25 degrees Centigrade which does not vary by more than two degrees during the test. A wrist watch which does not have a permanently affixed band should be tested without the band or strap. The test should be conducted as follows:

a. One hour after a mechanical watch has been fully wound or two hours after a quartz watch has been allowed to function, its daily rate in each of the following three positions should be determined by observing it for two minutes in each position:

(1) Position HB (horizontal with dial facing down);

(2) Position VC (vertical with three o'clock to the watch's left);

(3) Position VB (vertical with three o'clock pointed downwards).

b. Shocks equal to that which the watch would receive if it were dropped from a height of three feet onto a horizontal hardwood surface should be applied as follows:

(1) The first shock should be applied to the middle of the watch at a position directly opposite the crown and in a direction which is parallel to the plane of the watch;

(2) The second shock should be applied to the crystal, and in a direction which is perpendicular to the plane of the watch.

c. (1) Five minutes after the last shock, the daily rate of the watch in each of the three positions described in paragraph 2. a. of this appendix above should be determined by observing it for two minutes in each position. The differences in daily rate before and after the shock should be determined for each position. The residual effect of the shocks will be equal to the greatest of these differences.

(2) A watch will be considered to have passed the foregoing test, if after application of the shocks, it does not stop; the residual effect does not exceed 2 seconds per day for quartz watches and 60 seconds per day for all other types of watches; and an examination of the watch does not disclose any physical damage which would affect its operation or appearance, *e.g.*, hands bent or out of position, cracked crystal, or automatic or calendar devices inoperable or out of alignment.

3. *Test for water resistance.* A watch should be tested for water resistance by immersing it completely for at least five minutes in water under atmospheric pressure of 15 pounds per square inch and for at least another five minutes in water under an additional pressure of at least 35 pounds per square inch (total pressure of 50 pounds per square inch). If the watch does not admit any water or moisture it will be considered to have passed the test.

4. *Test for anti-magnetic qualities.* A watch should be tested for its resistance to magnetism by placing it in a demagnetized condition in an electrical field of not less than 60 Gauss for at least five seconds in a vertical position and for at least five seconds in a horizontal position. If the daily rate of a quartz watch has not been changed by more than 1.5 seconds as a result of the foregoing exposure, or the daily rate of all other types of watches has not been changed by more than 15 seconds as a result of the foregoing exposure, it shall be considered to have passed the test.

By direction of the Commission.

Donald S. Clark,

Secretary.

Note: This appendix will not appear in the Code of Federal Regulations.

APPENDIX—LIST OF COMMENTERS AND ABBREVIATIONS

Abbreviation	No.	Commenter
ArtCarved	155	ArtCarved.
AWA	236	American Watch Association.
AWI	116	American Watchmakers Institute.
Bales	156	Bales Diamond Center & Mfg. Inc.
Bedford	210	Bedford Jewelers, Inc.
Benrus	22	Benrus Watch Co. Inc.
Best	225	Best Products Co., Inc.
Bridge	163	Ben Bridge.
Canada	209	Consumer & Corporate Affairs Canada.
Citizen	228	Citizen Watch Co. of America, Inc.
Estate	23	Estate Jewelers.
Fasnacht	4	Fasnacht's Jewelers.
G&B	30	Gudmundson & Buyck Jewelers.
Gold Institute	13	Gold Institute.
Handy	62	Handy & Harman.
IJA	192	Indiana Jewelers Association.
ISA	237–237A	International Society of Appraisers.
Jabel	47	Jabel Inc.
JCWA or Japan Watch	216	Japan Clock & Watch Association.
JMC	1	Jewelry Merchandising Consultants.

APPENDIX—LIST OF COMMENTERS AND ABBREVIATIONS—Continued

Abbreviation	No.	Commenter
Lannyte	65	Lannyte Co.
LaPrad	181	Robert E. LaPrad.
Leach	257	Leach & Garner.
Matthey	213	Johnson Matthey.
McGee	112	McGee & Co.
MJSA	226	Manufacturing Jewelers & Silversmiths of. America, Inc.
NACSM	219	National Association of Catalog Showroom Merchandisers, Inc.
NAW	251	North American Watch Corp.
Newhouse	76	Leon M. Newhouse.
Nowlin	109	Nowlin Jewelry, Inc.
Phillips	204	Phillips Jewelers, Inc.
Sheaffer	249	Sheaffer Inc.
Skalet	61	Skalet Inc.
Sibbing's	5	Sibbing's Jewelry.
Solid Gold	261	Solid Gold Jewelers.
Swiss Federation	232	The Federation of the Swiss Watch Industry.
Timex	239	Timex Corp.
USWC	118	U.S. Watch Council Inc.

[FR Doc. 97–15820 Filed 6–17–97; 8:45 am]

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Federal Register

Wednesday
June 18, 1997

Part V

Department of Education

Office of Postsecondary Education; Federal Perkins Loan, Federal Work-Study, and Federal Supplemental Educational Opportunity Grant Programs; Notice

DEPARTMENT OF EDUCATION

[CFDA No.: 84.038, 84.033, and 84.007]

Office of Postsecondary Education; Federal Perkins Loan, Federal Work-Study, and Federal Supplemental Educational Opportunity Grant Programs

AGENCY: Department of Education.

ACTION: Notice of Closing Date for Filing the Fiscal Operations Report for 1996–97 and Application to Participate for 1998–99 (FISAP) in the Federal Perkins Loan, Federal Supplemental Educational Opportunity Grant (FSEOG), and Federal Work-Study (FWS) Programs (ED FORM 646–1; OMB No. 1840–0073).

SUMMARY: The Secretary gives notice to institutions of higher education of the deadline for an institution to apply for fiscal year 1998 funds—for use in the 1998–99 award year (July 1, 1998 through June 30, 1999)—under the Federal Perkins Loan, FWS, and FSEOG programs. Under these programs, the Secretary allocates funds to institutions for students who need financial aid to meet the costs of postsecondary education. An institution is not required to establish eligibility prior to applying for funds. However, the Secretary will not allocate funds under the Federal Perkins Loan, FWS, and FSEOG programs for the 1998–99 award year to any currently ineligible institution unless the institution files its institutional participation application and other documents required for an eligibility and certification determination by the closing date that will appear in a separate notice in the **Federal Register**.

The Secretary further gives notice that an institution that had a Federal Perkins Loan fund or expended FWS or FSEOG funds during the 1996–1997 award year (July 1, 1996, through June 30, 1997) is required to submit a Fiscal Operations Report to report its program expenditures as of June 30, 1997, to the Secretary.

Applicants that did not participate in the Federal Perkins Loan Program, FWS Program, or FSEOG Program in the 1996–97 award year will be required to submit data for the application portion of the FISAP only. The Department is mailing only the application portion of the FISAP to first-time applicants.

In addition, an institution must submit one original completed FISAP signature page and one original signed combined lobbying, debarment, and drug-free workplace certifications form (ED 80–0013 and referred to collectively as the ''compliance certifications'' form) for the 1998–99 award year.

The Federal Perkins Loan, FWS, and FSEOG programs are authorized by parts E and C, and part A, Subpart 2, respectively, of title IV of the Higher Education Act of 1965, as amended.

DATES: *Closing Date and Methods for Submitting a FISAP and Required Signed Documents.* An institution may submit its FISAP by—

(1) Submitting the completed data on a data diskette provided by the Department of Education (the Department);

(2) Creating a tape from data stored on a mainframe computer and submitting that tape in a format defined by the Department; or

(3) Transmitting the data from a personal or mainframe computer through a modem.

To ensure consideration for 1998–99 funds, an institution must submit an electronic FISAP by data diskette, tape, or modem, as well as one original completed FISAP signature page and one original signed ''compliance certifications'' form by October 1, 1997.

ADDRESSES: *FISAP Delivered by Mail.* A diskette or tape containing FISAP data along with one original completed FISAP signature page and one original signed ''compliance certifications'' form must be addressed to FISAP, c/o Universal Automation Labs (UAL), Suite 500, 8300 Colesville Road, Silver Spring, Maryland 20910.

An institution must show proof of mailing its FISAP and the required signed documents by October 1, l997. Proof of mailing consists of one of the following: (1) A legible mail receipt with the date of mailing stamped by the U.S. Postal Service, (2) a legibly dated U.S. Postal Service postmark, (3) a dated shipping label, invoice, or receipt from a commercial carrier, or (4) any other proof of mailing acceptable to the U.S. Secretary of Education.

If a FISAP and the required signed documents are sent through the U.S. Postal Service, the Secretary does not accept either of the following as proof of mailing: (1) A private metered postmark, or (2) a mail receipt that is not dated by the U.S. Postal Service. An institution should note that the U.S. Postal Service does not uniformly provide a dated postmark. Before relying on this method, an institution should check with its local post office. An institution is encouraged to use certified or at least first-class mail.

FISAP Delivered by Hand. A diskette or tape containing FISAP data along with one original completed FISAP signature page and one original signed ''compliance certifications'' form must be taken to Universal Automation Labs (UAL), Suite 500, 8300 Colesville Road, Silver Spring, Maryland.

Hand-delivered FISAP diskettes or tapes and the required signed documents will be accepted between 9 a.m. and 5 p.m. daily (Eastern time), except Saturdays, Sundays, and Federal holidays. A FISAP and the required signed documents that are hand-delivered will not be accepted after 5 p.m. on October 1, l997.

FISAP Delivered Electronically. A FISAP that is delivered electronically must be transmitted by either a personal or mainframe computer to the host Department computer using a modem. If you are transmitting electronically via a modem, the data transmission must be completed prior to midnight, Eastern time, on October 1, 1997. (For purposes of this notice, this deadline means that an institution has all of October 1, 1997, to transmit electronically via a modem.) The institution should print a copy of its transmission receipt for its records. In addition, one original completed FISAP signature page and one original signed ''compliance certifications'' form must be mailed to Electronic FISAP, c/o Universal Automation Labs (UAL), Suite 500, 8300 Colesville Road, Silver Spring, Maryland 20910, by October 1, l997. An institution must show proof of mailing the required signed documents by the deadline. Proof of mailing is explained under the heading ''FISAP Delivered by Mail.''

SUPPLEMENTARY INFORMATION: FISAP materials are mailed by the Department in late July 1997. An institution must prepare and submit its FISAP in accordance with the information included in the package.

The program information package is intended to aid applicants in applying for assistance under these programs. Nothing in the program information package is intended to impose any paperwork, application content, reporting, or grantee performance requirements beyond those specifically imposed under the statute and regulations governing the programs.

Applicable Regulations

The following regulations apply to these programs:

(1) Student Assistance General Provisions, 34 CFR Part 668.

(2) Federal Perkins Loan Program, 34 CFR Part 674.

(3) Federal Work-Study Programs, 34 CFR Part 675.

(4) Federal Supplemental Educational Opportunity Grant Program, 34 CFR Part 676.

(5) Institutional Eligibility Under the Higher Education Act of 1965, as amended, 34 CFR Part 600.

(6) New Restrictions on Lobbying, 34 CFR Part 82.

(7) Governmentwide Debarment and Suspension (Nonprocurement) and Governmentwide Requirements for Drug-Free Workplace (Grants), 34 CFR Part 85.

(8) Drug-Free Schools and Campuses, 34 CFR Part 86.

FOR FURTHER INFORMATION CONTACT: To receive information or to request FISAP materials, contact Ms. Sandra Donelson, Institutional Financial Management Division, U.S. Department of Education, P.O. Box 23781, Washington, D.C. 20026–0781. Telephone (202) 708–9751. 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.

(Authority: 20 U.S.C. 1087aa *et seq.*; 42 U.S.C. 2751 *et seq.*; and 20 U.S.C. 1070b *et seq.*)

Dated: June 13, 1997.

David A. Longanecker,

Assistant Secretary for Postsecondary Education.

[FR Doc. 97–15952 Filed 6–17–97; 8:45 am]

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Federal Register

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